# NEVADA STATE
# BOARD OF PHARMACY

## BOARD MEETING

## **March 5-6, 2025**

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

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

Please do not remove the book from the meeting room.

# Nevada State Board of Pharmacy

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

Date Posted: February 14, 2025

FIRST AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 5, 2025, at 9:00 am. The meeting will continue Thursday, March 6, 2025, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

## ◈ CONSENT AGENDA ◈

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

3. Approval of the January 15-16, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

   A. Bioness Medical Inc – Valencia, CA
   B. Critical Nurse Staffing, LLC – Grand Junction, CO
   C. Element Science, Inc – Redwood City, CA
   D. Impact Medical Services, LLC – Blue Springs, MO
   E. Oxygen Concentrator Supplies – West Berlin, NJ
   F. RGH Enterprises, LLC – Piedmont, SC
   G. Right Coast Medical, LLC – Johnson City, TN
   H. Sleep Doctor – Jacksonville Beach, FL

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

   **Background Check Not Required by Law.**

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

   I. McKesson Medical-Surgical, Inc – Columbus, OH
   J. RGH Enterprises, LLC – Piedmont, SC
   K. Stericycle, Inc – Warren, OH

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

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

   L. AbbVie Inc – North Chicago, IL
   M. AStraZeneca Pharmaceuticals LP – Newark, DE
   N. AStraZeneca Pharmaceuticals LP – Shepherdsville, KY
   O. HyperBranch Medical Technology, Inc – Durham, NC
   P. Janssen Products, LP – Horsham, PA
   Q. LNHC, Inc – Durham, NC

R. Solventum US LLC – Irvine, CA

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

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

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

S. ALK-Abello, Inc – Plainville, CT
T. Catalent Greenville, Inc – Greenville, NC
U. Catalent Indiana, LLC – Bloomington, IN
V. Defibtech, LLC – Bradford, CT
W. Defibtech, LLC – Guildford, CT
X. FSI, Inc – LaVergne, TN
Y. Hugel Aesthetics – Newport Beach, CA
Z. Lupin Pharmaceuticals, Inc – Naples, FL
AA. Lupin Pharmaceuticals, Inc – Somerset, NJ
BB. Pierre Fabre Pharmaceuticals, Inc – Parsippany, NJ
CC. Prollenium US Inc – Raleigh, NC
DD. Purdue Pharma L.P. – Standford, CT
EE. Revelation Wholesale – Casselberry, FL
FF. Rising Pharmaceuticals – Decatur, IL
GG. Rising Pharmaceuticals – Decatur, IL
HH. Ventec Life Systems, Inc – Bothell, WA
II. ZimVie US Corp LLC – Palm Beach, FL

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

JJ. Catalent CTS, LLC – Kansas City, MO
KK. Catalent Pharma Solutions, LLC – Philadelphia, PA
LL. J. Knipper and Company, Inc – Memphis, TN

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

MM. Aspen API Inc – Des Plaines, NC
NN. Airgas USA, LLC – Bothell, WA
OO. Fujifilm Irvine Scientific, Inc – Santa Ana, CA

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

PP. Aditus Pharma Ohio, LLC – West Chester, OH
QQ. AIM Rx3PL, LLC – East Brunswick, NJ
RR. Blue Rabbit Veterinary, LLC – Swedesboro, NJ
SS. Midvalley Central Distribution Pharmacy – Murray, UT
TT. Renown Regional Medical Center Pharmacy – Reno, NV

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

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

UU. Dignity Health – St Rose Dominican – Las Vegas, NV
VV. Omega Specialty Pharmacy – Las Vegas, NV

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

WW. Everwell Specialty Pharmacy – Pensacola, FL
XX. Mixlab TX, LLC – Weatherford, TX
YY. OSRX, Inc – Missoula, MT

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

ZZ. Apostrophe Pharmacy LLC – Gilbert, AZ
AAA. Eagle Pharmacy LLC – Lakeland, FL
BBB. KnippeRx Inc – Charlestown, IN
CCC. Medmetrics Pharmacy – Chandler, AZ
DDD. Mixlab Inc – New York, NY
EEE. Premise Health Wellness Center – Brentwood, TN
FFF. Stoneview Pharmacy – Gilbert, AZ
GGG. Vetsource Home Delivery – Northlake, TX

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

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

HHH. Ellen Ly

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

## ◈ REGULAR AGENDA ◈

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

A. Eric Math (19-083-CS-N)
B. Uri Assa Krutilin (18-052-RPH-S)
C. Rosalina Ross (20-075-PT-S)
D. Yuko Sweatt (22-214-CS-S)
E. Jon Siems (23-449-CS-S and 24-390-CS-S)

F. Matthew Okeke (19-013-CS-S)
G. Avrio Pharmacy (20-198-PH-S)
H. Partell Specialty Pharmacy (23-175-PH-S)
I. Christopher Peters (23-175-RPH-S)
J. Partell Specialty Pharmacy (23-239-PH-S)
K. Jeffrey Lang (23-239-RPH-S)
L. Partell Specialty Pharmacy (23-429-PH-S)
M. Robert Seik (23-429-RPH-A-S)
N. David Whitehouse (23-429-RPH-B-S)
O. Walgreens Pharmacy #07032 (24-083-PH-S)
P. Jennifer Englehaupt (24-083-RPH-A-S)
Q. Cathy Quach (24-083-RPH-B-S)
R. Stuart Berliner (24-161-RPH-S)
S. Walgreens Pharmacy #03845 (24-228-PH-S)
T. Michael Joseph Rhode (24-228-PT-S)
U. Orthopedic Motion, Inc (24-281-MP-S)
V. Orthopedic Motion, Inc (24-334-MP-S)
W. Erin Calderon (24-376-PT-S)
X. Safe Chain Solutions (24-356-WH-O)

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

    A. Rxeed

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

    A. Empowering Management of Georgia – North Las Vegas, NV
    B. Guardian DME LLC – Las Vegas, NV

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

    A. Great Basin Surgery Center – Reno, NV

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

    A. Bespoke Pharmaceuticals LLC – North Las Vegas, NV
    B. Family Primary and Specialty Care Pharmacy – Las Vegas, NV
    C. Precision Specialty Rx – Henderson, NV
    D. Recon Healthcare Services – Elko, NV
    E. Recon Healthcare Services – Minden, NV
    F. Recon Healthcare Services – Winnemucca, NV
    G. Recon Healthcare Services – Yerington, NV
    H. Vegas Care Pharmacy – Las Vegas, NV

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

    A. American Life Pharmacy, LLC – Garden City, MI
    B. Catalent Pharmacy Services – Philadelphia, PA

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

    A. Mullan Pharmaceutical Inc – Pasadena, CA – Background Check Not Required

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

    A. Andrew Hansen
    B. Nicholas Dipirro

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

    A. Hao Di Pham

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

    A. John Vennochi
    B. Pippa Stewart
    C. Victor Jimenez Bonuel
    D. Melissa Heemsath

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

    A. Dana Marks

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

17. Executive Secretary Report:

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

H. Law Test Update

18. Date and Location of Next Scheduled Board Meeting:

April 16-17, 2025 – Reno, NV

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

20. Adjournment

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

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

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

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

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# NEVADA STATE BOARD OF PHARMACY

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

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

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

MINUTES

January 15-16, 2025

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 15, 2025, at 9:00 am. The meeting will continue Thursday, January 16, 2025, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd.
Las Vegas, NV

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

Board Members Present:

| | | | |
|---|---|---|---|
| Helen Park | Krystal Freitas | Richard Tomasso | Adam Porath |
| Jade Jacobo | Chanyis Taylor | Anna Carr | |

Board Staff Present:

| | | | |
|---|---|---|---|
| David Wuest | Gregory Zunino | Brett Kandt | Monica Moazez |
| Darlene Nases | Erin Miller | Dena McClish | Jessette Phaynarikone |
| Joe Dodge | Darla Zarley | John Castaldo | Leo Basch |
| Yenh Long | Todd Weiss | | |

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

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

2. Public Comment January 15, 2025, 9:12 AM

The following person(s) offered public comment:

Liz McMenamin, Retail Association of Nevada.

3. Approval of December 4-5, 2024, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Krystal Freitas moved to approve the December 4-5, 2024 Board Meeting Minutes.

Second: Jade Jacobo

Action: Passed unanimously.

◈ CONSENT AGENDA ◈

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

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

A. 365 DME, LLC – Pittsford, MI
B. Cabretta, LLC – St. George, UT
C. Dr. Micro Labs, LLC – Houston, TX
D. Eastern Medtech – Walpole, MA
E. R.A. Fischer Company – Moorpark, CA

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non- appearance (**FOR POSSIBLE ACTION**) **Background Check Not Required by Law.**

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

F. Cardinal Health 200, LLC – Sacramento, CA

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

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

G. G1 Therapeutics, Inc – Research Triangle Park, NC
H. Nuvation Bio Inc – Burlington, MA

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

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

I. Drugzone Pharmaceuticals, Inc – Nanuet, NY
J. Specialty Care Distribution – Ontario, CA
K. VET4U, LLC – Clay City, NY

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

L. Bausch & Lomb, Inc – Lynchburg, VA
M. Bausch & Lomb, Inc – Woodruff, SC
N. Boehringer Ingelheim Pharmaceuticals, Inc – Ridgefield, CT
O. Bora Pharmaceuticals Injectable Inc – Baltimore, MD
P. DiaSorin Inc – Stillwater, MN
Q. Exeltis USA, Inc – Florham Park, NJ
R. Fronseca Biosciences, LLC – Long Beach Township, NJ
S. Leo Pharma Inc – Madison, NJ
T. Marius Pharmaceuticals, Inc – Raleigh, NC
U. Matheson Tri-Gas, Inc – Vernon, CA
V. Neurotech Pharmaceuticals, Inc – Cumberland, RI
W. Novadoz Pharmaceuticals, LLC – Piscataway, NJ
X. Societal CDMO Gainesville, LLC – Gainesville, GA
Y. Valinor Pharma, LLC – Bedminster, NJ

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

Z. Braeburn Inc. – Plymouth Meeting, PA

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

AA. Advanz Pharma (US) Corp – Bannockburn, IL
BB. Coloplast Corp – Burnsville, MN
CC. Intuvie LLC – Natick, MA
DD. The Flume Catheter Company, Inc – Salt Lake City, UT

DRAFT

4.2.9 Background checks completed in compliance with NRS 639.500.

EE. 365 DME, LLC – Pittsford, MI
FF. Advanced Medical Sales, Inc – San Clemente, CA
GG. Drive DeVilbiss Healthcare – Palmeto, GA
HH. Drive DeVilbiss Healthcare – South Brunswick, NJ
II. Durbin USA – Garner, NC
JJ. Nippon Express U.S.A., Inc – Grapevine, TX

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

KK. Asteria Health – Birmingham, AL

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

LL. Allivet – Las Vegas, NV
MM. Culinary Pharmacy – North Las Vegas, NV

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

NN. AeQuita Pharmacy – Kirkland, WA
OO. Kroger Specialty Infusion – Torrance, CA
PP. Northwest Compounders – Beaverton, OR
QQ. PharmaLogic Salt Lake City, LLC – Salt Lake City, UT
RR. Precision Compounding Pharmacy and Wellness – Bellmore, NY
SS. RLS (USA), Inc. – Wooddale, IL
TT. Saveway Compounding Pharmacy, LLC – Newark, DE
UU. Wedgewood Pharmacy – Novato, CA

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

VV. Allivet – Fishers, IN
WW. Allivet – Miami Lakes, FL
XX. AmeriPharma Medbox – Laguna Hills, CA
YY. BioPlus Specialty Pharmacy Services, LLC – Durham, NC
ZZ. CarelonRx Pharmacy, Inc. Mason, OH
AAA. Go MD Pharmacy, LLC – Memphis, TN
BBB. Health Care Medical Infusion Specialties – Ridgeland, MS
CCC. LifeMD Pharmacy Services, LLC – Lancaster, PA

DDD. NPS Pharmacy Direct – Nashville, TN
EEE. Pathway Pharmacy, Inc – Ocala, FL
FFF. Santa Cruz Rx Texas Pharmacy – Weatherford, TX

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

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

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda.

Second: Adam Porath

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

D. Mee Han (22-185-CS-B-S)

Ken Hogen appeared as counsel on behalf of Mee Han, APRN.

Mee Han was present.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Han was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S..

Mr. Kandt presented a proposed Stipulation and Order for Case No. 22-185-CS-B-S for the Board's consideration.

The proposed stipulated penalties for Mee Han, APRN, Certificate of Registration No. CS22622, are the following: Respondent Han's Certificate of Registration No. CS22622 is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one (1) year with the following conditions: 1) public reprimand; 2) Respondent fined $5,000; and 3) Respondent assessed $1,000 in attorney fees and costs.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

C. Samuel Yu (22-185-CS-A-S)

Craig Perry appeared as counsel on behalf of Samuel Yu, APRN.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Yu was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 22-185-CS-A-S for the Board's consideration.

The proposed stipulated penalties for Samuel Yu, APRN, Certificate of Registration No. CS27231, are the following: Respondent Yu's Certificate of Registration No. CS27231 is placed on probation for a period of one (1) year with the following conditions: 1) public reprimand; 2) Respondent fined $2,500; and 3) Respondent assessed $1,000 in attorney fees and costs.

Board discussion ensued.

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously.

E. Jeffrey Gross (22-417-CS-S)

Jordan Moran and Ilene Albala appeared as counsel on behalf of Jeffrey Gross, MD.

Jeffrey Gross was present.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the case where Respondent Gross pled guilty pursuant to a plea agreement and was convicted on one felony count of conspiracy in United States of America v. Jeffrey Dave Gress, United States District Court for Central District of California, Case 8:18-cr-00014-JLS. Respondent subsequently surrendered his DEA Registration No. FG3245455 by executing a DEA Form 104 .

Mr. Kandt presented a proposed Stipulation and Order for Case No. 22-417-CS-S for the Board's consideration.

The proposed stipulated penalties for Jeffrey Gross, MD, Certificate of Registration No. CS20182, are the following: Respondent's Certificate of Registration No. CS20182 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $5,000 and assessed $1,000 for attorney's fees and costs.

Board discussion ensued.

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously.

F. Walmart Pharmacy #10-5070 (22-537-PH-S)
G. William Joseph Hergenroeder (22-537-RPH-A-S)
H. Hermon Habtom Bariagabr (22-537-RPH-B-S)

Jade Jacobo and Anna Carr recused themselves from this matter.

President Park stated that she is familiar with Hermon Habtom Bariagabr from her time at Roseman University but can participate in this matter fairly and without bias.

William Stilling appeared as counsel for all respondents in this case.

Shelley Tustison (Senior Director of Pharmacy and Practice Compliance for Walmart), Grace Collinson (Director of Pharmacy and Practice Compliance for Walmart), William Joseph Hergenroeder, and Hermon Habtom Bariagabr were present..

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the case alleging that Walmart and its employees engaged in an error of a prescription which resulted in a negative outcome to a patient.

Mr. Kandt presented proposed stipulations for Case Nos. 22-537-PH-S, 22-537-RPH-A-S, and 22-537-RPH-B-S for the Board's consideration.

The proposed stipulated penalties for Hermon Habtom Bariagabr, RPh, Certificate of Registration No. 19456 are the following: 1) Respondent to be fined $1,000; and 2) Respondent assessed $500 in attorney fees and costs.

The proposed stipulated penalties for Walmart Pharmacy #10-5070, License No. PH01814 are the following: 1) Respondent to be fined $1,000; and 2) Respondent assessed $500 in attorney fees and costs.

The proposed stipulated penalties for William Joseph Hergenroeder, RPh, Certificate of Registration No. 12708 are the following: 1) Respondent to be fined $1,000; and 2) Respondent assessed $500 in attorney fees and costs.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Orders for Walmart #10-5070, Hermon Bariagabr, and William Hergenroeder as presented by Mr. Kandt.

Second: Chanyis Taylor

Action: Passed unanimously. (Jacobo and Carr recused)

L. Alexander Lee (22-217-CS-S)

Adam Knecht appeared as counsel on behalf of Alexander Lee.

Alexander Lee was present.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Dr. Lee transported a supply of controlled substances between his home/vehicle/office and various hospital operating rooms and/or surgery centers in a location other than a registered office in violation of Nevada Law. In addition, he knowingly or intentionally acquired controlled substances and/or dangerous

drugs without a prescription and failed to query the controlled substance information in the PMP in violation of Nevada Law.

Board discussion ensued.

The Board approved the following amended stipulated penalties: Respondent Lee's Certificate of Registration No. CS18089 is revoked. The revocation is stayed, and Respondent is placed on probation for a period of five (5) years with the following conditions: 1) During the full period of probation, Respondent Lee shall not possess controlled substances except while on the premises of a hospital, a surgery center for ambulatory patients, or another medical facility where respondent is treating or caring for a surgical patient; 2) Respondent Lee shall participate in four quarterly inspections from the effective date of the Order to January 14, 2026; 3) Respondent fined $10,000; and 4) Respondent assessed $5,000 in attorney fees and costs.

Dr. Lee affirmed his agreement with the terms of the proposed Stipulation and Order as amended.

Board discussion ensued.

Board Action:

Motion: Chanyis Taylor moved to approve the amended Stipulation and Order for Dr. Alexander Lee as presented by Mr. Zunino.

Second: Anna Carr

Action: Passed unanimously.

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

A. Nova Specialty Pharmacy (24-354-O)

Luis Lanz appeared as counsel on behalf of Nova Specialty Pharmacy.

Brett Kandt, General Counsel for Nevada State Board of Pharmacy, prosecuted the appeal of a citation and fine alleging that Nova Specialty Pharmacy compounded and dispensed drug products for 64 patients located in Nevada without holding a Nevada Pharmacy license, and the prescriptions dispensed may not have been compounded in compliance with Nevada Law.

Mr. Kandt noted that the appeal request from Nova Specialty Pharmacy was made via a September 12, 2024 email to be entered into the record.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 24-354-O for the Board's consideration.

The proposed stipulated penalties for Nova Specialty Pharmacy are the following: 1) Respondent fined $25,000; and 2) Respondent shall not dispense prescriptions to patients in Nevada until licensed by the Board.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Nova Specialty Pharmacy as presented by Mr. Kandt.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Susan Bell (21-084-CS-S)

Susan Bell was present.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the Order to Show Cause case against Respondent Bell where she had failed to make a timely payment of the $5,000 fine and $542.45 in attorney fees and costs from the Default Order filed and entered on December 1, 2022.

Ms. Bell requested a payment plan for her fine and attorney fees and costs due to her financial situation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve a payment plan for Susan Bell in Case No. 21-084-CS-S. Respondent Bell to pay attorney fees and costs of $271.23 due and payable by February 1, 2025, and a payment of $271.22 due and payable by March 1, 2025. Respondent Bell to pay the fine with payments of $250 due and payable by the 1st of every month from April 2025 through September 2025 and pay the fine with payments of $500 due and payable by the 1st of every month from October 2025 through April 2026 or until the fine is paid in full.

Second: Chanyis Taylor

Action: Passed unanimously.

J. John Katzen (24-389-CS-S)

John Katzen, MD was present.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Katzen surrendered his Neveda Medical License No. 15386 to practice medicine for cause and no longer qualifies as a practitioner for registration to dispense controlled substances, and he committed acts that render his registration inconsistent with the public interest.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make the Findings of Fact consistent with paragraphs 1-3 of accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the Conclusions of Law consistent with paragraphs 4-9 of the Accusation and to find the respondent guilty on Count One and Count Two.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to revoke Dr. Katzen's Certificate of Registration No. CS24228, and respondent cannot petition for reinstatement for a period of one (1) year.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

DRAFT

Motion: Jade Jacobo moved to approve a $2,000 fine for Dr. Katzen's Certificate of Registration No. CS24228 due and payable by April 1, 2025.

Second: Krystal Freitas

Action: Passed unanimously.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $1,880.42 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

M. Jesse Bradberry (23-490-PTT-S)

Jesse Bradberry failed to appear.

Gregory Zunino, Senior General Counsel for Nevada Board of Pharmacy, prosecuted the case alleging that Mr. Bradberry failed to disclose a criminal charge on his pharmaceutical technician in training (PTT) application and failed to pay the citation of $500.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Mr. Bradberry was properly served with notice of the hearing.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the Findings of Fact consistent with paragraphs 3-11 of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the Conclusions of Law consistent with paragraphs 12-16 of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find the respondent guilty on Count One.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo made a motion to retroactively revoke Mr. Bradberry's Certificate of Registration No. PT28790 to the date of October 31, 2024, the date on which he allowed it to lapse, and to award attorney's fees and costs in the amount of $511.46 on the basis that they were reasonable, necessary, and actually incurred.

Second: Adam Porath

Action: Passed unanimously.

7. Review of compliance with Order Amending Stipulation and Order entered October 16, 2024, in Case No. 23-063-PH-S **(FOR POSSIBLE ACTION)**

   A. American Wellness Pharmacy (23-063-PH-S)

Richard Tomasso recused himself from this matter.

Jade Jacobo commented that she is familiar with the new pharmacist in charge for American Wellness Pharmacy but can participate in this matter fairly and without bias.

Kimberly Maxson-Rushton appeared as counsel on behalf of American Wellness Pharmacy.

Eytan Klepach (Co-Owner), George Mariano (Co-Owner), James Barber (Pharmacist in Charge), Rebecca Molina (Chief Technician), and Sarah Fulco (Chiropractor and Administrative and Operations Manager) were present.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, gave a brief overview and indicated that Respondent had requested an appearance before the Board to review compliance with Paragraph 8(c) of the Amended Stipulation and Order.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that there was no equivalence of the training completed by American Wellness Pharmacy in comparison to the PCCA training requirement discussed in the Order.

Second: Chanyis Taylor

Action: Passed unanimously.

The Board recessed to permit the parties to negotiate.

Mr. Kandt read the proposed amendments to section 8(C) of the First Amended Stipulation and Order for Case No. 23-063-PH-S for the Board's consideration into record.

The proposed amendments to section 8(C) for American Wellness Pharmacy, Pharmacy License No. PH02705, are the following: Training requirements set forth in Paragraph 8(C)(ii) and (iii) are replaced with the following: the managing pharmacist and a designated person (technician) shall complete no fewer than 30 hours of in-person/live training courses through PCCA, the Kennedy Pharmacy Innovation Center at the University of South Carolina, OR an equivalent training program as determined by Board staff, with documentation of successful completion. Inspection by Board staff pursuant to Paragraph 8(C)(iv) may commence immediately.

Ms. Rushton stated that American Wellness Pharmacy was in agreement with the amended terms presented by Mr. Kandt.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to amend section 8(C) of the First Amended Stipulation and Order for American Wellness Pharmacy as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

B. Sherman Washington (19-243-CS-S and 21-104-CS-N)

Michael Mee appeared as counsel on behalf of Sherman Washington, MD.

Sherman Washington was present.

President Park vacated the Show Cause hearing against Dr. Washington.

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

B. Sherman Washington

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the controlled substance application for Dr. Washington pending the updated application of the practice address and the completion of PMP training with Board staff.

Second: Chanyis Taylor

Action: Passed unanimously.

I. Safe Chain Solutions (24-356-WH-O)

This matter was continued.

K. Jon Siems (23-449-CS-S and 24-390-CS-S)

This matter was continued.

N. Stuart Berliner (24-161-RPH-S)

This matter was continued.



DRAFT

O. Medical N Mobility (24-219-MP-S)

This matter was dismissed.

P. Orthopedic Motion, Inc. (24-281-MP-S)

This matter was continued.

Public comment January 15, 2025, at 4:25 PM

There was no public comment.

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

Board Members Present:

| | | | |
|---|---|---|---|
| Helen Park | Adam Porath | Richard Tomasso | Jade Jacobo |
| Krystal Freitas | Chanyis Taylor | | |

Board Staff Present:

| | | | |
|---|---|---|---|
| David Wuest | Yenh Long | Gregory Zunino | Brett Kandt |
| Monica Moazez | Darlene Nases | Erin Miller | Jessette Phaynarikone |
| Dena McClish | Joe Dodge | Darla Zarley | John Castaldo |
| Leo Basch | | | |

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment January 16, 2025, 9:08 AM

The following person(s) offered public comment:

Liz McMenamin, Retail Association of Nevada.

Ken Kunke, Nevada Pharmacy Alliance.

Mark Johnston, Executive Director with CVS Health.

Paul Howse, Representative for Smith’s Pharmacy.

Carrie Ortero, Pharmacist.

Alex Fong, Pharmacist.

Brandon Strickhouser Malzone, Pharmacist.

Steven Nguyen, Pharmacist.

Gener Tejero, Pharmacist.

Jeffrey Bezard, Pharmacist.

Mary Staples, National Association of Drug Stores.

◈ PUBLIC HEARING ◈

Thursday, January 16, 2025 – 9:00 am

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

    A. **Amendment to Nevada Administrative Code ("NAC").** The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise. (LCB File No. R113-24)

This matter was withdrawn.

15. Discussion and Determination Related to NRS 639.120, the Administration of an Exam on the Law by the Board (NRS 241.020(3)(d)(2) - **(FOR POSSIBLE ACTION)**

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

Richard Tomasso was excused from the meeting at 9:38 AM.

Catherine "Leiana" Oswald (Pharmacist and Professor of Law at Roseman University) and Larry Fannin (Pharmacist and Professor at Roseman University) testified.

Richard Tomasso returned to the meeting at 9:43 AM.

President Park opened the floor for public comment.

Testimony was received from the following persons:

Gener Tejero, Pharmacist.

Ken Kunke, Pharmacist.

Roseann Visconti, Licensing Pharmacist and Residency Program Coordinator at the VA in Southern Nevada.

Andrew Funk, Director of Member Relations and Government Affairs at NABP.

Jessica Kinsler, Pharmacist and Residency Program Coordinator at UMC in Southern Nevada

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved that the Board staff take the necessary steps to administer the test instead of the MPJE.

Second: Chanyis Taylor

Action: Passed unanimously.

Richard Tomasso was excused from the meeting at 10:30 AM.

14. Request for Presentation by Nevada Governor's Council on Developmental Disabilities Regarding Potential Solutions with Obtaining Approvals for Durable Medical Equipment (DME) in the State of Nevada – Department of Health and Human Service Staff (NRS 241.020(3)(d)(2) – **(FOR POSSIBLE ACTION)**

Grace Larkins, Nevada Center for Excellence and Disabilities, and Catherine Nelson, Executive Director on the Governor's Council for Disabilities, testified.

Jade Jacobo was excused from the meeting at 10:56 AM.

Jesi Tallman, Nurse Practitioner, testified.

Jade Jacobo returned to the meeting at 11:01 AM.

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

   A. Advance Pharma – Las Vegas, NV

Vladimir Hernandez, Managing Partner, and Yailen Matos, Managing Partner, were present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the ownership change for Advance Pharma pending two additional inspections with Board staff and the second inspection at the owner's expense.

Second: Jade Jacobo

Action: Passed unanimously.

C. Health Works Pharmacy – Las Vegas, NV

Yvonne Tamo, Pharmacist in Charge, and Ralph Martinez, Owner, were present.

Jade Jacobo was excused from the meeting at 11:20 AM.

Jade Jacobo returned to the meeting at 11:21 AM.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the new pharmacy application for Health Works Pharmacy pending favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

D. Las Vegas Radiopharmacy, Inc – Las Vegas, NV

Glenn Sullivan (Director of Regulatory Affairs), Chris Southwick (Pharmacist in Charge), and Troy Curnutt (Assistant to Mr. Sullivan) were present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

DRAFT

Motion: Krystal Freitas moved to approve the ownership change application for Las Vegas Radiopharmacy, Inc.

Second: Jade Jacobo

Action: Passed unanimously.

E. Lumis Pharmacy – Las Vegas, NV

Leslie Asanga, Pharmacist, was present.

President Park disclosed that she was familiar with Dr. Asanga but could participate in this matter fairly and without bias in this matter.

The Board heard testimony and received evidence.
Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the new pharmacy application for Lumis Pharmacy pending a favorable inspection.

Second: Adam Porath

Action: Passed unanimously.

F. QHR Pharmacy #3 LLC – Las Vegas, NV

Kimberly Astorino, Pharmacist in Charge, and Mahmoud Noureldeen, Owner and Pharmacy Technician, were present.

Jade Jacobo disclosed that she was familiar with Dr. Astorino but could participate in this matter fairly and without bias.

The Board heard testimony and received evidence.
Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change application for QHR Pharmacy #3 LLC pending updated paperwork received by the Board.

Second: Krystal Freitas

Action: Passed unanimously.

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

    A. Paragon Implant Company, LLC – Las Vegas, NV – Background Check Not Required

Gerald Niznick, CEO and President, was present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the new wholesaler license for Paragon Implant Company, LLC.

Second: Chanyis Taylor

Action: Passed unanimously.

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

    B. Albertsons Central Fill Pharmacy Phoenix – Phoenix, AZ

Madeline Kaup, Pharmacist in Charge, and Taylor Allen, Pharmacist and General Manager, were present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the pharmacy application for Albertsons Central Fill Pharmacy Phoenix.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. John Vennochi

John Vennochi was present.

The Board heard testimony and received evidence.

President Park tabled Dr. Vennochi's application at his request.

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

C. Drugco Health – Roanoke Rapids, NC

Andrew Huggins, CEO/Co-Owner/Pharmacist in Charge, was present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change application for Drugco Health.

Second: Adam Porath

Action: Passed unanimously.

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

B. Stericycle, Inc – McCarran, NV – Background Check Not Required

Joel Barr, Manager, was present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

DRAFT

Motion: Adam Porath moved to approve the new wholesaler license for Stericycle, Inc. pending a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Amanda Moreno

Amanda Moreno was present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmaceutical technician in training application for Amanda Moreno.

Second: Adam Porath

Action: Passed unanimously.

B. Lucy Magaly Cruz

Lucy Cruz was present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the pharmaceutical technician in training application for Lucy Cruz.

Second: Jade Jacobo

Action: Passed unanimously.

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



DRAFT

B. Steven Huerta

Steven Huerta was present.

The Board heard testimony and received evidence.

Board discussion ensued.

No action taken.

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

A. Allergychoices Pharmacy – Onalaska, WI

Michael Kachel, Director of Pharmacy, and Justin O'Driscoll, Pharmacist in Charge, were present.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change for Allergychoices Pharmacy pending an updated application and letter of authorization.

Second: Krystal Freitas

Action: Passed unanimously.

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

B. Family Primary and Specialty Care Pharmacy – Las Vegas, NV

This matter was continued.

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

C. Victor Jimenez Bonuel

This matter was continued.

DRAFT

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

    A. Dana Marks

This matter was continued.

18. Executive Secretary Report:

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

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

17. General Counsel Report

Gregory Zunino, Senior General Counsel, presented.

19. Date and Location of Next Scheduled Board Meeting:

    March 5-6, 2025 – Las Vegas, NV

20. Public Comment

President Park opened the floor for public comment.

There was no public comment.

21. Adjournment

DRAFT

# 4

# 4A

**NEVADA STATE BOARD OF PHARMACY**

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

| **Type of Application (check applicable box)** | | **MDEG Business Type (check applicable box)** |
|---|---|---|
| ☐ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ■ Ownership Change* | | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | M P00923 | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: Bioness Medical, Inc.

MDEG Physical Address: 25103 Rye Canyon Loop

City: Valencia State: CA Zip: 91355

Mailing Address (if different from physical address): PO Box 8000

City: Monsey State: NY Zip: 10952

Telephone: 800-211-9136 Website: https://bionessrehab.com/

Email: c_Bioness@Avalara.com

Name of MDEG Administrator (NAC 639.694): Michael Lopez

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

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

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

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

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

Name: No - N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): Accelmed Partners II, L.P.

Corporation/Organization Name: Bioness Medical, Inc.

Mailing Address: PO Box 8000

City: Monsey State: NY Zip: 10952

Telephone: 661-362-6648 Email: c_Bioness@Avalara.com

Contact Person Name: Mike Lopez

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Mike Lopez

Print Name of Authorized Person Submitting Application

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

12/17/2024

Date

| Board Use Only | Date Received: 12/3/25 | Amount: $500-CK 0000103492 |
|---|---|---|

## Bioness Medical, Inc. – EIN [redacted]

- Corporate Officer
  - Todd Cushman, CEO
- Director
  - Michael Lopez, Director Strategic Operations

# Bioness Medical Inc.- Organizational Chart



# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH
## FOOD AND DRUG BRANCH

## HOME MEDICAL DEVICE RETAIL LICENSE

**Bioness Medical Inc**
**25103 Rye Canyon Loop**
**Valencia, CA 91355**

**LICENSE NUMBER: 124873**
**EXPIRATION DATE: 1/6/2026**

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

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

Printed: 1/8/2025

B3181-5865 11/08/2024 10:52 AM Received by California Secretary of State

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "REHAB ACQUISITION CORPORATION, III", CHANGING ITS NAME FROM "REHAB ACQUISITION CORPORATION, III" TO "BIONESS MEDICAL, INC.", FILED IN THIS OFFICE ON THE SEVENTH DAY OF NOVEMBER, A.D. 2024, AT 1:03 O`CLOCK P.M.*

Jeffrey W. Bullock, Secretary of State

3783665 8100
SR# 20244153075

Authentication: 204820921
Date: 11-07-24

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

# Delaware

The First State



B3146-2031 10/25/2024 11:22 AM Received by California Secretary of State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REHAB ACQUISITION CORPORATION, III" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF OCTOBER, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REHAB ACQUISITION CORPORATION, III" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.*

Jeffrey W. Bullock, Secretary of State

3783665 8300

SR# 20243915229

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

Authentication: 204601657

Date: 10-10-24

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State of Delaware
Secretary of State
Division of Corporations
Delivered 01:03 PM 11/07/2024
FILED 01:03 PM 11/07/2024
SR 20244153075 - File Number 3783665

# CERTIFICATE OF AMENDMENT
*to*
# CERTIFICATE OF INCORPORATION
*of*
# REHAB ACQUISITION CORPORATION, III

REHAB ACQUISITION CORPORATION, III, a corporation organized and existing under and by virtue of the provisions of the General Corporation Law of the State of Delaware does hereby certify:

1. The name of the corporation is Rehab Acquisition Corporation, III (the "***Corporation***").

2. The Certificate of Incorporation of the Corporation, filed in the office of the Secretary of State of the State of Delaware on May 29, 2024 (the "***Certificate of Incorporation***"), is hereby amended by deleting Article One of the aforesaid Certificate of Incorporation in its entirety and by inserting the following in lieu thereof:

   First: The name of the corporation is Bioness Medical, Inc.

3. The amendment to the Certificate of Incorporation herein certified has been duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, this Certificate of Amendment to the Certificate of Incorporation has been executed by a duly authorized officer of this Corporation on this 7th day of November 2024.

Rehab Acquisition Corporation, III

By: Signed by: Camilo Rico
Name: Camilo Rico
Title: Secretary

B3181-5866 11/08/2024 10:52 AM Received by California Secretary of State

6438215

**STATE OF CALIFORNIA**
*Office of the Secretary of State*
**STATEMENT AND DESIGNATION - OUT-OF-STATE STOCK CORPORATION**

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: 6438215

Date Filed: 10/25/2024

| | |
|---|---|
| Corporation Name | |
| Corporation Name | Rehab Acquisition Corporation, III |
| Jurisdiction | |
| This Corporation is Formed in | DELAWARE |
| Street Address of Principal Office of Corporation | |
| Principal Address | 25103 RYE CYN LOOP<br>VALENCIA, CA 91355 |
| Mailing Address of Corporation | |
| Mailing Address | 25103 RYE CYN LOOP<br>VALENCIA, CA 91355 |
| Attention | Michael Lopez |
| Street Address of California Office of Corporation | |
| Street Address of California Office | 25103 RYE CYN LOOP<br>VALENCIA, CA 91355 |
| Agent for Service of Process | |
| Agent Name | Michael Lopez |
| Agent Address | 25103 RYE CYN LOOP<br>VALENCIA, CA 91355 |

Consent to Service of Process

The corporation irrevocably consents to service of process directed to the corporation upon the agent designated and to service of process on the Secretary of State if the agent designated or the agent's successor is no longer authorized to act or cannot be found at the address given.

Consent under this paragraph extends to service of process directed to the out-of-state corporation's agent in this state for a search warrant issued pursuant to California Penal Code section 1524.2, or for any other validly issued and properly served search warrant, for records or documents that are in the possession of the out-of-state corporation and are located inside or outside of this state. This shall apply to a out-of-state corporation that is a party or a nonparty to the matter for which the search warrant is sought. "Properly served" means delivered by hand, or in a manner reasonably allowing for proof of delivery if delivered by United States mail, overnight delivery service, or facsimile to a person or entity listed in California Corporations Code section 2110, or any other means specified by the out-of-state corporation, including, but not limited to, email or submission via an Internet Web portal that the out-of-state corporation has designated for the purpose of service of process.

Electronic Signature

☒ I am a corporate officer and am authorized to sign on behalf of the out-of-state corporation.

*Michael Lopez* — Signature

*10/25/2024* — Date

B3146-2030 10/25/2024 11:22 AM Received by California Secretary of State

BA20241981021

**STATE OF CALIFORNIA**
*Office of the Secretary of State*
**CERTIFICATE OF AMENDMENT**
**OUT-OF-STATE CORPORATION**

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: BA20241981021
Date Filed: 11/8/2024

Corporation Details

| | |
|---|---|
| Corporation Name | |
| California Name | Rehab Acquisition Corporation, III |
| Entity No. | 6438215 |
| Formed In | DELAWARE |

**Amendment Details**

| | |
|---|---|
| New Corporation Name | Bioness Medical, Inc. |

Electronic Signature

☒ I am a corporate officer and am authorized to sign on behalf of the out-of-state corporation.

*Michael Lopez*
Officer Signature

*11/08/2024*
Date

B3181-5864 11/08/2024 10:52 AM Received by California Secretary of State

State of California—Health and Human Services Agency
# California Department of Public Health

CDPH
California Department of Public Health

Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899-7435
1-800 495-3232 Toll Free

## LICENSE / REGISTRATION VERIFICATION REQUEST

**Requestor: Complete Items 1-6 only, then forward to California Department of Public Health, Food and Drug Branch at the address above.**

| | | | |
|---|---|---|---|
| 1. Name of Firm or Exemptee / DBA<br>Bioness Medical, Inc. | | | |
| 2. Facility Address (number, street)<br>25103 Rye Canyon Loop | | | |
| 3. City<br>Valencia | State<br>CA | Zip Code<br>91355 | |
| 4. Type of Firm<br>☑ Retailer ☐ Warehouse ☐ Manufacturer | | | |
| 5. Requestor's Name<br>Michael Lopez, Bioness Medical, Inc. | | | |
| 6. Requestor's Address<br>25103 Rye Canyon Loop | | | |
| City<br>Valencia | State<br>CA | ZIP Code<br>91355 | Email<br>c_Bioness@Avalara.com |
| Requestor's Mailing Address (if different or P.O. Box number)<br>PO Box 8000 | | | |
| City<br>Monsey | State<br>NY | ZIP Code<br>10952 | |

**DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY**

| License Type | License Number | Date Issued | Expiration Date |
|---|---|---|---|
| HMDR | 124873 | 01/06/2024 | 01/06/2026 |

**License / Registration Status:**

☒ **Valid** ☐ **Suspended/Revoked** ☐ **Surrendered** ☐ **Expired**

☐ **No record of firm / individual** ☐ **Application received / license pending**

Official Signature/Title: offered Date: 01/26/2024

CDPH 8707 (10/2024)

cfc

# CERTIFICATE OF INSURANCE

**IMPORTANT:** This Certificate is issued as a matter of information only and confers no rights upon the holder. It does not amend, extend or alter the coverage afforded by the Policy and it does not constitute a contract of insurance. If an 'additional insured' is stated below, the Policy must have an additional insured provision or be endorsed for this be valid. Should the Policy be cancelled before the expiry of insurance stated below, notice will be delivered in accordance with the Policy provisions.

| | |
|---|---|
| POLICY NUMBER: | [redacted] |
| THE INSURED: | Bioness Medical Inc<br><br>25103 Rye Canyon Loop<br>Valencia, CA 91355<br>US |
| ADDITIONAL INSURED: | National Provider Enrollment (NPE) West<br><br>Palmetto GBA, AG-495<br>Columbia<br>SC 29202-3142, 100142 |
| BUSINESS ACTIVITIES: | Manufacture and sale of functional electrical stimulation systems, robotic systems & software therapy programs that provide functional & therapeutic benefits |
| THE UNDERWRITERS: | Underwritten by certain Underwriters at Lloyd's |
| INCEPTION OF INSURANCE: | 00:01 Local Standard Time on 31 Dec 2024 |
| EXPIRY OF INSURANCE: | 00:01 Local Standard Time on 31 Dec 2025 |
| RETROACTIVE DATE: | |
| Professional Liability: | As Expiring |
| Products Liability: | As Expiring |
| General Liability: | As Expiring, in respect of **INSURING CLAUSE 1** (**SECTION F only** |
| LEGAL ACTION: | Worldwide |

## INSURING CLAUSE 1: COMMERCIAL GENERAL LIABILITY

### ALL SECTIONS COMBINED

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate |

### SECTION A: PRODUCTS AND COMPLETED OPERATIONS LIABILITY

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including **costs and expenses** |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD20,000 | each and every claim, including **costs and expenses** |

### SECTION B: BODILY INJURY AND PROPERTY DAMAGE LIABILITY

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including **costs and expenses** |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD20,000 | each and every claim, including **costs and expenses** |

cfc

SECTION C: PERSONAL AND ADVERTISING INJURY

| | | |
|---|---|---|
| Limit of liability: | USD1,000,000 | each and every claim, including costs and expenses |
| Aggregate limit of liability: | USD1,000,000 | in the aggregate, including costs and expenses |
| Deductible: | USD20,000 | each and every claim, including costs and expenses |

SECTION D: TENANTS' LEGAL LIABILITY

| | | |
|---|---|---|
| Aggregate limit of liability: | USD250,000 | in the aggregate, including costs and expenses |
| Deductible: | USD20,000 | each and every claim, including costs and expenses |

SECTION E: MEDICAL EXPENSES

| | | |
|---|---|---|
| Limit of liability: | USD5,000 | each and every claim, including costs and expenses |
| Deductible: | USD0 | each and every claim, including costs and expenses |

SECTION F: EMPLOYEE BENEFITS LIABILITY

| | | |
|---|---|---|
| Aggregate limit of liability: | USD1,000,000 | in the aggregate, including costs and expenses |
| Deductible: | USD20,000 | each and every claim, including costs and expenses |

SECTION G: NON-OWNED AND HIRED AUTOMOBILE LIABILITY

| | | |
|---|---|---|
| Limit of liability: | USD1,000,000 | each and every claim, including costs and expenses |
| Aggregate limit of liability: | USD1,000,000 | in the aggregate, including costs and expenses |
| Deductible: | USD20,000 | each and every claim, including costs and expenses |

SECTION H: LIABILITY FOR DAMAGE TO HIRED OR LEASED AUTOMOBILES

| | | |
|---|---|---|
| Aggregate limit of liability: | USD50,000 | in the aggregate, including costs and expenses |
| Deductible: | USD20,000 | each and every claim, including costs and expenses |

## INSURING CLAUSE 4: PROFESSIONAL LIABILITY

SECTION A: BODILY INJURY

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including costs and expenses |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including costs and expenses |
| Deductible: | USD5,000 | each and every claim, including costs and expenses |

SECTION B: ERRORS & OMISSIONS

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including costs and expenses |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including costs and expenses |
| Deductible: | USD5,000 | each and every claim, including costs and expenses |

cfc

SECTION D: BREACH OF CONTRACT

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including **costs and expenses** |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD5,000 | each and every claim, including **costs and expenses** |

SECTION E: INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT

| | | |
|---|---|---|
| Limit of liability: | USD500,000 | each and every claim, including **costs and expenses** |
| Aggregate limit of liability: | USD500,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD10,000 | each and every claim, including **costs and expenses** |

SECTION G: DISHONESTY OF EMPLOYEES

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including **costs and expenses** |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD5,000 | each and every claim, including **costs and expenses** |

SECTION H: PAYMENT OF WITHHELD FEES

| | | |
|---|---|---|
| Limit of liability: | USD5,000,000 | each and every claim, including **costs and expenses** |
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD5,000 | each and every claim, including **costs and expenses** |

## INSURING CLAUSE 5: CYBER AND PRIVACY

SECTION A: NETWORK SECURITY AND PRIVACY LIABILITY

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD25,000 | each and every claim, including **costs and expenses** |

SECTION B: INCIDENT RESPONSE COSTS

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD1,000 | each and every claim, including **costs and expenses** |

## SECTION C: LEGAL, FORENSIC AND BREACH MANAGEMENT COSTS

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD25,000 | each and every claim, including **costs and expenses** |

## SECTION D: EXTORTION

| | | |
|---|---|---|
| Aggregate limit of liability: | USD250,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD25,000 | each and every claim, including **costs and expenses** |

## SECTION E: SYSTEM DAMAGE AND RECTIFICATION COSTS

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD25,000 | each and every claim, including **costs and expenses** |

## SECTION F: SYSTEM BUSINESS INTERRUPTION AND REPUTATIONAL HARM

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD25,000 | each and every claim, including **costs and expenses** |

## SECTION G: CLAIM PREPARATION COSTS

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD1,000 | each and every claim, including **costs and expenses** |

## INSURING CLAUSE 6: LOSS MITIGATION

| | | |
|---|---|---|
| Aggregate limit of liability: | USD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD0 | each and every claim, including **costs and expenses** |

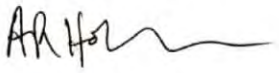
## INSURING CLAUSE 7: REPUTATION AND BRAND PROTECTION

| | | |
|---|---|---|
| Aggregate limit of liability: | USD100,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD0 | each and every claim, including **costs and expenses** |

## INSURING CLAUSE 8: COURT ATTENDANCE COSTS

| | | |
|---|---|---|
| Aggregate limit of liability: | USD100,000 | in the aggregate, including **costs and expenses** |
| Deductible: | USD0 | each and every claim, including **costs and expenses** |

Authorised Signatory



CFC Underwriting Ltd

DATE: 3 January 2025

**PLEASE REFER TO YOUR POLICY DOCUMENT FOR FULL TERMS AND CONDITIONS**

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Bioness Medical, Inc. MDEG License # (if applicable) _____

Physical Address 25103 Rye Canyon Loop

City Valencia State CA Zip 91355

Mailing Address (if different from physical address) PO Box 8000

City Monsey State NY Zip 10952

Telephone 800-211-9136 Website https://bionessrehab.com/

Licensing Company Email c_Bioness@Avalara.com

**Section 2: Personal Information**

First Michael Middle Aaron Last Lopez

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

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

Mailing Address [redacted]

City Santa Clarita State CA Zip 91390

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Diego State University | | 08/07-12/10 | |
| **Address** | **City** | **State** | **Zip** |
| 5500 Campanile Drive | San Diego | CA | 92182 |
| **Diploma/Degree obtained, if any** | | | |
| Economics | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Saugus High School | | 06/00-06/2004 | |
| **Address** | **City** | **State** | **Zip** |
| 21900 Centurion Hwy | Saugus | CA | 91350 |
| **Diploma/Degree obtained, if any** | | | |
| H.S. Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/18 - Current | [redacted] | Santa Clarita | CA | [redacted] |
| 05/15 - 04/18 | [redacted] | Valencia | CA | |
| 06/11 - 05/15 | [redacted] | Saugus | CA | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Bioness Medical, Inc. | | | 01/25 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 25103 Rye Canyon Loop | | Valencia | CA | 91355 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 661-425-8342 | Director Strategic Operations | | 40 | |

**Description of Duties**

Manage all Finance and Accounting teams as needed for the support of the business
Manage all operations teams both domestic and foreign for support of the business

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Bioness, Inc. | | | 05/16-12/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 25103 Rye Canyon Loop | | Valencia | | 91355 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 661-425-8342 | Director Strategic Operations | | 17,000 + | |

**Description of Duties**

Participate in establishment of business development, performance, and future growth company goals; implement strategic projects; Responsible for Operations/Finance support for two M&A activities with over $80M of deal value; project reporting; supporting the business development team in the areas of valuation, modeling, cost synergies

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

**Description of Duties**

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

**Description of Duties**

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

**Description of Duties**

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

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

I, Michael Lopez, **certify that as the MDEG Administrator for**

Bioness Medical, Inc.,

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

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

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

Michael Lopez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/17/2024

Date

| Board Use Only | Date Received: 2/3/25 |
|---|---|

# MICHAELA.LOPEZ CPA

[redacted] • Santa Clarita, CA 91354 • [redacted] • [redacted]

## Employment History

**Vice President of Finance and Operations** (2024- Current)
Bioness Medical, Inc. Valencia, CA
- Manage all Finance and Accounting teams as needed for the support of the business
- Manage all operations teams both domestic and foreign for support of the business

**Director Strategic Operations** (2021- 2024)
Bioventus, Valencia, CA
- Work with senior management to establish strategic short- and long-term goals that drive business development, performance, and future growth of the company
- Identify and implemented strategic projects resulting in $3M+ cost off goods savings to the P&L
- Actively participate in the formation and execution of corporate strategy, goals, objectives and policies
- Responsible for Operations/Finance support for two M&A activities with over $80M of deal value
- Provide detailed reporting to senior management on all project progress, deviations, timelines and cost
- Researching potential opportunities for business growth and managing due diligence processes
- Provide support to business development team in the areas of valuation, modeling, cost synergies
- Focus on cost reduction activities in the areas of operational activities and efficiencies
- Coordinate with all department leaders to ensure success in both objective and project timelines

**Finance Manager, Global Operations** (2018- 2021)
Bioness Inc, Valencia, CA
- Oversee domestic and international entities for manufacturing, inventory and supply chain management
- Analyze all product lines to initiate cost cutting or efficiency initiatives
- Researching directives for business growth
- Review financial reporting and adjust budgets to promote margin growth
- Support new product development to ensure manufacturing capabilities
- Develop and implement Key Performance Indicators

## Education

**Certified Public Accountant**
Completion of California Uniform CPA Exam (2014)

**Business Economics- B.A.** (December 2009)
San Diego State University (SDSU)

## Skills

- Strong knowledge of accounting principles (USGAAP, GAAS) • Power BI
- Microsoft Office (Excel, Word, Outlook and PowerPoint) • QAD Operating System
- Windows 98, XP, Vista and 10 • EMS Systems
- SAP • Salesforce

4B

## NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

| **Type of Application (check applicable box)** | | **MDEG Business Type (check applicable box)** |
|---|---|---|
| ☐ New MDEG<br>■ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* | * If making a change, provide current license number:<br>M P03115 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)<br>☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

## Section 1: General Information

Facility Name: Critical Nurse Staffing, LLC

MDEG Physical Address: 1114 N 1st Street, Suite 200

City: Grand Junction State: CO Zip: 81501

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-259-9001 Website: https://cnscares.com

Email: kristina.antonette@cnscares.com

Name of MDEG Administrator (NAC 639.694): Kristina Antonette

| **Entities the MDEG will Serve** | **Type of MDEG products that will be sold (check all applicable)** |
|---|---|
| ■ Patients by prescriptions<br>☐ Pharmacies[a]<br>☐ Practitioners[a]<br>☐ Hospitals/Clinics[a]<br>☐ Clinics[a]<br>☐ Wholesalers[a]<br>☐ Other business entities (specify)[a]:<br><br>This application is ONLY required if MDEG products will be sold to patients by prescription.<br><br>[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | ■ Medical Gases** We do not provide O2 tanks and liquid O2 requests are referred to other providers.<br>■ Respiratory Equipment**<br>☐ Life-sustaining equipment**<br>■ Parenteral and Enteral Equipment**<br>■ Assistive Equipment<br>■ Diabetic Supplies<br>■ Orthotics and Prosthetics<br>☐ Others:<br><br>**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):<br>Name: Caleb Ganoe<br>Telephone: 209-639-1538 |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 8 a.m.- 5 p.m. | ■ Tue: 8 a.m.- 5 p.m. | ■ Wed: 8 a.m.- 5 p.m. | ■ Thurs: 8 a.m.- 5 p.m. | ■ Fri: 8 a.m.- 5 p.m. |
| ☐ Sat: | ☐ Sun: | ☐ Holidays: | | |

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

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

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

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

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Colorado

Parent Company (if any): CNS Intermediate Holding, LLC

Corporation/Organization Name: Critical Nurse Staffing, LLC

Mailing Address: 1114 N 1st Street, Suite 200

City: Grand Junction State: CO Zip: 81501

Telephone: 877-259-9001 Email: greg.abolofia@cnscares.com

Contact Person Name: Greg Abolofia

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Jesse Verni, CFO
Print Name of Authorized Person Submitting Application

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

12.30.2024
Date

| Board Use Only | Date Received: 1/6/25 | Amount: $500 ck 530853 |
|---|---|---|

**Nevada Board of Pharmacy – Medical Devices, Equipment and Gases (MDEG) Application**

Section 2. History of Company.

Question 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Response. Yes.

Critical Nurse Staffing, LLC voluntarily surrendered a Georgia State Board of Pharmacy Durable Medical Equipment Suppliers Facility Permit. CNS received the permit on April 17, 2024 and surrounded the permit on or about April 24, 2024. CNS did not and has not provided any durable medical equipment to consumers in Georgia and did not surrender its license due to any non-compliance. The decision to surrender the DME permit was wholly due to business reasons.



Jesse Verni, Chief Financial Officer

CNSCares
We Put Care First.

List of Officers for Critical Nurse Staffing, LLC

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

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

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

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

5. Melissa Steele
   Chief Compliance Officer
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

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

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

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

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

CRITICAL NURSE STAFFING, LLC

is a

Limited Liability Company

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

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/18/2024 that have been posted, and by documents delivered to this office electronically through 12/19/2024 @ 19:01:29 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/19/2024 @ 19:01:29 in accordance with applicable law. This certificate is assigned Confirmation Number 16823870 .

Jena Griswold

Secretary of State of the State of Colorado

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

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

**STATE OF COLORADO**
**Department of State**
1700 Broadway, Suite 550
Denver, CO 80290

**Jena M. Griswold**
**Secretary of State**
Mike Fitzpatrick
Acting Director
Business & Licensing Division

February 1, 2024

CNS Cares
Critical Nurse Staffing, LLC
Attn: Caleb Ganoe
295 Bradley Boulevard, Ste. 101
Richland, WA 99352

RE: DME Licensure Question

Dear Mr. Ganoe:

I am writing in response to your DME Licensure Question.

You have confirmed that your entity does not bill Medicare for products or services on the Centers for Medicare and Medicaid Services (CMS) Competitive Bid List. You have also confirmed that you do no intend to bid on products or services on the CMS Competitive Bid List.

As such, you do not fall under the definition of a Durable Medical Equipment Supplier as defined by section 24-21-115(1)(a), C.R.S. Since you do not fall under this definition, you are not required to apply for a Colorado DME license.

Should you have any questions or concerns, please feel free to contact me directly at Kathleen.Wallace@coloradoosos.gov or 303-860-6971.

Sincerely,

Kathleen Wallace
Legal Analyst/DME Specialist
Business and Licensing Division
Colorado Department of State

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/17/2024

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

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

**PRODUCER**
CCIG
155 Inverness Drive West
Englewood CO 80112
License#: 45339

**CONTACT NAME:** Maree Elmore
**PHONE (A/C, No, Ext):** 303-799-0110 **FAX (A/C, No):** 303-799-0156
**E-MAIL ADDRESS:** Maree.Elmore@thinkccig.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Philadelphia Indemnity Insuran | 18058 |
| INSURER B : Praetorian Insurance Company | 37257 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Critical Nurse Staffing, LLC
1114 N. 1st Street, Suite 200
Grand Junction CO 81501
CRITNUR-01

**COVERAGES** **CERTIFICATE NUMBER:** 282953486 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | Y | Y | PHPK2609205003 | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 20,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | Y | PHPK2609205003 | 10/1/2024 | 10/1/2025 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | PHUB883922003 | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ 1,000,000 |
| | DED X RETENTION $ 0 | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | N | 202001496 | 12/16/2024 | 12/16/2025 | X PER STATUTE OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N / A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| A | Professional Liability | | | PHPK2609205003 | 10/1/2024 | 10/1/2025 | Per Occurrence Limit: Aggregate: | $1,000,000 $3,000,000 |

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

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

**AUTHORIZED REPRESENTATIVE**

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**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Critical Nurse Staffing, LLC — MDEG License # (if applicable): PO3115

Physical Address: 1114 N First Street, Suite 200

City: Grand Junction — State: CO — Zip: 81501

Mailing Address (if different from physical address): same

City: — State: — Zip:

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

Licensing Company Email: caleb.ganoe@cnscares.com

**Section 2: Personal Information**

First: Kristina — Middle: — Last: Antonette

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

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

Mailing Address: 1114 N First Street, Suite 200

City: Grand Junction — State: CO — Zip: 81501

Telephone: [redacted] — Email: [redacted]

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

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

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

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

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

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

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/14 -current | [redacted] | Grand Junction | CO | [redacted] |
| 08/07 - 06/14 | [redacted] | Clifton | CO | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Critical Nurse Staffing, LLC | | | 04/12 - current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1114 North First Street, Suite 200 | | Grand Junction | CO | 81501 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 877-259-9001 | Director of Operations | | 26,000 | |
| **Description of Duties** | | | | |
| Coordinate DME and PPE for home health patients | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Kristin Autenrieth
Original Signature (electronic, copies or stamps not accepted)

12-31-2024
Date

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

Critical Nurse Staffing, LLC,

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

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

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

Kristina Antonette
Print Name (First, Last)

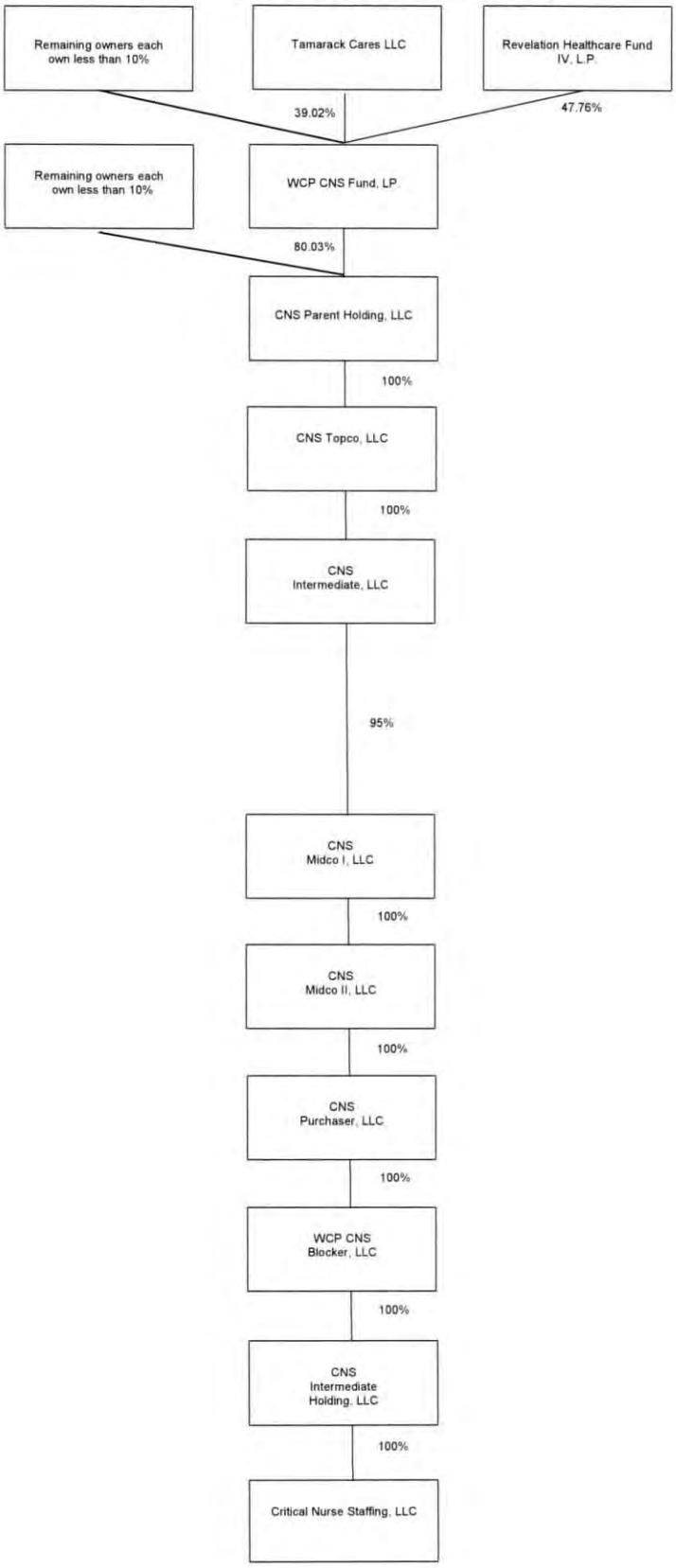
Kristina Antonette
Original Signature (electronic, copies or stamps not accepted)

12-31-2024
Date

| Board Use Only | Date Received: 1/6/25 |
|---|---|

CNSCares
We Put Care First.

# Post-Closing Ownership



CNSCares
We Put Care First.

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

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

4C

## NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

## Section 1: General Information

Facility Name: Element Science, Inc.

MDEG Physical Address: 301 Chesapeake Dr

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Email: madhu@elementsci.com

Name of MDEG Administrator (NAC 639.694): Viet Truong

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

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 6am-4pm | ☐ Tue: 6am-4pm | ☐ Wed: 6am-4pm | ☐ Thurs: 6am-4pm | ☐ Fri: 6am-4pm |
| ■ Sat: 8am-12pm | ☐ Sun: | ☐ Holidays: | | |

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

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| Pending CHAP accreditation & FDA approval |
| |
| |
| |

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

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Element Science, Inc.

Mailing Address: 200 Kansas Street, Ste 210

City: San Francisco State: CA Zip: 94103

Telephone: 415-572-6500 Email: madhu@elementsci.com

Contact Person Name: Madhu Patra

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Zubin Eapen

Print Name of Authorized Person Submitting Application

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

11/18/2024

Date

| Board Use Only | Date Received: 12/11/24 | Amount: $500-CK 14094 |
|---|---|---|

# Delaware

The First State



*I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEMENT SCIENCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2025.*

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

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






Kristopher E. Knight, Acting Secretary of State

5088932 8300

SR# 20250205113

Authentication: 202745417

Date: 01-22-25

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

**Element Science, Inc Corporate Officers:**

- Uday Kumar - President and CEO
- John Liddicoat - Chief Strategy Officer
- Zubin Eapen - Chief Medical Officer
- Kathy Jeffery - Chief People Officer
- Philip Oettinger - Secretary

# Delaware

The First State

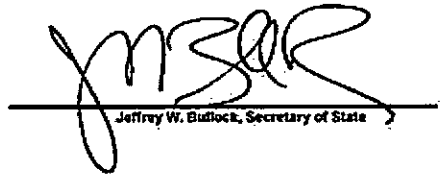


*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEMENT SCIENCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2024.*

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

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



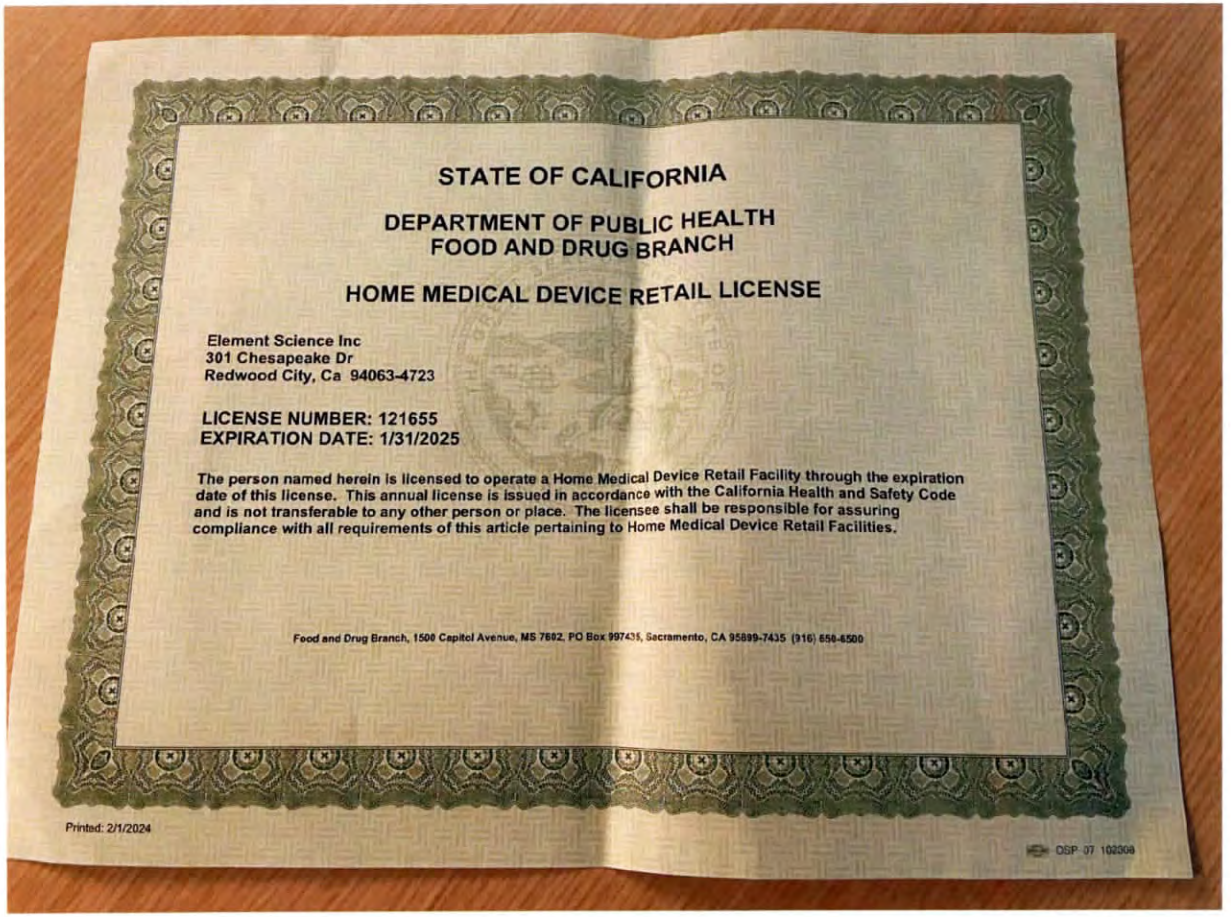

5088932 8300

SR# 20243842161

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

Authentication: 204533137

Date: 10-02-24



STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Element Science Inc
301 Chesapeake Dr
Redwood City, Ca 94063-4723

LICENSE NUMBER: 121655
EXPIRATION DATE: 1/31/2025

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

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 558-6500

Printed: 2/1/2024

OSP 07 102308



STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Element Science, Inc.
301 Chesapeake Dr.
Redwood City, CA 94063

LICENSE NUMBER: 121308
EXPIRATION DATE: 10/10/2025

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

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

Printed: 10/13/2023

OSP 07 102308

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/15/2024

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

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

| PRODUCER | CONTACT NAME: Rita Bitar | |
|---|---|---|
| Newfront Insurance Services, LLC<br>450 Sansome Street<br>Suite 300<br>San Francisco CA 94111 | PHONE (A/C, No, Ext): (415) 754-3635 | FAX (A/C, No): |
| | E-MAIL ADDRESS: rita.bitar@newfront.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Gemini Insurance Company | 10833 |
| INSURED<br>Element Science, Inc.<br>200 Kansas St., Suite 210<br>San Francisco CA 94103 | INSURER B : Sentinel Insurance Company, Ltd. | 11000 |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE / X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY / PRO-JECT / LOC<br>OTHER: | | | GL_13691-10 | 06/22/2024 | 06/22/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 5,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 5,000,000<br>$<br>$ |
| A | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY / SCHEDULED AUTOS<br>X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | GL_13691-10 | 06/22/2024 | 06/22/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| | UMBRELLA LIAB / OCCUR<br>EXCESS LIAB / CLAIMS-MADE<br>DED / RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE<br>$ | $<br>$<br>$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | 57WECAV3HY4 | 01/01/2024 | 01/01/2025 | X PER STATUTE / OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A | Errors and Omissions | | | GL_13691-10 | 06/22/2024 | 06/22/2025 | General Aggregate | $1,000,000 |

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

(Insurer A) - Product Liability - GL_13691-10 - (06/22/2024 - 06/22/2025) - General Aggregate: $10,000,000

RE: All Operations of the Named Insured.

**CERTIFICATE HOLDER**

Redwood city facility

301 Chesapeake Dr
Redwood City CA 94063

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Ownership % in the Company**

| Legal Name of Organization | FEIN | Mailing Address | Telephone Number | % Ownership |
|---|---|---|---|---|
| Janavi M. Kumar Trust | [redacted] | [redacted] | [redacted] | 0.85% |
| Rohan A. Kumar Trust | | | [redacted] | 0.85% |
| Sareena R. Kumar Trust | | | [redacted] | 0.85% |
| Kumar and Rao Family Trust | | | [redacted] | 1.38% |
| Kumar and Rao Successor Trust | | | [redacted] | 0.43% |
| Deerfield Healthcare Innovations Fund II, LP | [redacted] | | [redacted] | 25.14% |
| Third Rock Ventures III, L.P. | [redacted] | | [redacted] | 12.02% |
| Boston Scientific Corporation | | | [redacted] | 0.95% |
| InvOpps IV US, LP | | | [redacted] | 9.14% |
| Qiming US Healthcare Fund II, LP | | | [redacted] | 8.53% |
| Cormorant Global Healthcare Master Fund, LP | | | [redacted] | 9.14% |
| Google Ventures | [redacted] | | [redacted] | 6.08% |
| Element Science, Inc. | | | [redacted] | 24.64% |

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Element Science — MDEG License # (if applicable): _____

Physical Address: 301 Chesapeake Drive

City: Redwood City — State: CA — Zip: 94063

Mailing Address (if different from physical address): Same

City: _____ — State: _____ — Zip: _____

Telephone: _____ — Website: _____

Licensing Company Email: madhu@elementsci.com

### Section 2: Personal Information

First: Viet — Middle: Q — Last: Truong

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

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

Mailing Address: 301 Chesapeake Drive

City: Redwood City — State: CA — Zip: 94063

Telephone: [redacted] — Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Phoenix University | | 6/2007-6/2009 | |
| Address | City | State | Zip |
| San Jose Campus | San Jose | CA | |
| Diploma/Degree obtained, if any | | | |
| Master Business Administration (MBA) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| SUNY Maritime College | | 9/1990-6/1994 | |
| Address | City | State | Zip |
| 6 Pennyfield Ave | Bronx | NY | 10465 |
| Diploma/Degree obtained, if any | | | |
| Electrical Engineering/Third Assistance Engineer | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| West Babylon | | 9/1988-6/1990 | |
| Address | City | State | Zip |
| 500 Great East Neck Road | West Babylon | CA | 11704 |
| Diploma/Degree obtained, if any | | | |
| Regent | | | |

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/2016-present | [redacted] | San Jose | CA | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 10/2015-10/2016 | [redacted] | San Jose | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 10/2011-10/2015 | [redacted] | San Jose | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| | | | |
|---|---|---|---|
| Business Name: Element Science | | | From - To (MM/YY – MM/YY): 08/2022-Present |
| Business Address: 301 Chesapeake Drive | City: Redwood City | State: CA | Zip: 94063 |
| Phone: 510-304-3790 | Title: Sr. Operations/Facility Director | | Number of Employed Hours: 4000+ hours (> 2 years) |
| Description of Duties: | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

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

I, Viet Truong, **certify that as the MDEG Administrator for**

Element Science,

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

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

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

Viet Truong
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/13/2024
Date

| Board Use Only | Date Received: 12/11/24 |
|---|---|

# 4D

## NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

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

## Section 1: General Information

Facility Name: Impact Medical Services LLC

MDEG Physical Address: 1001 NW Vesper St.

City: Blue Springs State: MO Zip: 64015

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 816-622-1017 Website: https://www.impactmedicalkc.com/

Email: ccurran@impactmedicalkc.com

Name of MDEG Administrator (NAC 639.694): Chris Curran

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

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

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

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| Medicare PTAN 7471400001 |
| Missouri Medicaid 1376916379 |
| |
| |

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Partnership**

Partnership Name: DME Holdings LLC

Mailing Address: 111 S. Stough St.

City: Hinsdale State: IL Zip: 60521

Telephone: 816-622-1017 Email: contracting@impactmedicalkc.com

Contact Person Name: Chris Curran

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Chris Curran

Print Name of Authorized Person Submitting Application

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

01/10/2025

Date

| Board Use Only | Date Received: 1/16/25 | Amount: 500-CC |
|---|---|---|

# STATE OF MISSOURI

**Denny Hoskins**
**Secretary of State**

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

***Impact Medical Services LLC***
***LC1393092***

was created under the laws of this State on the 9th day of April, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of January, 2025.

Denny Hoskins
Secretary of State

Certification Number: CERT-01272025-0074

IMPAMED-01 LORI

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/27/2024

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

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

| | | |
|---|---|---|
| PRODUCER<br>Lee Agency<br>2210 2nd Ave.<br>Muscatine, IA 52761 | CONTACT NAME:<br>PHONE (A/C, No, Ext): (563) 263-9252 FAX (A/C, No): (563) 263-9282<br>E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Pharmacists Mutual Insurance Company | 13714 |
| INSURED<br>Impact Medical Servcies LLC / DME Holdings LLC<br>1001 NW Vesper St<br>Blue Springs, MO 64014 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE X OCCUR | | | BOP016819700 | 9/1/2024 | 9/1/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | X Cyber Liability | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: | | | | | | PROFESSIONAL LI | $ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | UCL016402000 | 9/1/2024 | 9/1/2025 | AGGREGATE | $ |
| | DED X RETENTION $ 10,000 | | | | | | Aggregate | $ 2,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Liaiblity Insurance 2024-2025 for Impact Medical Services LLC.

**CERTIFICATE HOLDER**

Impact Medical Services LLC
1001 NW Vesper St
Blue Springs, MO 64014

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

For Estela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The ACORD name and logo are registered marks of ACORD

The City of Blue Springs Missouri

City of Blue Springs, Missouri

# Business License

February 05, 2024
Date Issued

License #: 016853

License Granted To: IMPACT MEDICAL

Doing Business As: IMPACT MEDICAL

Located At: 1001 Nw Vesper St
Blue Springs, MO 64015

Effective Date: 02/02/2024

Expiration Date: 02/28/2025

EXPIRES
02/28/2025

This License will expire on Friday, February 28, 2025 and shall be subject to the provisions of all Ordinances now in force and that may hereafter be passed by the City of Blue Springs.

Attest:

City Clerk

Mayor

This License Must Be Displayed in a Prominent Place and is Non-Transferable.

IMPACTMEDICAL

To Whom It May Concern,

The state of Missouri, our resident state, does not license or grant permits to durable medical equipment suppliers. I have attached a copy of the National Supplier Clearinghouse's licensure database results for the state of Missouri as evidence of this. If you have any questions, please feel free to reach out to me via phone or email for any additional documentation or clarifications.

DME Items Impact Medical Services provides:
Enteral Feeding
Wound Care Dressings
Urologic Supplies
Tracheostomy Supplies
OStomy Supplies
Lymphedema Supplies/Pumps

Sincerely,

Christopher Curran

Christopher Curran
COO
Impact Medical Services LLC
1001 NW Vesper St.
Blue Springs, MO 64015
Ph: [redacted]
Cell: [redacted]
Fax: [redacted]
[redacted]

Michael L. Parson
Governor
State of Missouri

Sheila Solon, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65109
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
MissouriBOP@pr.mo.gov
pr.mo.gov/pharmacists

To Whom It May Concern:

RE: Impact Medical Services

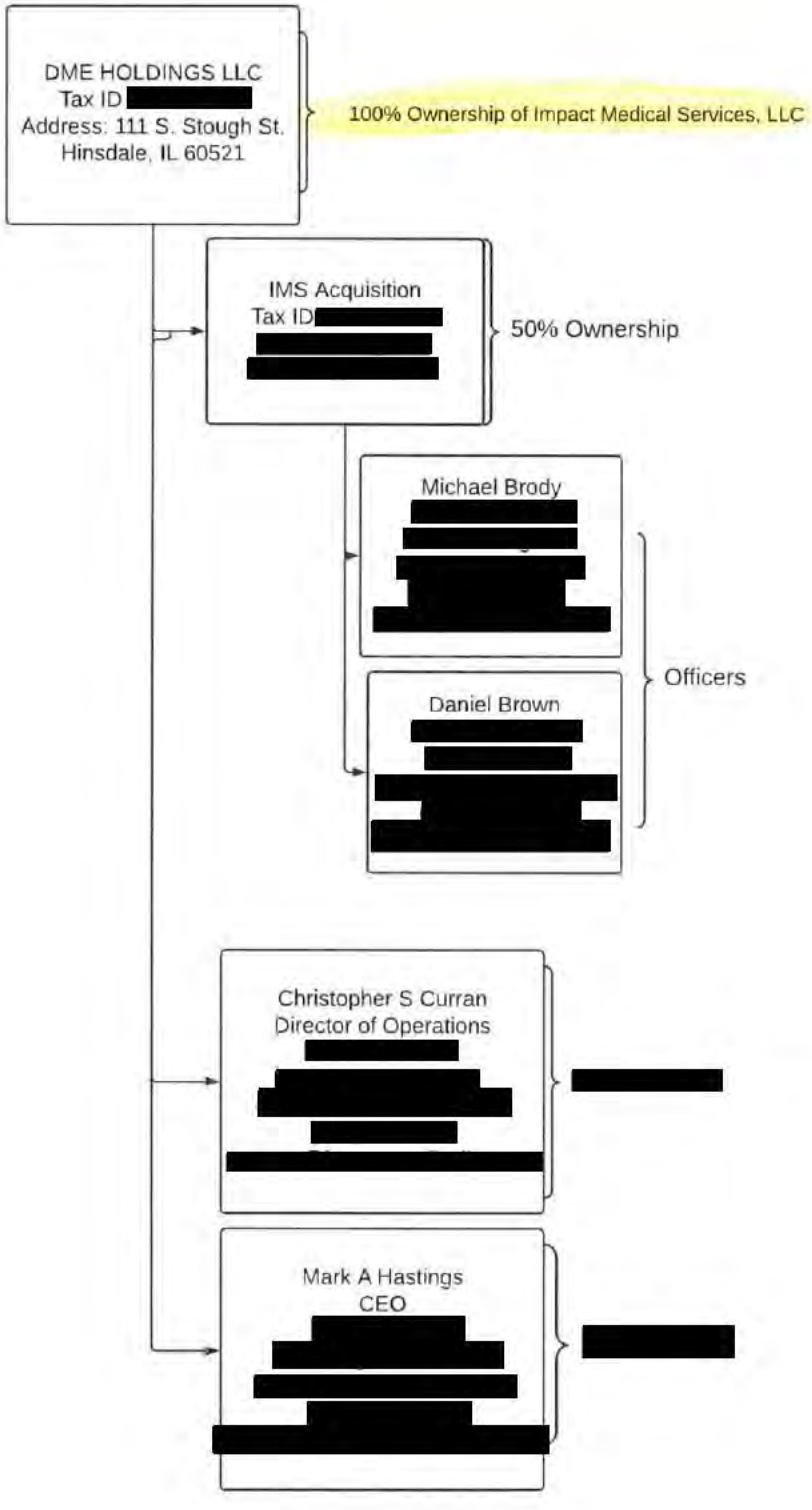
Impact Medical Services LLC ([redacted]), a Missouri based provider is not required to obtain a permit in the State of Missouri to distribute Durable Medical Equipment.

The Missouri Board of Pharmacy does not issue DME permits.

Mary Blevins

Pharmacy Coordinator

Missouri Board of Pharmacy


DME HOLDINGS LLC
Tax ID [redacted]
Address: 111 S. Stough St.
Hinsdale, IL 60521
100% Ownership of Impact Medical Services, LLC
IMS Acquisition
Tax ID [redacted]
50% Ownership
Michael Brody
[redacted]
Daniel Brown
[redacted]
Officers
Christopher S Curran
Director of Operations
[redacted]
[redacted]
Mark A Hastings
CEO
[redacted]
[redacted]

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Impact Medical Services — MDEG License # (if applicable): _____

Physical Address: 1001 NW Vesper St

City: Blue Springs — State: MO — Zip: 64015

Mailing Address (if different from physical address): same as above

City: _____ — State: _____ — Zip: _____

Telephone: 816-622-1017 — Website: https://www.impactmedicalkc.com/

Licensing Company Email: contracting@impactmedicalkc.com

### Section 2: Personal Information

First: Christopher — Middle: _____ — Last: Curran

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

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

Mailing Address: [redacted]

City: Blue Springs — State: MO. — Zip: 64015

Telephone: [redacted] — Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Missouri | | 08/2001-06/2006 | |
| Address | City | State | Zip |
| | Columbia | MO | 65211 |
| Diploma/Degree obtained, if any | | | |
| English | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Savannah High School | | 08/1997-06/2001 | |
| Address | City | State | Zip |
| 701 State Rt. E | Savannah | MO | 64485 |
| Diploma/Degree obtained, if any | | | |
| College Prep | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/2020-current | [redacted] | Overland Park | KS. | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 11/2013-03/2020 | [redacted] | Leawood | KS. | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Impact Medical Services | | | 04/09/2014 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1001 NW Vesper St. | | Blue Springs | MO | 64015 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 816-622-1017 | Chief Operating Officer | | 20,800 approx. | |
| **Description of Duties** | | | | |
| Manages Impact Medical's day-to-day operations and works with CEO to achieve company goals. | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

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

I, Christopher Curran, **certify that as the MDEG Administrator for**

Impact Medical Services LLC,

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

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

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

Christopher Curran
Print Name (First, Last)

Chris Curran
Original Signature (electronic, copies or stamps not accepted)

02/06/2025
Date

| **Board Use Only** | Date Received: |
|---|---|

**Mark I. Sedar**

**From:** Jocelyne Tapia
**Sent:** Tuesday, February 11, 2025 1:11 PM
**To:** Mark I. Sedar
**Subject:** FW: MDEG License Application

Impact Medical Services LLC

**From:** contracting@impactmedicalkc.com <contracting@impactmedicalkc.com>
**Sent:** Wednesday, February 5, 2025 3:12 PM
**To:** Jocelyne Tapia <JTapia@pharmacy.nv.gov>
**Subject:** RE: MDEG License Application

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

But they don't actually own a % - DME Holdings owns 100%. I understand where are you seeing that, but Impact Medical is absolutely owned 100% bit DME Holdings. I'll complete it for them, but they simply do not have ownership %.

**From:** Jocelyne Tapia <JTapia@pharmacy.nv.gov>
**Sent:** Wednesday, February 5, 2025 4:11 PM
**To:** contracting@impactmedicalkc.com
**Subject:** RE: MDEG License Application

We only need Personal History owning more than **10%** of the business, we will need one from Christopher S Curran(20%) and Mark A Hasting(30%).

Thank you
Jocelyne Tapia

**From:** contracting@impactmedicalkc.com <contracting@impactmedicalkc.com>
**Sent:** Wednesday, February 5, 2025 1:38 PM
**To:** Jocelyne Tapia <JTapia@pharmacy.nv.gov>
**Subject:** RE: MDEG License Application

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

Thank you, Jocelyn. Much appreciated!

Question.. The Personal History Record Application – Impact Medical is 100% by an entity, DME Holdings. I have attached the ownership structure for your review.

Please advise how to complete this form given this information.

Thank you,
Sarah

IMPACTMEDICAL

**From:** Jocelyne Tapia <JTapia@pharmacy.nv.gov>
**Sent:** Wednesday, February 5, 2025 1:07 PM
**To:** contracting@impactmedicalkc.com
**Subject:** MDEG License Application

Dear Impact Medical Services LLC,

During a review of your application, I have noted the following deficiencies listed below.

- Personal History Record Application – must be completed by **EACH** shareholder/stockholder/owner/partner. (owning more than **10%** of the business or **top 4** shareholders)
    - If not applicable, please include the structure showing the percentage of shareholder, stockholder, owner, or partner.

- Certificate of Good Standing - can be obtained from the Secretary of State's Office in the State where the business is domiciled (must be dated within 1 year)

- Copy of MDEG License – Out of state

- Proof of insurance (must be current and active)

- List of all general and limited partner names and their percent ownership (NAC 639.6942)

- MDEG Administrator Application - Please read the requirements for Administrator on application – **NAC 639.694**

All business applications must be placed on a board meeting agenda. To be placed on an agenda, the applications must be clear of all deficiencies. If you can supply me with the missing documents by ***(insert -put in a date, I usually use 5-6 days as my range***), I can try to get your application placed on the ***(insert -Month of the next board meeting that has not closed)*** agenda

Thank you.

**Nevada State**

**Board of Pharmacy**

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

Office: 775-850-1440

Fax: 775-850-1444

Web Page: https://bop.nv.gov/

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts. CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

4E

## NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

### Section 1: General Information

Facility Name: Oxygen Supply Shop LLC dba Oxygen Concentrator Supplies

MDEG Physical Address: 159 North Cooper Avenue, Suite 2

City: West Berlin State: NJ Zip: 08091

Mailing Address (if different from physical address): 555 E North Lane, Ste 5075

City: Conshohocken State: PA Zip: 19428

Telephone: 888-941-1688 Website: www.oxygenconcentratorsupplies.com

Email: Credentialing@adaphealth.com

Name of MDEG Administrator (NAC 639.694): Christopher Vasta

| **Entities the MDEG will Serve** | **Type of MDEG products that will be sold (check all applicable)** |
|---|---|
| ■ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ■ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ■ Assistive Equipment |
| ☐ Wholesalers[a] | ☐ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☐ Orthotics and Prosthetics |
| | ■ Others: Durable Medical Equipment |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: On-call Services |
| | Telephone: 888-941-1688 |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ▣ Mon: 8:30am-6:30p | ▣ Tue: 8:30am-6:30pm | ▣ Wed: 8:30am-6:30p | ▣ Thurs: 8:30am-6:30p | ▣ Fri: 8:30am-6:30pm |
| ▣ Sat: 10am-4pm | ☐ Sun: Closed | ☐ Holidays: | | |

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

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: NJ

Parent Company (if any): AdaptHealth, LLC

Corporation/Organization Name: Oxygen Supply Shop LLC

Mailing Address: 555 E North Lane, Ste 5075

City: Conshohocken State: PA Zip: 19428

Telephone: 610-424-4515 Email: Credentialing@adapthealth.com

Contact Person Name: Attn: Licensing & Credentialing

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Joe Paiva

Print Name of Authorized Person Submitting Application

Joseph Paiva

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

01/10/2025

Date

| Board Use Only | Date Received: 1/15/25 | Amount: $500cc |
|---|---|---|

adapthealth

555 E North Lane, Ste 5075, Conshohocken, PA 19428

AdaptHealth LLC owns 100% of Oxygen Supply Shop, LLC, 83-2363157

AdaptHealth LLC, 45-5553972

Wendy Russalesi, Chief Compliance Officer
[redacted]

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***OXYGEN SUPPLY SHOP L.L.C.***
*0450318265*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 26, 2018.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*UNITED CORPORATE SERVICES, INC.*
*25 MAIN ST.*
*SUITE 202*
*HACKENSACK, NJ 07061*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of January, 2025*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6160602115*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

State of New Jersey
DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL
AND OCCUPATIONAL HEALTH SERVICE
PO BOX 369
TRENTON, N.J. 08625-0369
www.nj.gov/health

PHILIP D. MURPHY
*Governor*

TAHESHA L. WAY
*Lt. Governor*

KAITLAN BASTON, MD, MSc, DFASAM
*Commissioner*

October 29, 2024

Re: Oversight of durable medical equipment providers

The New Jersey Department of Health, Wholesale Drug Project, does not register and/or license direct-to-patient durable medical equipment providers.

Sincerely,
Eric B. Lieberman, Esq.
Project Coordinator, Wholesale Drug Project
Public Health and Food Protection Program

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

11/8/2024

DATE (MM/DD/YYYY) 6/4/2024

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

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

| | |
|---|---|
| PRODUCER Lockton Companies<br>1185 Avenue of the Americas, Suite 2010<br>New York NY 10036<br>646-572-7300 | CONTACT NAME:<br>PHONE (A/C, No, Ext):<br>FAX (A/C, No):<br>E-MAIL ADDRESS: |
| INSURED 1434385 Oxygen Supply Shop LLC<br>dba Oxygen Concentrator Supplies<br>159 North Cooper Avenue, Suite 2,<br>West Berlin NJ 08091 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Benchmark Insurance Company — 41394<br>INSURER B : Hartford Fire Insurance Company — 19682<br>INSURER C : Hartford Accident and Indemnity Company — 22357<br>INSURER D : Twin City Fire Insurance Company — 29459<br>INSURER E : XL Specialty Insurance Company — 37885<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** 20633979 **REVISION NUMBER:** XXXXXXX

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | N | N | D1023 G6279-5 | 5/17/2024 | 5/17/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ $1,000,000<br>$ $1,000,000<br>$ $10,000<br>$ $1,000,000<br>$ $3,000,000<br>$ $3,000,000 |
| B | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | N | N | 39 CSE S65401 | 5/17/2024 | 5/17/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ $1,000,000<br>$ XXXXXXX<br>$ XXXXXXX<br>$ XXXXXXX |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB X CLAIMS-MADE<br>DED RETENTION $ | N | N | UM1023 6280-5 | 5/17/2024 | 5/17/2025 | EACH OCCURRENCE<br>AGGREGATE | $ 15,000,000<br>$ 15,000,000 |
| C<br>D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | N | 39 WN S65400<br>39 WBR S65402 (MA &WI) | 5/17/2024<br>5/17/2024 | 5/17/2025<br>5/17/2025 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ $1,000,000<br>$ $1,000,000<br>$ $1,000,000 |
| E | Crime-Fidelity | N | N | ELU193779-23 | 11/8/2023 | 11/8/2024 | $5,000,000/Ret: $50,000 | |
| A | Professional Liability | | | D1023 G6279-5 | 5/17/2024 | 5/17/2025 | $1,000,000 occ/$3,000,000 agg | |

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

**CERTIFICATE HOLDER**

20633979
Evidence of Insurance

**CANCELLATION** See Attachment

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

AUTHORIZED REPRESENTATIVE

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# NEVADA STATE BOARD OF PHARMACY

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

## Personal History Application

Rev (05/16/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Oxygen Supply Shop LLC dba Oxygen Concentrator Supplies

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

Physical Address 159 North Cooper Avenue, Suite 2

City West Berlin State NJ Zip 08091

Mailing Address (if different from physical address) 655 E North Lane, Suite 5075

City Conshohocken State PA Zip 19428

Telephone 888-941-1688 Website www.oxygenconcentratorsupplies.com

Licensing Company Email Credentialing@adapthealth.com

**Section 2: Personal Information**

First Wendy Middle Ann Last Russalesi

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

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

Mailing Address [redacted]

City Toms River State NJ Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.229) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

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

| School Name | From - To (MM/YY – MM/YY) | |
|---|---|---|
| Thomas Edison State University | 03/2009 | |
| Address | State | Zip |
| 111 W State St Trenton | NJ | 08608 |
| Diploma/Degree obtained, if any | | |
| Bachelors - Business Administration | | |

| School Name | From - To (MM/YY – MM/YY) | |
|---|---|---|
| Woodbridge High School | 09/1984 – 06/1988 | |
| Address | State | Zip |
| 1 Samuel Lopo Place Woodbridge | NJ | 07095 |
| Diploma/Degree obtained, if any | | |
| High School Diploma | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | State | Zip |
|---|---|---|---|
| 06/2022-Current | [redacted] Burlington Mills River | NJ | [redacted] |
| From - To (MM/YY – MM/YY) | Address | State | |
| 07/2013-06/2022 | [redacted] Jackson | NJ | |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |
| From - To (MM/YY – MM/YY) | Address | State | Zip |

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

| | | | |
|---|---|---|---|
| Business Name: AdaptHealth | | From - To (MM/YY - MM/YY): 07/2013-Current | |
| Business Address: 220 W. Germantown Pike, Suite 250 | City: Plymouth Meeting | State: PA | Zip: 19462-1437 |
| Phone: 610-424-4515 | Title: Chief Compliance Officer | | |
| Description of Duties: design and implement internal controls to ensure compliance with applicable laws and regulations. | | | |
| Business Name | | From - To (MM/YY - MM/YY) | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |
| Business Name | | From - To (MM/YY - MM/YY) | |
| Business Address | | State | |
| Phone | Title | | |
| Description of Duties | | | |
| Business Name | | From - To (MM/YY - MM/YY) | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |
| Business Name | | From - To (MM/YY - MM/YY) | |
| Business Address | | State | |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

Wendy Russalesi

Print Name (First, Last)

Wendy Russalesi

Original Signature (electronic, copies or stamps not accepted)

12/27/2024

Date

---

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

State of Florida, ss. County of Pinellas

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

Wendy Russalesi

**Original Signature**

12/27/2024

Date

Subscribed and Sworn to before me this 27 day of December

Natascha

**Notary Public Signature**

NATASCHA AMSTER
Commission # HH 093965
Expires February 17, 2025
Bonded Thru Troy Fain Insurance 800-385-7019

(Seal)

Following are the officers:

Suzanne Foster, CEO
Jason Clemens, CFO
Wendy Russalesi, CCO

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Oxygen Supply Shop LLC dba Oxygen Concentrator Supplies MDEG License # (if applicable) _____

Physical Address 159 North Cooper Ave. Suite 2

City West Berlin State NJ Zip 08091

Mailing Address (if different from physical address) 555 E North Lane, Suite 5075

City Conshohocken State PA Zip 19428

Telephone 888-941-1688 Website www.oxygenconcentratorsupplies.com

Licensing Company Email Credentialing@adapthealth.com

**Section 2: Personal Information**

First Christopher Middle M Last Vasta

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

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

Mailing Address [redacted]

City Medford State NJ Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Rowan University | | | |
| **Address** | **City** | **State** | **Zip** |
| 201 Mullica Hill Rd | Glassboro | NJ | 08028 |
| Diploma/Degree obtained, if any | | | |
| bachelor's degree | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Cherokee High School | | | |
| **Address** | **City** | **State** | **Zip** |
| 120 Tomlinson Mill Rd | Marlton | NJ | 08053 |
| Diploma/Degree obtained, if any | | | |
| high school diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/99 - current | [redacted] | Medford | NJ | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Oxygen Supply Shop LLC | | | 01/2020 - current |
| **Business Address** | **City** | **State** | **Zip** |
| 159 North Cooper Ave suite 2 | West Berlin | NJ | 08091 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 888-941-7688 | Director | | |

**Description of Duties**

Evaluate company processes and procedures, help develope goals and initiatives, supervise and manage day to day activities.

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

**Description of Duties**

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

**Description of Duties**

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

**Description of Duties**

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

**Description of Duties**

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

1/28/2025
Date

I, Chris Vasta, **certify that as the MDEG Administrator for**

Oxygen Supply Shop LLC dba Oxygen Concentrator Supplies,

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

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

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

Chris Vasta

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/28/2025

Date

| Board Use Only | Date Received: |
|---|---|

4F

## NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

## Section 1: General Information

Facility Name: RGH Enterprises, LLC

MDEG Physical Address: 110 Exchange Logistics Park Drive

City: Piedmont State: SC Zip: 29673

Mailing Address (if different from physical address): 7000 Cardinal Pl. Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 864.781.0241 Website: edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Leslie Cook

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

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

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

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

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

See Attached

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.012S, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Ohio

Parent Company (if any): Allegiance Corporation

Corporation/Organization Name: RGH Enterprises, LLC.

Mailing Address: 7000 Cardinal Pl.

City: Dublin State: OH Zip: 43017

Telephone: 614.553.3420 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

4/15/2024

Date

| Board Use Only | Date Received: 12/3/24 | Amount: $500 cc |
|---|---|---|

CardinalHealth

4/11/2024

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

RE: Explanation of Disciplinary History
RGH Enterprises, LLC – Piedmont, SC

Dear Mr. Wuest:

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

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

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

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

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

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

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

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

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at [redacted].

Sincerely,

Keegan Chamberlain

Print this page

# South Carolina Board of Pharmacy

**RGH Enterprises, LLC**
**Cardinal Health at Home**
110 Exchange Logistics Park Drive
Piedmont, SC 29673

**License number:** 22172
**License type:** Wholesale/Distributor
**Status:** Active
**First Issue Date:** 03/21/2024
**Expiration:** 06/30/2024

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

**Board Public Action History:**

View Orders | View Other License for this Person

No Orders Found

| RGH Enterprises, LLC dba Edgepark Medical Supplies | | |
|---|---|---|
| **State** | **Original Effective Date** | **Provider No.** |
| Alaska | 1/1/2013 | 1577887 |
| Arkansas | 8/26/2013 | 199742741 |
| Arizona | 3/13/2000 | 496738 |
| California | 10/24/2012 | 1609858729 |
| Colorado | 11/27/2013 | 43128556 |
| District of Columbia | 6/22/2012 | 041270500 |
| Delaware | 10/30/2012 | 20044164 |
| Florida | 5/27/2022 | 114359700 |
| Georgia | 7/1/14 | 003149398A |
| Hawaii | 1/1/2012 | 005293 |
| Iowa | 1/1/2012 | 1609858729 |
| Idaho | 5/25/2012 | 1609858729 |
| Illinois | 3/1/2011 | 341650951002 |
| Indiana | 1/17/2007 | 200843320A |
| Kansas | 12/23/2019 | 3003890530002 |
| Kentucky | 6/1/2010 | 7100142060 |
| Louisiana | 6/1/2011 | 2160117 |
| Massachusetts | 12/1/2017 | 110128481B |
| Maryland | 1/1/2012 | 222516600 |
| Maine | 3/1/12 | 1609858729 |
| Michigan | 1/1/2012 | 1609858729 |
| Minnesota | 1/1/2012 | 1609858729 |
| Missouri | 4/2/2012 | 629969700 |
| Mississippi | 12/1/2011 | 06432701 |
| Montana | 3/5/2012 | 100033173 |
| North Carolina | 5/5/2016 | 1356886030 |
| North Dakota | 8/6/2018 | 1478102 |
| Nebraska | 2/21/2014 | 100258842-00 |
| New Hampshire | 1/1/2014 | 3139129 |
| New Jersey | 5/9/2013 | 0346535 |
| New Mexico | 2/6/2012 | 38920387 |
| Nevada | 7/14/2012 | 100517250 |
| New York | 4/19/2012 | 03450011 |
| Ohio | 2/1/1991 | 0830757 |
| Oklahoma | 4/26/12 | 200428360A |
| Oregon | 7/1/2003 | 290834 |
| Pennsylvania | 4/1/2008 | 0071120630002 |
| Rhode Island | 1/1/2012 | 6020001 |
| South Carolina | 8/1/08 | DM1376 |
| South Dakota | 1/1/2012 | 1609858729 |
| Tennessee | 10/30/96 | 4582447 |
| Texas | 10/30/96 | 1921744-01 |
| Utah | 1/1/2012 | 1609858729 |
| Virginia | 1/1/2012 | 30015035600001 |

| | | |
|---|---|---|
| Vermont | 4/6/2012 | 1020569 |
| Washington | 6/14/2012 | 2018198 |
| Wisconsin | 6/1/2009 | 1609858729 |
| West Virginia | 7/27/2017 | 1609858729 |
| Wyoming | 1/1/2012 | 208384100 |

# UNITED STATES OF AMERICA
# STATE OF OHIO
# OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.*

*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of July, A.D. 2024.*

**Ohio Secretary of State**

**Validation Number: 202419702216**

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/31/2024

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

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

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

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Greenwich Insurance Company | 22322 |
| INSURER B: | XL Insurance America Inc | 24554 |
| INSURER C: | XL Specialty Insurance Co | 37885 |
| INSURER D: | Indian Harbor Insurance Company | 36940 |
| INSURER E: | | |
| INSURER F: | | |

INSURED
Cardinal Health, Inc.
7000 Cardinal Place
Attn: Suzanne Cochran
Dublin OH 43017 USA

**COVERAGES** **CERTIFICATE NUMBER:** 570105992993 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | RGD943716719 | 06/30/2024 | 06/30/2025 | EACH OCCURRENCE | $5,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $1,000,000 |
| | X Liquor Liability Included | | | | | | MED EXP (Any one person) | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $5,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | GENERAL AGGREGATE | $5,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | Excluded |
| | | | | | | | Liquor Liability Lim | Included |
| A | AUTOMOBILE LIABILITY | | | RAD943716819 | 06/30/2024 | 06/30/2025 | COMBINED SINGLE LIMIT (Ea accident) | $5,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY ( Per person) | |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | in | | | | | | | |
| B | X UMBRELLA LIAB X OCCUR | | | US00092147LI24A | 06/30/2024 | 06/30/2025 | EACH OCCURRENCE | $5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | SIR applies per policy terms & conditions | | | AGGREGATE | $5,000,000 |
| | DED X RETENTION | | | | | | Products/Completed O | Excluded |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | RWD943512519 (AOS) | 06/30/2024 | 06/30/2025 | X PER STATUTE OTH-ER | |
| B | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N | N/A | | RWR943512619 (WI) | 06/30/2024 | 06/30/2025 | E.L. EACH ACCIDENT | $5,000,000 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE | $5,000,000 |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | $5,000,000 |
| D | E&O - Professional Liability - Primary | | | RGD943797705 E&O SIR applies per policy terms & conditions | 06/30/2024 | 06/30/2025 | Loss Limit | $5,000,000 |

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

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570105992993

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AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER: See Certificate Number: 570105992993 | |
| CARRIER: See Certificate Number: 570105992993 / NAIC CODE | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**

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

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | WORKERS COMPENSATION | | | | | | | |
| C | | N/A | | RWR300142406 (AK) | 06/30/2024 | 06/30/2025 | | |
| | OTHER | | | | | | | |
| C | Excess Workers Compensation | | | RWE943514319 Xs Work Comp - OH SIR applies per policy terms & conditions | 06/30/2024 | 06/30/2025 | EL Each Accident | $4,500,000 |
| | | | | | | | EL Disease - Ea Empl | $4,500,000 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Evidence of Coverage

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

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

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insured Listing

Named Insured Listing for June 30, 2024 - June 30, 2025 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.


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AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insureds Continued

Cardinal Health 249, LLC
Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BV
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health K.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.a.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.


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AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insureds Continued

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


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AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insureds Continued

Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
MosaicGPO, LLC
mscripts Holdings, LLC
mscripts, LLC
Nautic Specialty Networks VIII-A Bocker, Inc.
Navista Investments, LLC
Navista Network Holding, LLC
Navista Network, LLC
One Cloverleaf, LLC
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Precision Point Specialty, LLC
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Scalamed (US), Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SN Buyer, LLC
SN Funding, LLC
SN Intermediate, Inc.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
Specialty Networks Consulting, LLC
Specialty Networks Research, LLC
Specialty Networks Urology Registry, LLC
Specialty Networks, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
United Rheumatology NY IPA I, LLC
United Rheumatology, LLC
UR Nice, LLC
UroGPO, LLC
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.


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South Carolina Department of Labor, Licensing and Regulation

# Board of Pharmacy

## RGH Enterprises, LLC

**110 Exchange Logistics Park Drive**

**Piedmont, SC 29673**

**PY .22171 PMG**

Medical Gas/Legend Device

Heather C. Harris

Heather C. Harris, Board Chair

Archie "Artie" McKnight, Vice Chair

License Expires on
**06/30/2025**

Effective Date
05/14/2024

Traci Collier

Traci Collier, Board Administrator

# Cardinal Health Legal Entity Organization Chart (Domestic Medical)

**Confidential**
Not for General Distribution

3/31/2022 SJB

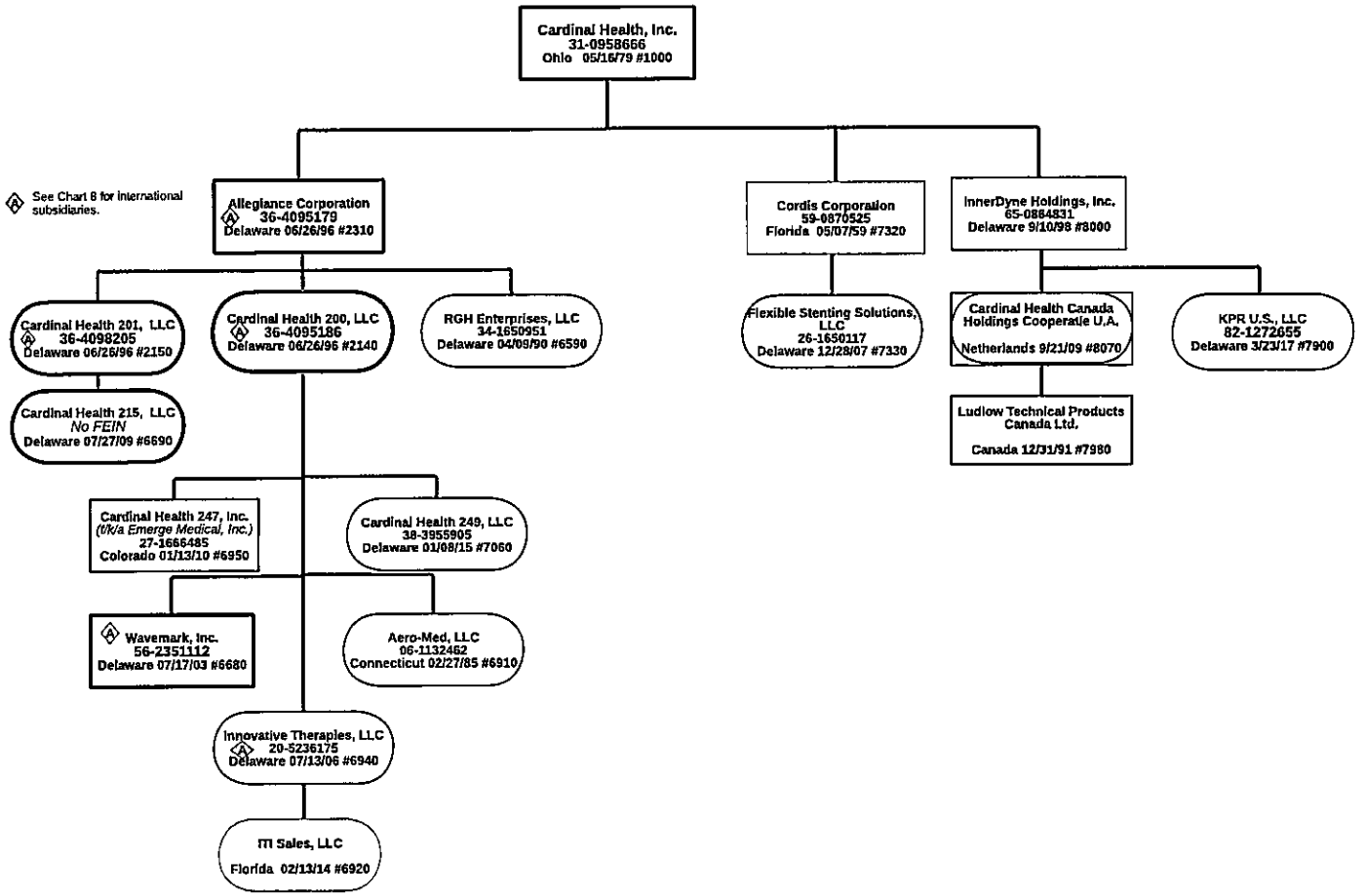


Chart 7

Image not found or type unknown
Cardinal Health

110 Exchange Logistics Park Dr.
Suite #1 (UTAH Only)
Piedmont, South Carolina 29673

| Officer Name | Title | Percentage of Ownership |
|---|---|---|
| Robert Evan Schlissberg | President | 0% |
| Keegan David Chamberlain | Director, Quality Management | 0% |
| John Henry Martin Jr. | SVP, Tax | 0% |
| Brent Mathew Withrow | Assistant Treasurer | 0% |
| Anthony F. Alvarez | Secretary | 0% |

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**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG RGH Enterprises, LLC MDEG License # (if applicable) N/A

Physical Address 110 Exchange Logistics Park Dr

City Piedmont State SC Zip 29673

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

City Dublin State OH Zip 43017

Telephone 864-781-0241 Website edgepark.com

Licensing Company Email licensure@cardinalhealth.com

### Section 2: Personal Information

First Dennis Middle Paul Last Ferenchik

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

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

Mailing Address 110 Exchange Logistics Park Dr

City Piedmont State SC Zip 29673

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Engelwood High School | | 08/1987-06/1990 | |
| **Address** | **City** | **State** | **Zip** |
| 4412 Barnes Rd | Jacksonville | FL | 32207 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |

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

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2024-Present | [redacted] | Easley | SC | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 04/2021-06/2024 | [redacted] | Campobello | SC | |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 08/2015-01-2021 | [redacted] | Jacksonville | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY -- MM/YY) | |
|---|---|---|---|---|
| Cardinal Health at Home | | | 03/2024-Present | |
| Business Address | | City | State | Zip |
| 110 Exchange Logistics Park Dr | | Piedmont | SC | 29673 |
| Phone | Title | | Number of Employed Hours | |
| 8647810241 | Operations Supervisor | | 1950 | |

Description of Duties

Responsible for performing/controlling a combination of manual or automated tasks necessary for the receipt, storage, and shipment of product. Responsible for the efficient flow of products from the point of product receipt from vendors to th

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

I, Dennis Ferenchik, **certify that as the MDEG Administrator for**

RGH Enterprises, LLC,

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

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

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

Dennis Ferenchik
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

| Board Use Only | Date Received: 1/2/25 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

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

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site RGH Enterprises, LLC

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

Physical Address 110 Exchange Logistics Park Dr.

City Piedmont State SC Zip 29673

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

City Dublin State OH Zip 43017

Telephone 864-781-0241 Website edgepark.com

Licensing Company Email licensure@cardinalhealth.com

**Section 2: Personal Information**

First Dennis Middle Paul Last Ferenchik

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

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

Mailing Address 110 Exchange Logistics Park Dr.

City Piedmont State SC Zip 29673

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Englewood High School | | 8/1987 - 6/1990 | |
| Address | City | State | Zip |
| 4412 Barnes Rd. | Jacksonville | FL | 32207 |
| Diploma/Degree obtained, if any | | | |
| H.S. Diploma | | | |

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

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 7/2024 - Present | [redacted] | Easley | SC | [redacted] |
| 4/2021 - 6/2024 | [redacted] | Campobello | SC | |
| 8/2015 - 1/2021 | [redacted] | Jacksonville | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Cardinal Health at Home | | | 3/2024 - Present | |
| Business Address | | City | State | Zip |
| 110 Exchange Logistics Park Dr. | | Piedmont | SC | 29673 |
| Phone | Title | | | |
| 8647810241 | Operations Supervisor | | | |
| Description of Duties | | | | |
| Responsible for adhering to CAH policy and procedures | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

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

Dennis Ferenchik

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/24

Date

---

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

State of South Carolina, ss. County of Anderson

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

**Original Signature**

12/20/24

**Date**

Subscribed and Sworn to before me this 20 day of December

**Notary Public Signature**

ALEXIA DANCY NOTARY PUBLIC MY COMM. EXP. 5/29/2034 SOUTH CAROLINA

**(Seal)**

# 4G

# NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

### Section 1: General Information

Facility Name: Right Coast Medical, LLC

MDEG Physical Address: 322 E Main Street

City: Johnson City State: TN Zip: 37601

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (904) 385-8615 Website: rightcoastmedical.com

Email: brittany@rightcoastmedical.com

Name of MDEG Administrator (NAC 639.694): Brent Long

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

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ☑ Mon: 9am-3pm | ☑ Tue: 9am-3pm | ☑ Wed: 9am-3pm | ☑ Thurs: 9am-3pm | ☑ Fri: 9am-3pm |
| ☐ Sat: | ☐ Sun: | ☐ Holidays: | | |

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

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: Brent Long

Business Name: N/A

Business Address: 322 E Main Street

City: Johnson City State: TN Zip: 37601

Telephone: (904) 385-8615 Email: brent@rightcoastmedical.com

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

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

Brent Long

Print Name of Authorized Person Submitting Application

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

01/15/2025

Date

| Board Use Only | Date Received: 1/28/25 | Amount: $500 ck 2235 |
|---|---|---|

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/15/2024

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

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

| | |
|---|---|
| PRODUCER<br>Watauga Insurance, Inc.<br>P.O. Box 3644<br><br>Johnson City TN 37602-3644 | CONTACT NAME: Joshua E Gibbons<br>PHONE (A/C, No, Ext): (423) 929-7103 FAX (A/C, No): (423) 929-7105<br>E-MAIL ADDRESS: josh.gibbons @wataugainsurance.com |
| INSURED<br>Right Coast Medical, LLC<br><br>322 E Main Street<br><br>Johnson City TN 37601<br>(423) 747-7995 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A: Cincinnati Specialty Underwriter — 13037<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES** DS **CERTIFICATE NUMBER:** Cert ID 5294 (1) **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE [X] OCCUR | | | CSU 0035123 | 02/20/2024 | 02/20/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ Excluded |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | | |
| | ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB [ ] OCCUR | | | | | | | |
| | EXCESS LIAB [ ] CLAIMS-MADE | | | | | | EACH OCCURRENCE | $ |
| | DED RETENTION $ | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE [ ] OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | | | | | | | | $ |
| | | | | | | | | $ |

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

Certificate is in reference to
4701 N. Federal Highway, Suite 455; Pompano Beach, FL 33064

**CERTIFICATE HOLDER**

* Insured Copy *

* For Information Purposes *

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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# State of Tennessee

License No. 0000001027

Health Facilities Commission

Board for Licensing Health Care Facilities

This is to certify that a license is hereby granted by the Health Facilities Commission to RIGHT COAST MEDICAL, LLC to conduct and maintain a Home Medical Equipment Company RIGHT COAST MEDICAL, LLC

Located at 322 E MAIN ST, JOHNSON CITY

County of WASHINGTON, Tennessee.

The license shall expire JULY 01, 2025 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State this 15TH day MARCH, 2024.

Health Facilities Commission

HFC

By Caroline R. Cypress, Esq., C.H.C.
Director, Licensure & Regulation

By [signature]
Executive Director

DCF119

0177

**Tre Hargett**
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

**HARBOR COMPLIANCE**
1830 COLONIAL VILLAGE LN
LANCASTER, PA 17601

January 13, 2025

**Request Type: Certificate of Existence/Authorization**
Request #: 0619783

Issuance Date: 01/13/2025
Copies Requested: 1

**Document Receipt**

Receipt # : 009444089
Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: [redacted] $20.00

**Regarding:** **Right Coast Medical, LLC**
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/07/2010
Status: Active
Duration Term: Perpetual
Business County: WASHINGTON COUNTY

Control # : 630788
Date Formed: 05/07/2010
Formation Locale: TENNESSEE
Inactive Date:

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Right Coast Medical, LLC**

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

**Verification #: 072125517**

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Right Coast Medical, LLC MDEG License # (if applicable) _____

Physical Address 322 E Main Street

City Johnson City State TN Zip 37601

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone (904) 385-8615 Website rightcoastmedical.com

Licensing Company Email brittany@rightcoastmedical.com

**Section 2: Personal Information**

First Michael Middle Zachary Last Holmes

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

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

Mailing Address [redacted]

City Johnson City State TN Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| East Tennessee State University | | 2010 - 2014 | |
| Address | City | State | Zip |
| 1276 Gilbreath Dr | Johnson City | TN | 37614 |
| Diploma/Degree obtained, if any | | | |
| Bachelor Degree | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Science Hill High School | | 2008 - 2010 | |
| Address | City | State | Zip |
| 1509 John Exum Pkwy | Johnson City | TN | 37604 |
| Diploma/Degree obtained, if any | | | |
| High School diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/23 - Current | [redacted] | Johnson City | TN | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 05/19 - 12/23 | [redacted] | Johnson City | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 06/16 - 05/19 | [redacted] | Johnson City | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 06/15 - 06/16 | [redacted] | Johnson City | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 09/14 - 06/15 | [redacted] | Jonesborough | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Right Coast Medical | | | 06/14 – Current |
| **Business Address** | **City** | **State** | **Zip** |
| 322 E Main St | Johnson City | TN | 37601 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 601-260-7241 | CEO | 20,000 | |
| **Description of Duties** | | | |
| Company direction, sales/service guidance, establish training and policy, add or subtract products, make all major company decisions | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

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

I, Michael Zachary Holmes, **certify that as the MDEG Administrator for**

Right Coast Medical, LLC,

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

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

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

Michael Zachary Holmes
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/7/25
Date

| Board Use Only | Date Received: 1/28/25 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

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

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Right Coast Medical, LLC

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

Physical Address: 322 E Main Street

City: Johnson City State: TN Zip: 37601

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (904) 385-8615 Website: rightcoastmedical.com

Licensing Company Email: brittany@rightcoastmedical.com

**Section 2: Personal Information**

First: Brent Middle: _____ Last: Long

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

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

Mailing Address: [redacted]

City: Johnson City State: TN Zip: [redacted]

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Brevard College | | 08/98 - 05/02 | |
| Address | City | State | Zip |
| 1 Brevard College Dr. | Brevard | NC | 28712 |
| Diploma/Degree obtained, if any | | | |
| Bachelor's of Arts in Business & Organizational Leadership | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Sullivan Central High School | | 08/93 - 05/98 | |
| Address | City | State | Zip |
| 131 Shipley Ferry Rd. | Bluntville | TN | 37617 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/20 - Present | [redacted] | Johnson City | TN | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| 10/11 - 02/20 | [redacted] | Johnson City | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Right Coast Medical, LLC | | | 10/10 - Present | |
| **Business Address** | **City** | | **State** | **Zip** |
| 322 E Main St. | Johnson City | | TN | 37601 |
| **Phone** | **Title** | | | |
| 904-385-8615 | Owner | | | |
| **Description of Duties** | | | | |
| Strategic vision | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Stash and Dash Storage, LLC | | | | |
| **Business Address** | **City** | | **State** | **Zip** |
| 1001 E 9th Ave | Johnson City | | TN | 37601 |
| **Phone** | **Title** | | | |
| 423-747-7995 | Co-Owner (1/3) | | | |
| **Description of Duties** | | | | |
| Strategic vision | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Rearview Rentals, LLC | | | 04/23 - Present | |
| **Business Address** | **City** | | **State** | **Zip** |
| 607 Crestview Dr. | Johnson City | | TN | 37604 |
| **Phone** | **Title** | | | |
| 423-430-4951 | Co-Owner (90%) | | | |
| **Description of Duties** | | | | |
| Strategic Vision | | | | |

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

01/03/2024
Date

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

Brent Long
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2025
Date

---

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

State of TN, ss. County of Washington

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

**Original Signature**

01/04/2025
**Date**

Subscribed and Sworn to before me this 3 day of January, 2025

Dustan S. Long
**Notary Public Signature**

DUSTAN S LONG
STATE OF TENNESSEE NOTARY PUBLIC
(Seal)
WASHINGTON COUNTY

4H

## NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

## Section 1: General Information

Facility Name: Singular Sleep, LLC dba Sleep Doctor

MDEG Physical Address: 422 Jacksonville Dr. Unit G

City: Jacksonville Beach State: FL Zip: 32250

Mailing Address (if different from physical address): 1414 NE 42nd St. Suite 400

City: Seattle State: WA Zip: 98105

Telephone: 844-757-9355 Website: sleepdoctor.com

Email: finance@sleepdoctor.com

Name of MDEG Administrator (NAC 639.694): Holland Angel

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

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 8am - 6pm ET | ■ Tue: 8am - 6pm ET | ■ Wed: 8am - 6pm ET | ■ Thurs: 8am - 6pm E | ■ Fri: 8am - 6pm ET |
| ■ Sat: Ecommerce | ■ Sun: Ecommerce | ☐ Holidays: | | |

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

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| None |
| |
| |
| |

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Florida

Parent Company (if any): OneCare Media, LLC

Corporation/Organization Name: Singular Sleep, LLC

Mailing Address: 1414 NE 42nd Street, Suite 400

City: Seattle State: WA Zip: 98105

Telephone: 858-525-3729 Email: jeff@sleepdoctor.com

Contact Person Name: Jeffrey Buhrman

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Jeffrey Buhrman

Print Name of Authorized Person Submitting Application

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

1/7/25

Date

| Board Use Only | Date Received: 1/14/25 | Amount: $500 - ch 1090 |
|---|---|---|

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/13/2024

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

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

**PRODUCER**
Willis Towers Watson Northeast, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

**CONTACT NAME:** WTW Certificate Center
**PHONE (A/C, No, Ext):** 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378
**E-MAIL ADDRESS:** certificates@wtwco.com

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A : | American Casualty Company of Reading Penns | 20427 |
| INSURER B : | National Fire Insurance Company of Hartfor | 20478 |
| INSURER C : | Continental Insurance Company | 35289 |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

**INSURED**
The Sleep Doctor, LLC (Dba Sleep Doctor)
1414 NE 42nd Street
Suite 400
Seattle, WA 98105

**COVERAGES** **CERTIFICATE NUMBER:** W33873237 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC<br>OTHER: | | | 6081613355 | 08/21/2023 | 08/21/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $<br>$<br>$<br>$<br>$<br>$ | 1,000,000<br>1,000,000<br>15,000<br>1,000,000<br>2,000,000<br>2,000,000 |
| B | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>X HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>X NON-OWNED AUTOS ONLY | | | 6081728683 | 08/21/2023 | 08/21/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ | 1,000,000 |
| C | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | 6081728702 | 08/21/2023 | 08/21/2024 | EACH OCCURRENCE<br>AGGREGATE | $<br>$ | 5,000,000<br>5,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ | |

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

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE
Patricia A Forry

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The ACORD name and logo are registered marks of ACORD

SR ID: 26012102 BATCH: 3500457

Singular Sleep, LLC is wholly owned by OneCare Media, LLC (Partnership)
OneCare Media, LLC is located at [redacted]

Below is a listing of partners who own OneCare Media, LLC

| Name | Type | Ownership% |
|---|---|---|
| Vistria OCM Holdings, LLC | Private Equity | 61.60% |
| Patrick Gavin | Individual | 18.70% |
| Stripes 39, LLC | Private Equity | 7.90% |
| Little Johnnie, LP | Private Equity | 0.10% |
| Vinedo Group, LLC | Private Equity | 0.10% |
| 419 TUC, LP | Private Equity | 0.60% |
| Yellow Leaf Investments, LLC | Private Equity | 0.10% |
| DSEA88 Investments, LP | Private Equity | 0.10% |
| ABRY Senior Equity V, L.P. | Private Equity | 1.00% |
| ABRY Senior Equity Co-Investment Fund V, L.P. | Private Equity | 0.10% |
| ABRY Investment Partnership II, LP | Private Equity | 0.02% |
| Community Foundation of Johnson County | Private Equity | 3.30% |
| Fish Family Charitable Lead Trust | Private Equity | 0.40% |
| Jim Rosenthal | Individual | 0.10% |
| David Kopp | Individual | 0.20% |
| Vinayak Hegde | Individual | 0.20% |
| Brooke Skinner-Ricketts | Individual | 0.20% |
| Matthew Walker | Individual | 0.10% |
| Michael Breus | Individual | 0.10% |
| Bill Fish | Individual | 3.40% |
| Kristina Liu | Individual | 0.20% |
| Rafael Jose | Individual | 0.40% |
| Holland Angel | Individual | 0.10% |
| Jeff Buhrman | Individual | 0.40% |
| Mitch Comardo | Individual | 0.30% |
| Andrew Markham | Individual | 0.20% |

| Corporate Officers | Title | Address |
|---|---|---|
| David Kopp | CEO | [redacted] |
| Jeffrey Buhrman | CFO | |
| Adnan Nisar | VP and Assistant Secretary | |

## NEVADA STATE BOARD OF PHARMACY

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

# Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Singular Sleep, LLC dba Sleep Doctor

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

Physical Address: 422 Jacksonville Dr. Unit G

City: Jacksonville Beach State: FL Zip: 32250

Mailing Address (if different from physical address): 1414 NE 42nd St. Suite 400,

City: Seattle State: WA Zip: 98105

Telephone: 844-757-9355 Website: sleepdoctor.com

Licensing Company Email: finance@sleepdoctor.com

**Section 2: Personal Information**

First: John Middle: Patrick Last: Gavin

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

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

Mailing Address: [redacted]

City: Iowa City State: IA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Xavier University | | 08/95-05/99 | |
| **Address** | **City** | **State** | **Zip** |
| 3800 Victory Parkway | Cincinnati | OH | 45207 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor Degree Marketing, Business Administration and Management | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| City High School Iowa City | | 08/91-05/95 | |
| **Address** | **City** | **State** | **Zip** |
| 1900 Morningside Dr | Iowa City | IA | 52245 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/14-Current | [redacted] | Iowa City | IA | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Sleep Doctor | | | 07/21-Current |
| **Business Address** | **City** | **State** | **Zip** |
| 1414 NE 42nd St., Suite 400 | Seattle | WA | 98105 |
| **Phone** | **Title** | | |
| 844-757-5768 | Chief Executive Officer | | |
| **Description of Duties** | | | |
| Company Leadership and Strategy | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Gavin.com | | | 04/20-Current |
| **Business Address** | **City** | **State** | **Zip** |
| 202 N Linn St, Suite 502A | Iowa City | Iowa | 52245 |
| **Phone** | **Title** | | |
| 513-383-4794 | Proprietor | | |
| **Description of Duties** | | | |
| Investor and Operator of Digital Ventures | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Caring.com | | | 05/18-Current |
| **Business Address** | **City** | **State** | **Zip** |
| 127 Scaleybark Rd | Charlotte | NC | 28209 |
| **Phone** | **Title** | | |
| 800-558-0653 | Board Member | | |
| **Description of Duties** | | | |
| Advisor to the Company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Expertise.com | | | 03/15-Current |
| **Business Address** | **City** | **State** | **Zip** |
| 16501 Ventura Blvd., Suite 400 | Los Angeles | CA | 91316 |
| **Phone** | **Title** | | |
| 877-769-7769 | Board Member | | |
| **Description of Duties** | | | |
| Advisor to the Company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Red Ventures | | | 05/19-04/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 1423 Red Ventures Drive | Fort Mill | SC | 29707 |
| **Phone** | **Title** | | |
| (704) 971-2300 | Senior Advisor | | |
| **Description of Duties** | | | |
| Advisor to the Company | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| HigherEducation.com | | | 06/09-04/19 |
| **Business Address** | **City** | **State** | **Zip** |
| 801 Congress St | Houston | TX | 77002 |
| **Phone** | **Title** | | |
| 704-971-2300 | Chief Executive Officer | | |
| **Description of Duties** | | | |
| Company Leadership and Strategy | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| UpCity | | | 01/10-05/18 |
| **Business Address** | **City** | **State** | **Zip** |
| 180 North LaSalle Street, Suite 2100 | Chicago | IL | 60601 |
| **Phone** | **Title** | | |
| 312-445-9615 | Board Member | | |
| **Description of Duties** | | | |
| Advisor to the Company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Soda.com | | | 01/12-10/16 |
| **Business Address** | **City** | **State** | **Zip** |
| 1423 Red Ventures Drive | Fort Mill | SC | 29707 |
| **Phone** | **Title** | | |
| (704) 971-2300 | Board Member / Co Founder | | |
| **Description of Duties** | | | |
| Company Leadership and Strategy | | | |

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

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

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

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

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

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

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

**Provide explanation below:**

_____ _____

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

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

John Gavin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/1/2024

Date

---

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

State of Iowa, ss. County of Johnson

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

**Original Signature**

8/1/2024

**Date**

Subscribed and Sworn to before me this 1st day of August.

**Notary Public Signature**

ELISA C. RYAN
Commission Number 817097
My Commission Expires
May 22, 2025

**(Seal)**

# *State of Florida*
## *Department of State*

I certify from the records of this office that SINGULAR SLEEP, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 13, 2018, effective October 27, 2014.

The document number of this limited liability company is L18000285670.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024 and that its status is active.

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

***Secretary of State***

**Tracking Number: 0916536090CU**

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

**https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication**

View current license information at: Floridahealthfinder.gov

LICENSE #: 1315262
CERTIFICATE #: 27549

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH CARE POLICY AND OVERSIGHT

# Home Medical Equipment Provider

LICENSED

This is to confirm that SINGULAR SLEEP LLC has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized in Chapter 400, Part VII and Chapter 408, Part II, Florida Statutes, and Chapter 59A-25, Florida Administrative Code, and is authorized to operate the following:

**SLEEP DOCTOR**
422 Jacksonville Dr Unit G
Jacksonville Beach, FL 32250
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 01/06/2025

EXPIRATION DATE: 01/05/2027

Jason Weida, Secretary

0207

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Singular Sleep, LLC — MDEG License # (if applicable):

Physical Address: 422 Jacksonville Drive, Unit G

City: Jacksonville Beach — State: FL — Zip: 32250

Mailing Address (if different from physical address): 1414 NE 42nd Street Suite 400

City: Seattle — State: WA — Zip: 98105

Telephone: 844-757-5768 — Website: shop.sleepdoctor.com

Licensing Company Email: finance@sleepdoctor.com

**Section 2: Personal Information**

First: Diane — Middle: Brooke — Last: Salazar

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

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

Mailing Address: [redacted]

City: Green Cove Springs — State: FL — Zip: [redacted]

Telephone: [redacted] — Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Central Florida | | 08/97 - 05/98 | |
| Address | City | State | Zip |
| 4000 Central Florida Boulevard | Orlando | FL | 32816 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Cardiopulmonary Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Florida Community College of Jacksonville | | 08/93 - 05/97 | |
| Address | City | State | Zip |
| 101 W. State Street | Jacksonville | FL | 32202 |
| Diploma/Degree obtained, if any | | | |
| Associate in Science, Respiratory Care | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Nathan Bedford Forrest High School | | 08/90 - 06/93 | |
| Address | City | State | Zip |
| 5530 Firestone Road | Jacksonville | FL | 32244 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/99 - present | [redacted] | Green Cove Springs | FL | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Singular Sleep dba Sleep Doctor | | | 02/2023 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 422 Jacksonville Drive Unit G | | Jacksonville Beach | FL | 32250 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 844-757-9355 | Manager of Sleep Care | | 4080 | |
| **Description of Duties** | | | | |
| Review test results with patient; advise on use, care, cleaning, fitting, and trouble shooting of CPAP equipment. | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Diane B. Salazar
Original Signature (electronic, copies or stamps not accepted)

1/27/2024
Date

I, Diane Salazar, **certify that as the MDEG Administrator for**

Sleep Doctor,

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

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

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

Diane Salazar
Print Name (First, Last)

Diane B. Salazar
Original Signature (electronic, copies or stamps not accepted)

1/27/2025
Date

| **Board Use Only** | Date Received: |
|---|---|

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## NEVADA STATE BOARD OF PHARMACY

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

### Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

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

**Section 1: General Information**

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 4448 Rickenbacker Parkway East

City: Columbus State: OH Zip: 43217

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 614-801-2943 Website: www.mckesson.com

Name of Designated Representative (DR): Nicole Stoner

Licensing Company Email: McKessonLicensing@McKesson DR Email: Nicole.Martinez@McKesson.com

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

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

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

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

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

**Provide explanation below:** see attached

Original Signature (electronic, copies or stamps not accepted)

1/6/25
Date

On August 29, 2024, the Ohio Board of Pharmacy issued a Final Order to **McKesson Corporation** for activities that occurred at McKesson's former distribution center previously located in Washington Courthouse, OH for purchases of dangerous drugs from an unlicensed entity from July 2019 to April 2021. The Board imposed a monetary fine in the amount of $2,750.00.

On August 30, 2024, **McKesson** (in addition to Cardinal Health, Inc. and Cencora, Inc. (f/k/a AmerisourceBergen Corporation) (collectively, the "Distributors")) has agreed to enter into a settlement agreement with third party payor ("TPP") plaintiffs to resolve certain opioid-related claims.

On September 12, 2024, the Idaho Board of Pharmacy ("BOP") entered into a Stipulation and Consent Order with **McKesson Medical-Surgical Inc.** ("MMS") whereby the parties mutually agree to settle two separate matters from MMS' Chino, CA and Roseville, CA distribution centers in 2020 and 2021 involving a deficient Designated Representative application and failure to timely renew its license application, respectively. The parties agree that sufficient mitigating factors exist (including the COVID-19 pandemic and various stay-at-home orders) to warrant resolution of these matters via the Stipulation and Consent Order without an admission of guilt by MMS and whereby the Stipulation and Consent Order requires MMS to pay a fine to the BOP in the amount of $6,000 and to reimburse the BOP for investigative costs in the amount of $5,200.

On September 25, 2024, **McKesson Corporation's** Montgomery, NY facility entered into a Settlement Agreement with the Connecticut Department of Consumer Protection Drug Control Division. Pursuant the terms of the Agreement, the Department of Consumer Protection alleged that McKesson's contracted courier failing to maintain prescription drugs securely in violation of Section 21a-115-32(b)(4) of the Regulations of Connecticut State Agencies. The Settlement Agreement shall neither be considered an admission of liability or a violation of law for any purpose, nor as evidence supporting the allegations of the Department of Consumer Protection. Per the Settlement Agreement, McKesson Corporation shall submit a payment of One Thousand Five Hundred Dollars ($1,500) to the Department of Consumer Protection and shall be issued a Letter of Reprimand.

On November 14, 2024, **McKesson Corporation's** Montgomery, NY facility entered into a Settlement Agreement with the Connecticut Department of Consumer Protection Drug Control Division. Pursuant the terms of the Agreement, the Department of Consumer Protection alleged that McKesson's contracted courier failing to maintain prescription drugs securely in violation of Section 21a-115-32(b)(4) of the Regulations of Connecticut State Agencies. The Settlement Agreement shall neither be considered an admission of liability or a violation of law for any purpose, nor as evidence supporting the allegations of the Department of Consumer Protection. Per the Settlement Agreement, McKesson Corporation shall submit a payment of Five Thousand Dollars ($5,000) to the Department of Consumer Protection and shall be issued a Letter of Reprimand.

Administrative Compliant from September 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation of Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

On April 14, 2023, **McKesson Corporation**'s Memphis, TN facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023, upon compliance with the Deferral Agreement and payment of $4,000.00 costs to the Board.

On July 10, 2023, **McKesson Medical-Surgical Inc.**'s Bethlehem, PA facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an alleged discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation of Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $5,000.00 costs to the Board.

On July 22, 2023, **McKesson Corporation**'s Santa Fe Springs, CA distribution center entered into a Consent Order with the Alabama Board of Pharmacy. The Consent Order constitutes reciprocal disciplinary action that was based entirely on a February 22, 2022, Decision and Order from the California Board of Pharmacy. There were no new facts giving rise to the Alabama Consent. Your office was notified of the California Order on or about 03/25/2022. Pursuant to the terms of the Alabama Consent, McKesson agreed to pay a fine of $25,000.

On August 29, 2023, **McKesson Medical-Surgical Inc.**'s Hanover Park, IL's facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with failing to provide notice of a change of ownership on a permit that the Board itself has deemed unnecessary. Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023, upon compliance with the Deferral Agreement and payment of $4,000 costs to the Board.

On April 12, 2024, **McKesson Corporation**'s Duluth, GA distribution center entered into a Public Consent Agreement with the Georgia State Board of Pharmacy. McKesson Corporation was disciplined for failure to maintain prescription drugs securely and assessed a fine of $10,000.

On May 29, 2024, **McKesson Medical-Surgical Inc**.'s Jacksonville, FL facility entered into a Consent Agreement with the Georgia State Board of Pharmacy due to the facility changing ownership and updating their licensure prior to receiving board approval. Under O.C.G.A § 26-4-40, the Georgia State Board of Pharmacy is authorized to deny Applicants application for licensure due to changing ownership without Board Approval. Based on the Consent Agreement, McKesson Medical-Surgical Inc shall submit a payment of One-Thousand Seven-Hundred Dollars ($1,700) for the violation. The Board agrees to grant the ownership change and licensure update once the terms and conditions of the agreement are met.

relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reproved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and

On May 20, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Compliant from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A $500.00 fine was imposed and paid.

On July 19, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a settlement agreement with the Alabama Board of Pharmacy. The Alabama discipline was in response to discipline the facility received from the Ohio Board of Pharmacy in 2021 McKesson paid a $3,000 fine under the Alabama settlement.

On September 16, 2022, **McKesson Medical-Surgical Inc.'s** Leetsdale, PA facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Compliant from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A $500.00 fine was imposed and paid.

On October 28, 2022, **McKesson Corporation**'s Aurora, IL facility received a non-disciplinary confidential letter of concern from the Colorado State Board of Pharmacy in relation to the late reporting of the 2021 Maine Board of Pharmacy discipline. No formal action or penalty was imposed.

On December 20, 2022, **McKesson Medical-Surgical Inc.**'s Roseville, CA facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Complaint from November 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

On December 20, 2022, **McKesson Corporation**'s Aurora, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Complaint from September 2022. The Administrative Complaint is a result of alleged failure comply with certain licensing requirements required to maintain a license in violation of Rule 680-X-2.23(g)(3). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

On December 20, 2022, **McKesson Medical-Surgical Inc.**'s Manteno, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an

On June 23, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $125 was imposed and paid on June 23, 2021.

On October 1, 2021, **McKesson Corporation** ("McKesson") entered into a non-disciplinary agreement with the Connecticut Department of Consumer Protection, regarding its Memphis, TN distribution center. The agreement resolves allegations that, from January 2015 – January 2021, McKesson sold controlled substances to a practitioner that did not have an active Connecticut Controlled Substances Certificate of Registration. McKesson made no admission of liability and there were no findings of any violation of law. A monetary penalty of $4,500 was imposed.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the terms of terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars ($20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On January 18, 2022, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on January 18, 2022.

On January 20, 2022, **McKesson Medical-Surgical Inc.** was fined by the California Board of Pharmacy related to the fact that its Middletown, PA distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now fully licensed. McKesson Medical-Surgical Inc. paid $700 fine. The fine is related to a non-disciplinary action.

On January 20, 2022, **Masters Drug Company** was fined by the California Board of Pharmacy related to the fact that its Mason, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now fully licensed. Masters Drug Company paid $500 fine. The fine is related to a non-disciplinary action.

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson

The Board conducted an investigation regarding McKesson Specialty Care Distribution LLC's sale of 3 vials of Dangerous Drugs to an unlicensed Terminal Distributor of Dangerous Drugs on August 14, 2019. This is a non-disciplinary action.

On April 20, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,125 was imposed and paid on April 20, 2021.

On May 05, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A $500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;
- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of $500.00.

On June 6, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on June 8, 2021.

On June 15, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $3000.00 was imposed and paid on June 15, 2021.

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its wholly owned subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 100 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

On January 7, 2020, **McKesson Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

On January 14, 2020, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid on July 1, 2020.

On January 27, 2021, Ohio Board of Pharmacy chose to issue a warning rather than take formal disciplinary action against **McKesson Medical-Surgical Inc.'s** Grove City, OH license.

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

Name: see attached

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

Name: _____

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

Name: _____

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

Name: _____

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

**Section 4: Publicly Traded Corporation**

State of Incorporation: Virginia

Parent Company (if any): McKesson Medical-Surgical Holdings Inc.-ultimate owner McKesson Corporation publicly traded

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 9954 Mayland Drive, Suite 4000

City: Richmond State: VA Zip: 23233

Telephone: 804.264.7500 Email: McKessonLicensing@McKesson.com

Contact Person Name: Steven Tarantino III

Date of SEC Registration: 7.7.1994 | SEC Registration Number: 2417015 | Stock Exchange Symbol: MCK

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

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

McKesson Medical-Surgical Inc.

Facility Name

Steven Tarantino

Print Name of Authorized Person Submitting Application

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

1/29/25

Date

| Board Use Only | Date Received: 1/28/25 | Amount: $1000.00 |
|---|---|---|

Top Rx drug suppliers

| Supplier | ADDRESS_1 | ADDRESS_2 | CITY | STATE | ZIP |
|---|---|---|---|---|---|
| PFIZER | BANK OF AMERICA | P.O. BOX 100539 | ATLANTA | GA | 30384 |
| AMGEN INC | ONE AMGEN CENTER DR | | THOUSAND OAKS | CA | 91320 |
| GLAXO VACCINE | 3 FRANKLIN PLAZA | 1600 VINE STREET | PHILADELPHIA | PA | 19102 |

| Title | Name | Address | Phone |
|---|---|---|---|
| President; Director | Stanton J. McComb | [redacted] | |
| VP & Treasurer; Director | Willard Station | | |
| Secretary | Saralisa Charlotte Brau | | |
| Vice President | Steven Tarantino III | | |


Ownership
McKesson Corporation
Federal ID 94-3207296
6535 State Highway 161
Irving, TX 75039
McKesson Medical-Surgical Top Holdings Inc.
Federal ID 59-2280364
9954 Mayland Drive Suite 4000
Richmond, VA 23233
McKesson Medical-Surgical Holdings Inc.
Federal ID 13-3734754
9954 Mayland Drive Suite 4000
Richmond, VA 23233
McKesson Medical-Surgical Inc.
Federal ID 94-2640465
9954 Mayland Drive, Suite 4000
Richmond, VA 23233

# Commonwealth of Virginia

## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

January 16, 2025

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2025011621272236

Ohio Board of Pharmacy

# LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2025.

**McKesson Medical-Surgical Inc.**

**4448 Rickenbacker Pkwy E**

**Columbus, OH 43217-6502**

**License Number: 0132000178**

**License Type: Wholesaler - Category 3**

**Sub-Category: FS – Full Service**

**Expiration Date: June 30, 2025**

**Responsible Person** – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

| Responsible Person Name (Print) | Signature of Responsible Person |
|---|---|
| **NICOLE STONER** | |

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.*

**Ohio Board of Pharmacy**
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

eLicense Ohio
Professional Licensure

# License Look Up

1/15/2025 4:21 PM

## McKesson Medical-Surgical Inc.

| | |
|---|---|
| License Number | 0132000178 |
| Status | Active |
| Sub-Status | |
| Board | Board of Pharmacy |
| License Type | Wholesaler - Category 3 |
| License Issue Date | 01/15/2025 |
| License Expiration Date | 06/30/2025 |
| License Effective Date | 01/15/2025 |
| Street Address | 4448 Rickenbacker Pkwy E |
| City | Columbus |
| State | OH |
| Zipcode | 43217-6502 |
| Country | United States |
| Board Action | No |

Supervised By:

| Supervisor Name | Supervisor License | Status | Start Date | End Date |
|---|---|---|---|---|
| | | Active | | |

Current date & time: **1/15/2025 4:21 PM**

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/21/2024

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

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

**PRODUCER**
Aon Risk Insurance Services West, Inc.
San Francisco CA Office
425 Market Street
Suite 2800
San Francisco CA 94105 USA

**CONTACT NAME:**
**PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Old Republic Insurance Company | 24147 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

**INSURED**
McKesson Corporation and
all its subsidiaries
6555 North State Highway 161
Irving TX 75039 USA

**COVERAGES** **CERTIFICATE NUMBER:** 570106560155 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | MWZY317743 | 07/01/2024 | 07/01/2025 | EACH OCCURRENCE | $1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $1,000,000 |
| | X Contractual Liability | | | | | | MED EXP (Any one person) | $10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | $2,000,000 |
| A | AUTOMOBILE LIABILITY | | | MWTB 317742<br>Self Insured for Phys Dam | 07/01/2024 | 07/01/2025 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY ( Per person) | |
| | OWNED AUTOS ONLY / HIRED AUTOS ONLY / SCHEDULED AUTOS / NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | |
| | DED RETENTION | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | MWC31382624 | 07/01/2024 | 07/01/2025 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A | | | | | | E.L. EACH ACCIDENT | $1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE | $1,000,000 |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | $1,000,000 |

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

**CERTIFICATE HOLDER**

MCKESSON CORPORATION
6555 State Hwy 161
Irving TX 75039 USA

**CANCELLATION**

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

**AUTHORIZED REPRESENTATIVE**

Aon Risk Insurance Services West, Inc.

Holder Identifier :

Certificate No : 570106560155

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**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG McKesson Medical-Surgical Inc. MDEG License # (if applicable) _____

Physical Address 4448 Rickenbacker Parkway East

City Columbus State OH Zip 43217

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 614-801-2943 Website www.mckesson.com

Licensing Company Email Elaine.Stutman@McKesson.com or McKessonLicensing@McKesson.com

**Section 2: Personal Information**

First Nicole Middle Elizabeth Last Stoner

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

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

Mailing Address 4448 Rickenbacker Parkway East

City Columbus State OH Zip 43217

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Classical High School | | 8/2012-5-2016 | |
| **Address** | **City** | **State** | **Zip** |
| 770 Westminster Street | Providence | RI | 02903 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/23-Present | [redacted] | Grove City | OH | [redacted] |
| 7/23-10/23 | | Clinton | MA | |
| 11/22 -06/23 | | Framigham | MA | |
| 04/19-11/22 | | West Hartford | CT | |
| 02/18-04/19 | | Worcester | MA | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| McKesson Medical-Surgical Inc. | | | 1/2025- Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4448 Rickenbacker Parkway East | | Columbus | OH | 43217 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 774-442-0693 | Sr Operations Manager | | 1/0 | |
| **Description of Duties** | | | | |
| see attached | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| McKesson Medical-Surgical Inc. | | | 10/2023-1/2025 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3500 Centerpoint Drive, Suite A, | | Urbancrest | OH | 43217 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (614) 801-2988 | Sr Operations Manager | | 2,160 | |
| **Description of Duties** | | | | |
| see attached | | | | |

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

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

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

Continue on next page if additional space is needed.

# Nicole Stoner

**CIL Manager**

## Objective

Detail-oriented CIL Manager with excellent communication and organizational abilities, adept at coordinating resources and services.

## Contact Information




[redacted]



[redacted]


## Experience

*Oct 2023- Present*, Grove City

- **Continuous Improvement Manager**
  *Mckesson*

  - Led multiple continuous improvement projects resulting in cost savings and increased efficiency.
  - Led cross-functional teams to implement Kaizen activities and drive continuous improvement initiatives.
  - Utilized Lean Six Sigma methodologies to streamline processes and reduce waste in a manufacturing environment.
  - Facilitated training sessions on continuous improvement principles and tools for employees at all levels.
  - Developed and maintained performance metrics to track progress and identify areas for improvement.

*May 2018- Oct 2023*, Northborough

- **Operations Supervisor**
  *Mckesson*

  - Led cross-functional teams to implement Kaizen activities and drive continuous improvement initiatives.
  - Managed team of warehouse workers to ensure efficient operations.
  - Performed inventory audits to track and maintain stock levels.
  - Implemented safety protocols to reduce workplace incidents.
  - Trained new employees on company protocols and procedures.

*Jun 2016- May 2018*, Worcestor

- **Store Manager**
  *Popeye's*

  - Developed and implemented sales strategies to increase store revenue and meet set targets.
  - Trained and mentored new employees on company policies, procedures, and product knowledge.
  - Responsible for maintaining a high level of customer service and resolving any customer complaints or issues.
  - Managed store operations, including opening and closing procedures, inventory management, and staff supervision.

## Education

*Aug 2012 - May 2016*, Providence, RI

- **High School Diploma**
  *Classical High School*

## Skills

[redacted]

## Languages

English and Spanish
Native

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:** N/A

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

I, Nicole Stoner, **certify that as the MDEG Administrator for**

McKesson Medical-Surgical Inc.,

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

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

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

Nicole Stoner
Print Name (First, Last)

Nicole Stoner
Original Signature (electronic, copies or stamps not accepted)

12/31/2024
Date

| Board Use Only | Date Received: 1/28/25 |
|---|---|

Empoyees

| First Name | Last Name |
|---|---|
| Amanda | Hyle |
| Alison | Jaynes |
| Makara | Sovann |
| Rebel | McComis |
| Scott | Burke |
| Christopher | Miller |
| Phyllis | Mitchell |
| John | Bates |
| Derrick | Soroka |
| Rayhum Ray | Pilotos |
| Andrew | Jordan |
| Hasel | Young |
| James | Sisler |
| Charles | Forrest |
| Angereice | Riddle |
| Aly | Sy |
| Lori | Gibson |
| Wilson | Detty |
| Justin | Detty |
| Michael | Bragg |
| Tina | Lawson |
| Robert | Baldwin |
| Rosa | Garcia |
| Derrick | Neal |
| Trent | Morrison |
| James | Belshe |
| Paul | Bailey |
| Nathan | Wright |
| Maxwell | Agyei |
| Mark | Reed |
| Julio | Reyes |
| Joe | Howard |
| Brett | Thomas |
| Elisa | Iuler |
| Shawn | Pope |
| Abril | Carabacan |
| Glenda | Reyes Cedano |
| Orlando | Donoso |
| Austin | White |
| Stephen | Baker |
| Jeffrey | Starner |
| Angel | Santana |
| Ibrahim | Sakawe |
| Tamera | Duncan |
| Bret | Price |
| Fani | Guzman |
| Denise | Exline |
| Teresa | Roberts |
| Nitsia | Martínez |
| Sandra | Barney |
| Sandra | Gil |
| Arthur | Palmer |
| Lori | Cole |
| Chhengy | Lim |

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|---|---|
| Brian | Hubner |
| Danny | Estep |
| Angela | Kallatsa |
| Richmond | Baffour |
| Savath | Kann |
| Shelley | Scarberry |
| Nicole | Stoner (Martinez) |
| Spencer | Bradley |
| Marie Grace | Cropper |
| Lilibeth | Alvarez |
| Ladie | Cline |
| Katie | Blevins |
| David | Balzer |
| Kevin | Baker |
| Anna | Anthony |
| Arthur | Johnson |
| Katrina | Tubbs |
| Kimberly | Jackson |
| Kristopher | Young |
| Mariam | Huffman |
| Ousmane | Kaba |
| Yesenia | Mora |
| Piyush | Patel |
| Alex | Sovann |
| Katherin | Mendez |
| Brandon | Wietelmann |
| Jenabel | Francisco |
| Indra | Majhi |
| Bir Bahadur | Majhi |
| Debra | Richardson |
| Heather | Blue |
| Shugri | Haji-Farah |
| Josephine | Adair |
| Keneth | Escalona |
| Teresa | Van Bibber |
| Brittany | Johnson |
| Robert | Lang |
| Junior | Birot |
| Courtney | Seeds |
| Sheryl | Mumma |
| Seirra | Anderson |
| Paul | Baronda |
| Kimberly | Yono |
| Kurt | Thomas |
| Gavyn | Dunn |
| Mara | Gil |
| Kam | Thang |
| Payal | Upadhyay |
| Amy | Mauger |
| Jenna | McHenry |
| John | Hill |
| David | Hyle |
| Walter | Green |
| Rebecca | Baker |
| Thomas | Greene |

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| Julio | Torres Oliveras |
| Laurie | Thornton |
| Maria | Barreto |
| Charles | Hatfield |
| Shen | Meng |
| Donna | Wooten |
| Tanden | Howard |
| Phet | Sounthara |
| Ngun | Par |
| Van | Bawi |
| Go | Piang |
| Braedon | McHenry |
| Thitima | Chuayai |
| Heather | Eschbach |
| Halima | Mohandis |
| Gul chehra | Rezaie |
| Andrew | Price |
| Manouchka | Valeus |
| James | Senters |
| Hitenkumar | Patel |
| Godwin | Dumandan |
| Christian | Frazier |
| Joshua | Hairston |
| Edwin | Rodriguez |
| Aldair | Corona-Pastor |
| Michael | Smith |
| Kevin | McCoy |
| Ronald | Llewellyn |
| Rossel | Davila |
| Misenge | Makechi |
| Disniurka | Lopez |
| Liliana | Lira Mazzochi |
| li | Li |
| Micheal | Chamberlin |
| Evodie | Paswa |
| Nicole | Weate |
| Laura | Angulo |
| Youssef | Ibrahim |
| Lesli | Martinez |
| Van | Thang |
| Teresa | Figueroa |
| Ermis | Zambrano |
| Yoandri | Rodriguez Reyes |
| Nimrod | Cabrera |
| Janeth | Espina |
| Amesil Aisa | Deypalubos |
| Yunis | Khamis |
| David | Burchett |
| Ambar | Romero |
| Maria Virginia | Sanz Perez |
| Pascal | Zola |
| Kevin | Badowi |
| Adela | Nolasco |
| Angelica Beatriz | Cuenca Quispe |
| Yenny | Gonzalez |

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|---|---|
| Maria | Ysabel Zambrano Rosales |
| Gregory | Jeune |
| Pablo | Florian |
| Ingrid | Forero Moncada |
| Ramona | Reyes Rojas |
| Rosa Marcela | Gonzalez Rivera |
| Luis | Velandia |
| Casimir | Ynozil |
| Rocky | Castle |
| Ellis | Breeden |
| Nataliia | Tymoshchenko |
| Canddy | Contreras |
| Anzhela | Kotenko |
| Olsine | Larochelle |
| Eden | Rojas Brizuela |
| Noemi | Murillos |
| Nelso | Matosnin |
| Leak | Meas |
| Reina | Florez |
| Sovanna | Dang |
| Yokeimy | Castro |
| David | Miller |
| Bryan | Flores |
| Harald | Gebel |
| Edgar Miguel | Sanz |
| Viroth | Run |
| Pablo | Florian |
| Rafael | Monzon |
| Noelymar | Requena |
| Franyerlin | Vieras |
| Prince | Pack |
| Stephanny | Meza |
| Evelyn | Gutierrez |
| Johnny | Phom |
| María | Quintero |
| Jean | Valeus |
| Dailan | Perez Lopez |
| María Gabriela | Fermín Barreto |
| Andrea | Fermín |
| Christen | Hanes |
| Gabriel | Casique |
| Rodney | Miller |
| Dominga | Peralta |
| Jacob | Allen |
| Kevin | DuPree |
| Yulieth | Pinto |
| Andres | Monzon |
| Andrae | Choulat |
| Ruben | Herrera |
| Theresa | Blevins |
| Natallia | Pavlik |
| Charles | Budd |
| Andrii | Puhach |
| Dermy | Ventura |

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|---|---|
| Nicole | Ferguson |
| John | Rieman |
| Trey | Blue |
| Ngun | Lian |
| Prez | Manigoe |
| James | Nudell |
| William | Lowery |
| Freddy | Paredes Moscoso |
| Bryon | Stevenson |
| Victor | Portela Guerra |
| Jeremiah | Herron |
| Keith | Hampton |
| Jenry | González |
| Jenny | Cueva |
| Karla | Barrios |
| Lorena | Mojica |
| Achraf | Hanif |
| Roman | Kozei |
| Carlos | Del Rosario |
| Jennifer | Rico Trejo |
| Neidymar | Durán Rosales |
| Giovanna | Guacara |
| Yanyile | Flores Bermudez |
| Diana | Smalko |
| Aura | Becerra |
| John | Pringle |
| Antonio | Macklin |
| Gregorio | Duran |
| KyRon | Gonzalez |
| Nelvis | Cuenca |
| Alassane | Ba |
| Ana | Mendez |
| Leosdan | Zaldivar |
| Anyely gabriela | Vieras Saez |
| Susana Del Carmen | Pupo Rodriguez |
| Robin | Rathbone |
| Wildimary | García |
| Demba | Ndiaye |
| Joel | Ntadi |
| Sydney | Tolliver |
| Mamadou | Sall |
| Sajous | Iselande |
| Anyeli Carolina | Marquez Machado |
| Elizabeth | Vergara |
| Michael | Newton |
| Christy | Speakman |
| Mark | Duncan |
| Noamel | Lopez Colon |
| Jesse | Stoner |
| Tori | Rinehart |
| Sam | Badowi |
| Anthony | McCoy |
| Brooklynn | Matthews |
| Brittney | Goodwin |

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|---|---|
| Isaura Lucia | Santana Tavera de Cuevas |
| Jennifer | Lintz |
| Anthony | Morris |
| Justin | Flowers |
| John | Martin |
| William | Redding |
| Gilbert | Griggs |
| David | Burson |

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**WASHINGTON, DC 20549**

# FORM 8-K

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

**Date of report (Date of earliest event reported): November 6, 2024**

**McKESSON CORPORATION**
**(Exact Name of Registrant as Specified in Charter)**

| Delaware | 1-13252 | 94-3207296 |
|---|---|---|
| (State or Other Jurisdiction of Incorporation) | (Commission File Number) | (I.R.S. Employer Identification No.) |

**6555 State Hwy 161**
**Irving, TX 75039**
**(Address of Principal Executive Offices, and Zip Code)**

**(972) 446-4800**
**Registrant's Telephone Number, Including Area Code**

**Not Applicable**
**(Former Name or Former Address, if Changed Since Last Report)**

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

- ☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

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

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Common stock, $0.01 par value | MCK | New York Stock Exchange |
| 1.500% Notes due 2025 | MCK25 | New York Stock Exchange |
| 1.625% Notes due 2026 | MCK26 | New York Stock Exchange |
| 3.125% Notes due 2029 | MCK29 | New York Stock Exchange |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

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

**Item 2.02 Results of Operations and Financial Condition.**

On November 6, 2024, McKesson Corporation ("Company") reported the Company's preliminary results for the quarter ended on September 30, 2024 which are attached hereto as Exhibit 99.1.

The information contained in this Form 8-K, including Exhibit 99.1, is furnished to the Securities and Exchange Commission (the "Commission"), but shall not be deemed "filed" with the Commission for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act except as shall be expressly set forth by specific reference in such a filing.

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits.

| Exhibit No. | Description |
|---|---|
| 99.1 | Earnings release issued by the Company dated November 6, 2024 |
| 104 | Cover Page Interactive Data File - the cover page iXBRL tags are embedded within the Inline XBRL document |

**SIGNATURES**

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

Date: November 6, 2024

**McKesson Corporation**

By: /s/ Britt J. Vitalone

**Britt J. Vitalone**
Executive Vice President and
Chief Financial Officer

McKESSON

# McKESSON CORPORATION REPORTS FISCAL 2025 SECOND QUARTER RESULTS AND RAISES FULL YEAR ADJUSTED EPS GUIDANCE

**IRVING, Texas, November 6, 2024 -** McKesson Corporation (NYSE:MCK) today announced results for the second quarter ended September 30, 2024.

**Second Quarter Highlights:**

- Consolidated revenues of $93.7 billion increased 21%.
- Earnings per diluted share of $1.87 decreased $3.05.
- Adjusted Earnings per Diluted Share of $7.07 increased 13%.
- McKesson announced an agreement to acquire a controlling interest in Florida Cancer Specialists & Research Institute LLC's Core Ventures.
- McKesson announced an agreement to sell its Canada-based Rexall and Well.ca retail businesses.

"McKesson reported record revenue of $93.7 billion, representing 21% growth compared to the previous year, and Adjusted Earnings per Diluted Share growth of 13% for the second quarter," said Brian Tyler, chief executive officer. "Our results for the second quarter demonstrated focused execution against our strategy and operating excellence across our businesses. We saw strong growth in our U.S. Pharmaceutical segment, including our leading oncology and specialty distribution capabilities."

**Fiscal 2025 Outlook:**

- Adjusted Earnings per Diluted Share guidance range raised to $32.40 to $33.00, from the previous range of $31.75 to $32.55.
- Fiscal 2025 Adjusted Earnings per Diluted Share guidance range indicates 18% to 20% growth compared to prior year.
- The Company does not forecast GAAP earnings per diluted share[1].

Mr. Tyler continued, "As a result of our first half performance and continued confidence across the enterprise over the remainder of the fiscal year, we are raising and narrowing our guidance range for fiscal 2025 Adjusted Earnings per Diluted Share to $32.40 to $33.00. We remain confident in our ability to deliver against our fiscal 2025 outlook, which is above the long-term targets we have previously provided."

**Fiscal 2025 Second Quarter Result Summary**

| | Second Quarter | | | Year-to-Date | | |
|---|---|---|---|---|---|---|
| *($ in millions, except per share amounts)* | FY25 | FY24 | Change | FY25 | FY24 | Change |
| **Revenues** | $ 93,651 | $ 77,215 | 21 % | $ 172,934 | $ 151,698 | 14 % |
| **Net income attributable to McKesson Corporation** | 241 | 664 | (64) | 1,156 | 1,622 | (29) |
| **Adjusted Earnings[2]** | 915 | 841 | 9 | 1,944 | 1,834 | 6 |
| **Earnings per diluted common share attributable to McKesson Corporation** | 1.87 | 4.92 | (62) | 8.89 | 11.95 | (26) |
| **Adjusted Earnings per Diluted Share[2]** | 7.07 | 6.23 | 13 | 14.95 | 13.51 | 11 |

[1] See below under "Fiscal 2025 Outlook" for full explanation
[2] Adjusted results in this earnings release are non-GAAP financial measures; refer to the accompanying definitions and reconciliation schedules

Second quarter revenues were $93.7 billion, an increase of 21% from a year ago, primarily driven by growth in the U.S. Pharmaceutical segment, which includes onboarding a new strategic partner and increased prescription volumes, including higher volumes from retail national account customers, specialty products, and GLP-1 medications.

Second quarter earnings per diluted share was $1.87 compared to $4.92 a year ago, a decrease of $3.05, due to a charge of $643 million for the fair value remeasurement of assets and liabilities related to McKesson's agreement to sell its Canadian retail businesses and a charge of $227 million related to business rationalization initiatives, partially offset by a reversal of a portion of the prior year provision for bad debts within the U.S. Pharmaceutical segment related to the Rite Aid bankruptcy.

Second quarter Adjusted Earnings per Diluted Share was $7.07 compared to $6.23 a year ago, an increase of 13%, driven by growth in the U.S. Pharmaceutical segment and a lower share count. Second quarter Adjusted Earnings per Diluted Share also included pre-tax losses of $15 million associated with McKesson Ventures' equity investments, compared to pre-tax losses of $10 million in the second quarter of fiscal 2024.

For the first six months of the fiscal year, McKesson returned $2.2 billion of cash to shareholders, which included $2.0 billion of common stock repurchases and $162 million of dividend payments. During the first six months of the fiscal year, McKesson generated cash from operations of $720 million, and invested $385 million in capital expenditures, resulting in Free Cash Flow of $335 million.

**Business Highlights**

- McKesson continued to advance and expand its oncology platform.
  - McKesson announced an agreement to acquire a controlling interest in Florida Cancer Specialists & Research Institute LLC's (FCS) Core Ventures. FCS, a practice with more than 530 providers, will remain independent and join The US Oncology Network (USON). The transaction is subject to customary closing conditions, including required regulatory clearance.
  - USON expanded its footprint with the addition of Tennessee Cancer Specialists and Illinois CancerCare, adding 118 providers.
- McKesson announced an agreement to sell its Canada-based Rexall and Well.ca retail businesses. The transaction is subject to customary closing conditions, including required regulatory clearance.
- In October, McKesson launched InspiroGene, a dedicated business focused on supporting the commercialization of cell and gene therapies.
- McKesson was named as a "Best Place to Work for Disability Inclusion" for the ninth consecutive year. McKesson earned a top-ranking score of 100 on the 2024 Disability Equality Index®, a joint initiative of the American Association of People with Disabilities and Disability:IN.

**U.S. Pharmaceutical Segment**

- Revenues were $85.7 billion, an increase of 23%, driven by increased prescription volumes, including higher volumes from retail national account customers, specialty products, and GLP-1 medications.
- Segment Operating Profit was $1.1 billion. Adjusted Segment Operating Profit was $902 million, an increase of 11%, driven by growth in the distribution of specialty products to providers and health systems.

**Prescription Technology Solutions Segment**

- Revenues were $1.3 billion, an increase of 11%, driven by increased prescription volumes in our third-party logistics and technology services businesses.
- Segment Operating Profit was $205 million. Adjusted Segment Operating Profit of $218 million, an increase of 4%, driven by growth in affordability and access solutions, partially offset by investments to support future growth.

**Medical-Surgical Solutions Segment**

- Revenues were $2.9 billion, an increase of 4%, driven by higher volumes of specialty pharmaceuticals, including vaccines in the primary care channel.
- Segment Operating Profit was $89 million. Adjusted Segment Operating Profit was $243 million, a decrease of 4%, driven by lower volumes, customer mix, and product demand shifts across the primary care sites of care, partially offset by growth in the extended care business.

**International Segment**

- Revenues were $3.7 billion, an increase of 7%, driven by higher pharmaceutical distribution volumes in the Canadian business.
- Segment Operating Loss was $508 million. Adjusted Segment Operating Profit was $100 million, an increase of 12%, driven by higher pharmaceutical distribution volumes in the Canadian business and the discontinued recording of depreciation and amortization on Canada-based Rexall and Well.ca retail businesses, which were classified as held for sale during the quarter.

**Modernizing and Accelerating the Enterprise**

McKesson launched a set of initiatives to modernize and accelerate the enterprise, further strengthening its business platforms in support of the continued customer operational excellence and enabling further growth against its long-term objectives.

**Fiscal 2025 Outlook**

McKesson does not provide forward-looking guidance on a GAAP basis as the company is unable to provide a quantitative reconciliation of forward-looking Non-GAAP measures to the most directly comparable forward-looking GAAP measure, without unreasonable effort. McKesson cannot reasonably forecast LIFO inventory-related adjustments, certain litigation loss and gain contingencies, restructuring, impairment and related charges, and other adjustments, which are difficult to predict and estimate. These items are generally uncertain and depend on various factors, many of which are beyond the company's control, and as such, any associated estimate and its impact on GAAP performance could vary materially.

McKesson is raising and narrowing fiscal 2025 Adjusted Earnings per Diluted Share guidance to $32.40 to $33.00 from the previous range of $31.75 to $32.55.

Fiscal 2025 Adjusted Earnings per Diluted Share guidance includes $0.53 related to year-to-date gains associated with McKesson Ventures' equity investments.

McKesson is raising its full year share repurchases target from $2.8 billion to $3.2 billion.

Additional modeling considerations will be provided in the earnings call presentation.

**Conference Call Details**

McKesson has scheduled a conference call for today, Wednesday, November 6th at 4:30 PM ET to discuss the company's financial results. The audio webcast of the conference call will be available live and archived on McKesson's Investor Relations website at investor.mckesson.com.

**Upcoming Investor Events**

McKesson management will be participating in the following investor events:

- Sell-Side Update, November 7, 2024
- Jefferies London Healthcare Conference, November 19, 2024
- Citi Global Healthcare Conference, December 4, 2024
- Evercore HealthCONx Conference, December 4, 2024
- J.P. Morgan Healthcare Conference, January 13-15, 2025

The audio webcasts, and a complete listing of upcoming events for the investment community, including details and updates, will be available on McKesson's Investor Relations website.

**Non-GAAP Financial Measures**

GAAP refers to the U.S. generally accepted accounting principles. This press release includes GAAP financial measures as well as Non-GAAP financial measures, including Adjusted Gross Profit, Adjusted Operating Expenses, Adjusted Other Income, Adjusted Interest Expense, Adjusted Income Tax Expense, Adjusted Earnings, Adjusted Earnings per Diluted Share, Adjusted Segment Operating Profit, Adjusted Segment Operating Profit Margin, Adjusted Corporate Expenses, Adjusted Operating Profit, and Free Cash Flow which are financial measures not calculated in accordance with GAAP. Refer to the "Supplemental Non-GAAP Financial Information" section of the accompanying financial statement tables for the definitions and usefulness of the company's Non-GAAP financial measures and the attached schedules for reconciliations of the differences between the Non-GAAP financial measures and their most directly comparable GAAP financial measures.

**Cautionary Statements**

This earnings release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by their use of terminology such as "believes," "expects," "anticipates," "may," "will," "should," "seeks," "approximately," "intends," "projects," "plans," "estimates," "targets," or the negative of these words or other comparable terminology. The discussion of anticipated transaction closings, financial outlook, guidance, trends, strategy, plans, assumptions, expectations, commitments, and intentions may also include forward-looking statements. Readers should not place undue reliance on forward-looking statements, such as financial performance forecasts, which speak only as of the date they are first made. Except to the extent required by law, we undertake no obligation to update or revise our forward-looking statements. Forward-looking statements involve risks and uncertainties that could cause actual results to differ materially from those projected, anticipated, or implied. Although it is not possible to predict or identify all such risks and uncertainties, we encourage investors to read the risk factors described in our publicly available filings with the Securities and Exchange Commission and news releases.

These risk factors include, but are not limited to: we experience costly and disruptive legal disputes and settlements, including regarding our role in distributing controlled substances such as opioids; we might experience losses not covered by insurance or indemnification; we are subject to frequently changing, extensive, complex, and challenging healthcare and other laws; we might be adversely impacted by regulatory delays or other difficulties with acquisitions or divestitures such as the transactions described in this press release; we from time to time record significant charges from impairment to goodwill, intangibles, and other long-lived assets; we experience cybersecurity incidents that might significantly compromise our technology systems or might result in material data breaches; we may be unsuccessful in achieving our strategic growth objectives; we may be unsuccessful in our efforts to implement initiatives to reduce or optimize our costs; we are impacted by customer purchase reductions, contract non-renewals, payment defaults, and bankruptcies; our contracts with government entities involve future funding and compliance risks; we might be harmed by changes in our relationships or contracts with suppliers; our use of third-party data is subject to limitations that could impede the growth of our data services business; we might be adversely impacted by healthcare reform such as changes in pricing and reimbursement models; we might be adversely impacted by competition and industry consolidation; we are adversely impacted by changes or disruptions in product supply and have had difficulties in sourcing or selling products due to a variety of causes; we might be adversely impacted as a result of our distribution of generic pharmaceuticals; we might be adversely impacted by changes in the economic environments in which we operate; changes affecting capital and credit markets might impede access to credit, increase borrowing costs, and disrupt banking services for us and our customers and suppliers and might impair the financial soundness of our customers and suppliers; we might be adversely impacted by changes in tax legislation or challenges to our tax positions; we might be adversely impacted by events outside of our control, such as widespread public health issues, natural disasters, political events and other catastrophic events; we may be adversely affected by global climate change or by legal, regulatory, or market responses to such change; and governance issues and regulations, including those related to social

issues, climate change, and sustainability, and stakeholder response thereto may have an adverse effect on our business, financial condition, and results of operations and damage our reputation.

**About McKesson Corporation**

McKesson Corporation is a diversified healthcare services leader dedicated to advancing health outcomes for patients everywhere. Our teams partner with biopharma companies, care providers, pharmacies, manufacturers, governments, and others to deliver insights, products and services to help make quality care more accessible and affordable. Learn more about how McKesson is impacting virtually every aspect of healthcare at McKesson.com and read Our Stories.

**Contacts:**
Rachel Rodriguez, 469-260-0556 (Investors)
Rachel.Rodriguez@McKesson.com

Media Relations
MediaRelations@McKesson.com

**McKESSON CORPORATION**
**CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS (GAAP)**
**(unaudited)**
**(in millions, except per share amounts)**

| | Three Months Ended September 30, | | | Six Months Ended September 30, | | |
|---|---|---|---|---|---|---|
| | 2024 | 2023 | Change | 2024 | 2023 | Change |
| Revenues | $ 93,651 | $ 77,215 | 21 % | $ 172,934 | $ 151,698 | 14 % |
| Cost of sales | (90,403) | (74,146) | 22 | (166,534) | (145,607) | 14 |
| Gross profit | 3,248 | 3,069 | 6 | 6,400 | 6,091 | 5 |
| Selling, distribution, general, and administrative expenses | (2,503) | (2,092) | 20 | (4,504) | (3,962) | 14 |
| Claims and litigation charges, net | 4 | 2 | 100 | (108) | 2 | — |
| Restructuring, impairment, and related charges, net | (171) | (28) | 511 | (181) | (80) | 126 |
| Total operating expenses | (2,670) | (2,118) | 26 | (4,793) | (4,040) | 19 |
| Operating income | 578 | 951 | (39) | 1,607 | 2,051 | (22) |
| Other income, net | 34 | 26 | 31 | 164 | 64 | 156 |
| Interest expense | (78) | (61) | 28 | (153) | (108) | 42 |
| Income before income taxes | 534 | 916 | (42) | 1,618 | 2,007 | (19) |
| Income tax expense | (247) | (213) | 16 | (371) | (307) | 21 |
| Net income | 287 | 703 | (59) | 1,247 | 1,700 | (27) |
| Net income attributable to noncontrolling interests | (46) | (39) | 18 | (91) | (78) | 17 |
| Net income attributable to McKesson Corporation | $ 241 | $ 664 | (64)% | $ 1,156 | $ 1,622 | (29)% |
| Earnings per common share attributable to McKesson Corporation [a] | | | | | | |
| Diluted | $ 1.87 | $ 4.92 | (62)% | $ 8.89 | $ 11.95 | (26)% |
| Basic | $ 1.88 | $ 4.95 | (62)% | $ 8.94 | $ 12.03 | (26)% |
| Dividends declared per common share | $ 0.71 | $ 0.62 | 15 % | $ 1.33 | $ 1.16 | 15 % |
| Weighted-average common shares outstanding | | | | | | |
| Diluted | 129.3 | 134.8 | (4)% | 130.0 | 135.7 | (4)% |
| Basic | 128.7 | 134.1 | (4) | 129.3 | 134.8 | (4)% |

(a) Certain computations may reflect rounding adjustments.

Any percentage changes displayed above which are not meaningful are displayed as zero percent.

Refer to our applicable filings with the SEC for additional disclosures including our Quarterly Reports on Form 10-Q for fiscal 2025 and 2024 as well as our Annual Report on Form 10-K for fiscal 2024.

**McKESSON CORPORATION**
**RECONCILIATION OF GAAP OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)**
**(unaudited)**
**(in millions, except per share amounts)**

| | Three Months Ended September 30, | | | Six Months Ended September 30, | | |
|---|---|---|---|---|---|---|
| | 2024 | 2023 | Change | 2024 | 2023 | Change |
| Net income (GAAP) | $ 287 | $ 703 | (59)% | $ 1,247 | $ 1,700 | (27)% |
| Net income attributable to noncontrolling interests (GAAP) | (46) | (39) | 18 | (91) | (78) | 17 |
| **Net income attributable to McKesson Corporation (GAAP)** | 241 | 664 | (64) | 1,156 | 1,622 | (29) |
| Pre-tax adjustments: | | | | | | |
| Amortization of acquisition-related intangibles | 60 | 62 | (3) | 123 | 124 | (1) |
| Transaction-related expenses and adjustments [1] | 665 | (37) | — | 680 | (28) | — |
| LIFO inventory-related adjustments | (2) | 55 | (104) | (4) | 87 | (105) |
| Gains from antitrust legal settlements | (63) | (79) | (20) | (153) | (197) | (22) |
| Restructuring, impairment, and related charges, net [2] | 234 | 28 | 736 | 244 | 80 | 205 |
| Claims and litigation charges, net [3] | (4) | (2) | 100 | 108 | (2) | — |
| Other adjustments, net [4][5] | (205) | 210 | (198) | (162) | 210 | (177) |
| Income tax effect on pre-tax adjustments | (9) | (58) | (84) | (45) | (59) | (24) |
| Net income attributable to noncontrolling interests effect on pre-tax adjustments | (2) | (2) | — | (3) | (3) | — |
| **Adjusted Earnings (Non-GAAP)** | $ 915 | $ 841 | 9 % | $ 1,944 | $ 1,834 | 6 % |
| **Earnings per diluted common share attributable to McKesson Corporation (GAAP) [a]** | $ 1.87 | $ 4.92 | (62)% | $ 8.89 | $ 11.95 | (26)% |
| After-tax adjustments: | | | | | | |
| Amortization of acquisition-related intangibles | 0.33 | 0.35 | (6) | 0.69 | 0.70 | (1) |
| Transaction-related expenses and adjustments | 5.11 | (0.19) | — | 5.18 | (0.10) | — |
| LIFO inventory-related adjustments | (0.01) | 0.30 | (103) | (0.02) | 0.47 | (104) |
| Gains from antitrust legal settlements | (0.36) | (0.43) | (16) | (0.87) | (1.07) | (19) |
| Restructuring, impairment, and related charges, net | 1.33 | 0.16 | 731 | 1.39 | 0.44 | 216 |
| Claims and litigation charges, net | (0.03) | (0.02) | 50 | 0.61 | (0.02) | — |
| Other adjustments, net | (1.17) | 1.14 | (203) | (0.92) | 1.14 | (181) |
| **Adjusted Earnings per Diluted Share (Non-GAAP) [a]** | $ 7.07 | $ 6.23 | 13 % | $ 14.95 | $ 13.51 | 11 % |
| Diluted weighted-average common shares outstanding | 129.3 | 134.8 | (4)% | 130.0 | 135.7 | (4)% |

(a) Certain computations may reflect rounding adjustments.

Any percentage changes displayed above which are not meaningful are displayed as zero percent.

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Earnings (Non-GAAP) and Adjusted Earnings per Diluted Share (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

**McKESSON CORPORATION**
**RECONCILIATION OF GAAP OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)**
**(unaudited)**
**(in millions)**

| | Three Months Ended September 30, | | | Six Months Ended September 30, | | |
|---|---|---|---|---|---|---|
| | 2024 | 2023 | Change | 2024 | 2023 | Change |
| **Gross profit (GAAP)** | $ 3,248 | $ 3,069 | 6 % | $ 6,400 | $ 6,091 | 5 % |
| Pre-tax adjustments: | | | | | | |
| LIFO inventory-related adjustments | (2) | 55 | (104) | (4) | 87 | (105) |
| Gains from antitrust legal settlements | (63) | (79) | (20) | (153) | (197) | (22) |
| Restructuring, impairment, and related charges, net [2] | 63 | — | — | 63 | — | — |
| **Adjusted Gross Profit (Non-GAAP)** | $ 3,246 | $ 3,045 | 7 % | $ 6,306 | $ 5,981 | 5 % |
| **Total operating expenses (GAAP)** | $ (2,670) | $ (2,118) | 26 % | $ (4,793) | $ (4,040) | 19 % |
| Pre-tax adjustments: | | | | | | |
| Amortization of acquisition-related intangibles | 60 | 62 | (3) | 123 | 124 | (1) |
| Transaction-related expenses and adjustments [1] | 659 | (43) | — | 670 | (39) | — |
| Restructuring, impairment, and related charges, net [2] | 171 | 28 | 511 | 181 | 80 | 126 |
| Claims and litigation charges, net [3] | (4) | (2) | 100 | 108 | (2) | — |
| Other adjustments, net [4] | (205) | 210 | (198) | (205) | 210 | (198) |
| **Adjusted Operating Expenses (Non-GAAP)** | $ (1,989) | $ (1,863) | 7 % | $ (3,916) | $ (3,667) | 7 % |
| **Other income, net (GAAP)** | $ 34 | $ 26 | 31 % | $ 164 | $ 64 | 156 % |
| Pre-tax adjustments: | | | | | | |
| Transaction-related expenses and adjustments | — | — | — | (1) | — | — |
| Other adjustments, net [5] | — | — | — | 43 | — | — |
| **Adjusted Other Income (Non-GAAP)** | $ 34 | $ 26 | 31 % | $ 206 | $ 64 | 222 % |
| **Interest expense (GAAP)** | $ (78) | $ (61) | 28 % | $ (153) | $ (108) | 42 % |
| Pre-tax adjustments: | | | | | | |
| Transaction-related expenses and adjustments | 6 | 6 | — | 11 | 11 | — |
| **Adjusted Interest Expense (Non-GAAP)** | $ (72) | $ (55) | 31 % | $ (142) | $ (97) | 46 % |
| **Income tax expense (GAAP)** | $ (247) | $ (213) | 16 % | $ (371) | $ (307) | 21 % |
| Tax adjustments: | | | | | | |
| Amortization of acquisition-related intangibles | (15) | (13) | 15 | (30) | (27) | 11 |
| Transaction-related expenses and adjustments [1] | (4) | 10 | (140) | (7) | 14 | (150) |
| LIFO inventory-related adjustments | — | (14) | (100) | 1 | (22) | 105 |
| Gains from antitrust legal settlements | 17 | 21 | (19) | 40 | 51 | (22) |
| Restructuring, impairment, and related charges, net [2] | (62) | (7) | 786 | (64) | (20) | 220 |
| Claims and litigation charges, net [3] | — | — | — | (28) | — | — |
| Other adjustments, net [4] [5] | 55 | (55) | 200 | 43 | (55) | 178 |
| **Adjusted Income Tax Expense (Non-GAAP)** | $ (256) | $ (271) | (6)% | $ (416) | $ (366) | 14 % |

Any percentage changes displayed above which are not meaningful are displayed as zero percent.

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Gross Profit (Non-GAAP), Adjusted Operating Expenses (Non-GAAP), Adjusted Other Income (Non-GAAP), Adjusted Interest Expense (Non-GAAP), and Adjusted Income Tax Expense (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

**McKESSON CORPORATION**
**RECONCILIATION OF GAAP SEGMENT OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)**
**(unaudited)**
**(in millions)**

| | Three Months Ended September 30, | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2024 | | | 2023 | | | Change | |
| | As reported (GAAP) | Adjustments | As adjusted (Non-GAAP) | As reported (GAAP) | Adjustments | As adjusted (Non-GAAP) | As reported (GAAP) | As adjusted (Non-GAAP) |
| **REVENUES** | | | | | | | | |
| U.S. Pharmaceutical | $ 85,726 | $ — | $ 85,726 | $ 69,766 | $ — | $ 69,766 | 23 % | 23 % |
| Prescription Technology Solutions | 1,265 | — | 1,265 | 1,140 | — | 1,140 | 11 | 11 |
| Medical-Surgical Solutions | 2,948 | — | 2,948 | 2,834 | — | 2,834 | 4 | 4 |
| International | 3,709 | — | 3,709 | 3,475 | — | 3,475 | 7 | 7 |
| Corporate | 3 | — | 3 | — | — | — | — | — |
| Revenues | $ 93,651 | $ — | $ 93,651 | $ 77,215 | $ — | $ 77,215 | 21 % | 21 % |
| **OPERATING PROFIT** | | | | | | | | |
| U.S. Pharmaceutical [2][4] | $ 1,075 | $ (173) | $ 902 | $ 593 | $ 222 | $ 815 | 81 % | 11 % |
| Prescription Technology Solutions | 205 | 13 | 218 | 238 | (29) | 209 | (14) | 4 |
| Medical-Surgical Solutions [2] | 89 | 154 | 243 | 244 | 10 | 254 | (64) | (4) |
| International [1] | (508) | 608 | 100 | 66 | 23 | 89 | (870) | 12 |
| Subtotal | 861 | 602 | 1,463 | 1,141 | 226 | 1,367 | (25) | 7 |
| Corporate expenses, net [1][2] | (249) | 77 | (172) | (164) | 5 | (159) | 52 | 8 |
| Income before interest expense and income taxes | $ 612 | $ 679 | $ 1,291 | $ 977 | $ 231 | $ 1,208 | (37) % | 7 % |
| **OPERATING PROFIT AS A % OF REVENUES** | | | | | | | | |
| U.S. Pharmaceutical | 1.25 % | | 1.05 % | 0.85 % | | 1.17 % | 40 bp | (12) bp |
| Prescription Technology Solutions | 16.21 | | 17.23 | 20.88 | | 18.33 | (467) | (110) |
| Medical-Surgical Solutions | 3.02 | | 8.24 | 8.61 | | 8.96 | (559) | (72) |
| International | (13.70) | | 2.70 | 1.90 | | 2.56 | (1,560) | 14 |

Any percentage changes displayed above which are not meaningful are displayed as zero percent.

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Segment Operating Profit (Non-GAAP), Adjusted Operating Profit (Non-GAAP), Adjusted Corporate Expenses (Non-GAAP), and Adjusted Segment Operating Profit Margin (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

**McKESSON CORPORATION**
**RECONCILIATION OF GAAP SEGMENT OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)**
**(unaudited)**
**(in millions)**

| | Six Months Ended September 30, | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2024 | | | 2023 | | | Change | |
| | As reported (GAAP) | Adjustments | As adjusted (Non-GAAP) | As reported (GAAP) | Adjustments | As adjusted (Non-GAAP) | As reported (GAAP) | As adjusted (Non-GAAP) |
| **REVENUES** | | | | | | | | |
| U.S. Pharmaceutical | $ 157,441 | $ — | $ 157,441 | $ 136,926 | $ — | $ 136,926 | 15 % | 15 % |
| Prescription Technology Solutions | 2,506 | — | 2,506 | 2,384 | — | 2,384 | 5 | 5 |
| Medical-Surgical Solutions | 5,584 | — | 5,584 | 5,445 | — | 5,445 | 3 | 3 |
| International | 7,400 | — | 7,400 | 6,943 | — | 6,943 | 7 | 7 |
| Corporate | 3 | — | 3 | — | — | — | — | — |
| Revenues | $ 172,934 | $ — | $ 172,934 | $ 151,698 | $ — | $ 151,698 | 14 % | 14 % |
| **OPERATING PROFIT** | | | | | | | | |
| U.S. Pharmaceutical [2][3][4][5] | $ 1,856 | $ (139) | $ 1,717 | $ 1,420 | $ 166 | $ 1,586 | 31 % | 8 % |
| Prescription Technology Solutions | 408 | 33 | 441 | 469 | (37) | 432 | (13) | 2 |
| Medical-Surgical Solutions [2] | 277 | 166 | 443 | 471 | 18 | 489 | (41) | (9) |
| International [1] | (418) | 620 | 202 | 123 | 56 | 179 | (440) | 13 |
| Subtotal | 2,123 | 680 | 2,803 | 2,483 | 203 | 2,686 | (14) | 4 |
| Corporate expenses, net [1][2][3][6] | (352) | 145 | (207) | (368) | 60 | (308) | (4) | (33) |
| Income before interest expense and income taxes | $ 1,771 | $ 825 | $ 2,596 | $ 2,115 | $ 263 | $ 2,378 | (16) % | 9 % |
| **OPERATING PROFIT AS A % OF REVENUES** | | | | | | | | |
| U.S. Pharmaceutical | 1.18 % | | 1.09 % | 1.04 % | | 1.16 % | 14 bp | (7) bp |
| Prescription Technology Solutions | 16.28 | | 17.60 | 19.67 | | 18.12 | (339) | (52) |
| Medical-Surgical Solutions | 4.96 | | 7.93 | 8.65 | | 8.98 | (369) | (105) |
| International | (5.65) | | 2.73 | 1.77 | | 2.58 | (742) | 15 |

Any percentage changes displayed above which are not meaningful are displayed as zero percent.

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Segment Operating Profit (Non-GAAP), Adjusted Operating Profit (Non-GAAP), Adjusted Corporate Expenses (Non-GAAP), and Adjusted Segment Operating Profit Margin (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

*Schedule 4*

**McKESSON CORPORATION**
**CONDENSED CONSOLIDATED BALANCE SHEETS**
**(unaudited)**
**(in millions, except per share amounts)**

| | September 30, 2024 | March 31, 2024 |
|---|---|---|
| **ASSETS** | | |
| Current assets | | |
| Cash and cash equivalents | $ 2,509 | $ 4,583 |
| Receivables, net | 25,270 | 21,622 |
| Inventories, net | 24,176 | 21,139 |
| Assets held for sale | 635 | 5 |
| Prepaid expenses and other | 751 | 621 |
| Total current assets | 53,341 | 47,970 |
| Property, plant, and equipment, net | 2,361 | 2,316 |
| Operating lease right-of-use assets | 1,495 | 1,729 |
| Goodwill | 10,087 | 10,132 |
| Intangible assets, net | 1,573 | 2,110 |
| Other non-current assets | 3,572 | 3,186 |
| Total assets | $ 72,429 | $ 67,443 |
| **LIABILITIES AND DEFICIT** | | |
| Current liabilities | | |
| Drafts and accounts payable | $ 53,317 | $ 47,097 |
| Current portion of long-term debt | 53 | 50 |
| Current portion of operating lease liabilities | 243 | 295 |
| Liabilities held for sale | 371 | — |
| Other accrued liabilities | 4,787 | 4,915 |
| Total current liabilities | 58,771 | 52,357 |
| Long-term debt | 5,691 | 5,579 |
| Long-term deferred tax liabilities | 1,048 | 917 |
| Long-term operating lease liabilities | 1,232 | 1,466 |
| Long-term litigation liabilities | 5,617 | 6,113 |
| Other non-current liabilities | 2,712 | 2,610 |
| McKesson Corporation stockholders' deficit | | |
| Preferred stock, $0.01 par value, 100 shares authorized, no shares issued or outstanding | — | — |
| Common stock, $0.01 par value, 800 shares authorized, 279 and 278 shares issued at September 30, 2024 and March 31, 2024, respectively | 3 | 3 |
| Additional paid-in capital | 8,221 | 8,048 |
| Retained earnings | 15,959 | 14,978 |
| Accumulated other comprehensive loss | (890) | (881) |
| Treasury shares, at cost, 152 and 148 shares at September 30, 2024 and March 31, 2024, respectively | (26,310) | (24,119) |
| Total McKesson Corporation stockholders' deficit | (3,017) | (1,971) |
| Noncontrolling interests | 375 | 372 |
| Total deficit | (2,642) | (1,599) |
| Total liabilities and deficit | $ 72,429 | $ 67,443 |

**McKESSON CORPORATION**
**CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS**
**(unaudited)**
**(in millions)**

| | Six Months Ended September 30, | |
|---|---|---|
| | 2024 | 2023 |
| **OPERATING ACTIVITIES** | | |
| Net income | $ 1,247 | $ 1,700 |
| Adjustments to reconcile to net cash used in operating activities: | | |
| Depreciation | 124 | 129 |
| Amortization | 208 | 187 |
| Asset impairment charges | 76 | 28 |
| Deferred taxes | 125 | (271) |
| Charges (credits) associated with last-in, first-out inventory method | (4) | 87 |
| Non-cash operating lease expense | 113 | 122 |
| Gain from sales of businesses and investments | (89) | (16) |
| Canadian businesses held for sale | 638 | — |
| Provision for bad debts | (169) | 243 |
| Other non-cash items | 174 | 71 |
| Changes in assets and liabilities: | | |
| Receivables | (3,499) | (3,207) |
| Inventories | (3,310) | (2,349) |
| Drafts and accounts payable | 6,221 | 4,307 |
| Operating lease liabilities | (196) | (166) |
| Taxes | (145) | (76) |
| Litigation liabilities | (386) | (529) |
| Other | (408) | (347) |
| Net cash provided by (used in) operating activities | 720 | (87) |
| **INVESTING ACTIVITIES** | | |
| Payments for property, plant, and equipment | (242) | (153) |
| Capitalized software expenditures | (143) | (111) |
| Acquisitions, net of cash, cash equivalents, and restricted cash acquired | (1) | — |
| Proceeds from sales of businesses and investments, net | 93 | 50 |
| Other | (80) | (101) |
| Net cash used in investing activities | (373) | (315) |
| **FINANCING ACTIVITIES** | | |
| Proceeds from short-term borrowings | 6,876 | 2,000 |
| Repayments of short-term borrowings | (6,876) | (2,000) |
| Proceeds from issuances of long-term debt | 498 | 991 |
| Repayments of long-term debt | (501) | (271) |
| Purchase of U.S. government obligations for the satisfaction and discharge of long-term debt | — | (647) |
| Common stock transactions: | | |
| Issuances | 54 | 54 |
| Share repurchases | (2,019) | (1,505) |
| Dividends paid | (162) | (149) |
| Other | (278) | (225) |
| Net cash used in financing activities | (2,408) | (1,752) |
| Effect of exchange rate changes on cash, cash equivalents, and restricted cash | 1 | (1) |
| Change in cash, cash equivalents, and restricted cash classified as Assets held for sale | (14) | — |
| Net decrease in cash, cash equivalents, and restricted cash | (2,074) | (2,155) |
| Cash, cash equivalents, and restricted cash at beginning of period | 4,585 | 4,679 |
| Cash, cash equivalents, and restricted cash at end of period | 2,511 | 2,524 |
| Less: Restricted cash at end of period included in Prepaid expenses and other | (2) | — |
| Cash and cash equivalents at end of period | $ 2,509 | $ 2,524 |

*Schedule 6*

**McKESSON CORPORATION**
**RECONCILIATION OF GAAP CASH FLOW TO FREE CASH FLOW (NON-GAAP)**
**(unaudited)**
**(in millions)**

| | Six Months Ended September 30, | | |
|---|---|---|---|
| | 2024 | 2023 | Change |
| **GAAP CASH FLOW CATEGORIES** | | | |
| Net cash provided by (used in) operating activities | $ 720 | $ (87) | 928 % |
| Net cash used in investing activities | (373) | (315) | 18 |
| Net cash used in financing activities | (2,408) | (1,752) | 37 |
| Effect of exchange rate changes on cash, cash equivalents, and restricted cash | 1 | (1) | 200 |
| Change in cash, cash equivalents, and restricted cash classified as Assets held for sale | (14) | — | — |
| Net decrease in cash, cash equivalents, and restricted cash | $ (2,074) | $ (2,155) | (4)% |
| **FREE CASH FLOW (NON-GAAP)** | | | |
| Net cash provided by (used in) operating activities | $ 720 | $ (87) | 928 % |
| Payments for property, plant, and equipment | (242) | (153) | 58 |
| Capitalized software expenditures | (143) | (111) | 29 |
| **Free Cash Flow (Non-GAAP)** | $ 335 | $ (351) | 195 % |

Any percentage changes displayed above which are not meaningful are displayed as zero percent.

For more information relating to the Free Cash Flow (Non-GAAP) definition, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

**McKESSON CORPORATION**
**FINANCIAL STATEMENT NOTES**

(1) Transaction-related expenses and adjustments for the three and six months ended September 30, 2024 includes a net loss of $643 million (pre-tax and after-tax), to remeasure assets and liabilities held for sale to fair value less costs to sell related to an agreement to sell certain of our Canadian businesses. Net charges (pre-tax and after-tax) of $593 million included within International, and $50 million included within Corporate expenses, net, for the three and six months ended September 30, 2024. These net charges are primarily to remeasure assets and liabilities held for sale to fair value less costs to sell, including the effect of accumulated other comprehensive income balances associated with the disposal group, and are included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.

(2) Restructuring, impairment, and related charges, net for the three and six months ended September 30, 2024 includes pre-tax charges of $234 million ($172 million after-tax) and $244 million ($180 million after-tax), respectively, primarily within Medical-Surgical Solutions, U.S. Pharmaceutical, and Corporate expenses, net. The three and six months ended September 30, 2023 includes pre-tax charges of $28 million ($21 million after-tax) and $80 million ($60 million after-tax), respectively, primarily within Corporate expenses, net. These charges are included under "gross profit" and "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.

(3) Claims and litigation charges, net for the six months ended September 30, 2024 includes pre-tax charges of $114 million ($86 million after-tax) related to our estimated liability for opioid-related claims of a nationwide group of certain third-party payors. We recorded charges of $57 million ($43 million after-tax) within Corporate expenses, net and $57 million ($43 million after-tax) within U.S. Pharmaceutical. These charges are included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.

(4) Other adjustments, net for the three and six months ended September 30, 2024 includes a pre-tax credit of $203 million ($150 million after-tax), and for the three and six months ended September 30, 2023 includes a pre-tax charge of $210 million ($155 million after-tax), within U.S. Pharmaceutical related to the bankruptcy petition filing of our customer, Rite Aid Corporation (including certain of its subsidiaries, "Rite Aid") filed in October 2023. The charge within the second quarter of fiscal 2024 represents the remaining uncollected trade accounts receivable balance as of September 30, 2023 due to us from Rite Aid. After Rite Aid successfully emerged from bankruptcy in August 2024, we reassessed our initial estimates made in conjunction with the previously reserved prepetition balances including cash received during the period, resulting in the credit recorded in the second quarter of fiscal 2025. Management believes the credit and charge are not reflective of allowances and estimated recoveries recorded in the normal course of operations and are related to Rite Aid's bankruptcy reorganization, and therefore are excluded from the determination of our adjusted results (Non-GAAP). These amounts are included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.

(5) Other adjustments, net for the six months ended September 30, 2024 includes a pre-tax charge of $43 million ($31 million after-tax) within U.S. Pharmaceutical related to a loss from one of the Company's investments in equity securities. This charge is included under "other income, net" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.

(6) During the six months ended September 30, 2024, the Company recognized a pre-tax net gain of $100 million ($74 million after-tax) within Corporate expenses, net related to a recapitalization event of one of our investments in equity securities, which resulted in an increase to the carrying value of this investment. This gain was recorded in "Other income, net" in the Condensed Consolidated Statements of Operations (GAAP) provided in Schedule 1 of the accompanying financial statement tables.

**McKESSON CORPORATION**
**SUPPLEMENTAL NON-GAAP FINANCIAL INFORMATION**

In an effort to provide investors with additional information regarding the Company's financial results as determined by generally accepted accounting principles ("GAAP"), McKesson Corporation (the "Company" or "we") also presents the following Non-GAAP measures in this press release.

- **Adjusted Gross Profit (Non-GAAP):** We define Adjusted Gross Profit as GAAP gross profit, excluding transaction-related expenses and adjustments, last-in, first-out ("LIFO") inventory-related adjustments, gains from antitrust legal settlements, and other adjustments.

- **Adjusted Operating Expenses (Non-GAAP):** We define Adjusted Operating Expenses as GAAP total operating expenses, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments.

- **Adjusted Other Income (Non-GAAP):** We define Adjusted Other Income as GAAP other income (expense), net, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, and other adjustments.

- **Adjusted Interest Expense (Non-GAAP):** We define Adjusted Interest Expense as GAAP interest expense, excluding transaction-related expenses and adjustments related to net interest expense incurred from cross-currency swaps used to hedge the changes in the fair value of the Company's foreign currency-denominated notes resulting from changes in benchmark interest rates and foreign currency exchange rates. The foreign currency-denominated notes were previously designated as non-derivative net investment hedges of portions of the Company's net investments in its now-divested European businesses against the effect of exchange rate fluctuations on the translation of foreign currency balances to the U.S. dollar.

- **Adjusted Income Tax Expense (Non-GAAP):** We define Adjusted Income Tax Expense as GAAP income tax benefit (expense), excluding the income tax effects of amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments. Income tax effects are calculated in accordance with Accounting Standards Codification ("ASC") 740, "Income Taxes," which is the same accounting principle used by the Company when presenting its GAAP financial results.

- **Adjusted Earnings (Non-GAAP):** We define Adjusted Earnings as GAAP income attributable to McKesson, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, other adjustments, as well as the related income tax effects for each of these items, as applicable.

- **Adjusted Earnings per Diluted Share (Non-GAAP):** We define Adjusted Earnings per Diluted Share as GAAP earnings per diluted common share attributable to McKesson, excluding per share impacts of amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, other adjustments, as well as the related income tax effects for each of these items, as applicable, divided by diluted weighted-average shares outstanding.

- **Adjusted Segment Operating Profit (Non-GAAP) and Adjusted Segment Operating Profit Margin (Non-GAAP):** We define Adjusted Segment Operating Profit as GAAP segment operating profit, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, and other adjustments. We define Adjusted Segment Operating Profit Margin as Adjusted Segment Operating Profit (Non-GAAP) divided by GAAP segment revenues.

- **Adjusted Corporate Expenses (Non-GAAP):** We define Adjusted Corporate Expenses as GAAP corporate expenses, net, excluding transaction-related expenses and adjustments, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments.

**SUPPLEMENTAL NON-GAAP FINANCIAL INFORMATION (continued)**

- **Adjusted Operating Profit (Non-GAAP):** We define Adjusted Operating Profit as GAAP income before interest expense and income taxes, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments.

The following provides further details regarding the adjustments made to our GAAP financial results to arrive at our Non-GAAP measures as defined above:

Amortization of acquisition-related intangibles - Amortization charges for intangible assets directly related to business combinations and the formation of joint ventures.

Transaction-related expenses and adjustments - Transaction, integration, and other expenses that are directly related to business combinations, the formation of joint ventures, divestitures, and other transaction-related costs including initial public offering costs. Examples include transaction closing costs, professional service fees, legal fees, severance charges, retention payments and employee relocation expenses, facility or other exit-related expenses, certain fair value adjustments including deferred revenues, contingent consideration and inventory, recoveries of acquisition-related expenses or post-closing expenses, net interest expense impact of hedging foreign currency-denominated notes, bridge loan fees and gains or losses on business combinations, and divestitures of businesses that do not qualify as discontinued operations.

LIFO inventory-related adjustments - LIFO inventory-related non-cash charges or credit adjustments.

Gains from antitrust legal settlements - Net cash proceeds representing the Company's share of antitrust legal settlements.

Restructuring, impairment, and related charges - Restructuring charges that are incurred for programs in which we change our operations, the scope of a business undertaken by our business units, or the manner in which that business is conducted as well as long-lived asset impairments. Such charges may include employee severance, retention bonuses, facility closure or consolidation costs, lease or contract termination costs, asset impairments, accelerated depreciation and amortization, and other related expenses. The restructuring programs may be implemented due to the sale or discontinuation of a product line, reorganization or management structure changes, headcount rationalization, realignment of operations or products, integration of acquired businesses, and/or company-wide cost saving initiatives. The amount and/or frequency of these restructuring charges are not part of our underlying business, which include normal levels of reinvestment in the business. Any credit adjustments due to subsequent changes in estimates are also excluded from adjusted results.

Claims and litigation charges - Adjustments to certain of the Company's reserves, including those related to estimated probable settlements for its controlled substance monitoring and reporting, and opioid-related claims, as well as any applicable income items or credit adjustments due to subsequent changes in estimates. This does not include our legal fees to defend claims, which are expensed as incurred. This also may include charges or credits for general non-operational claims not directly related to our ongoing business.

Other adjustments - The Company evaluates the nature and significance of transactions qualitatively and quantitatively on an individual basis and may include them in the determination of our adjusted results from time to time. While not all-inclusive, other adjustments may include: other asset impairments; gains or losses from debt extinguishment; and other similar substantive and/or infrequent items as deemed appropriate.

The Company evaluates the aforementioned Non-GAAP measures on a periodic basis and updates the definitions from time to time. The evaluation considers both the quantitative and qualitative aspects of the Company's presentation of Non-GAAP adjusted results. A reconciliation of McKesson's GAAP financial results to Non-GAAP financial results is provided in Schedules 2 and 3 of the financial statement tables included with this press release.

- **Free Cash Flow (Non-GAAP):** We define free cash flow as net cash provided by (used in) operating activities less payments for property, plant, and equipment and capitalized software expenditures, as disclosed in our condensed consolidated statements of cash flows. A reconciliation of McKesson's GAAP financial results to Free Cash Flow (Non-GAAP) is provided in Schedule 6 of the financial statement tables included with this press release

**SUPPLEMENTAL NON-GAAP FINANCIAL INFORMATION (continued)**

The Company believes the presentation of Non-GAAP measures provides useful supplemental information to investors with regard to its operating performance, as well as assists with the comparison of its past financial performance to the Company's future financial results. Moreover, the Company believes that the presentation of Non-GAAP measures assists investors' ability to compare its financial results to those of other companies in the same industry. However, the Company's Non-GAAP measures used in the press tables may be defined and calculated differently by other companies in the same industry.

The Company internally uses both GAAP and Non-GAAP financial measures in connection with its own financial planning and reporting processes. Management utilizes Non-GAAP financial measures when allocating resources, deploying capital, as well as assessing business performance, and determining employee incentive compensation. The Company conducts its businesses internationally in local currencies, including Canadian dollars, Euro, and British pound sterling. As a result, the comparability of our results reported in U.S. dollars can be affected by changes in foreign currency exchange rates. We believe free cash flow is important to management and useful to investors as a supplemental measure as it indicates the cash flow available for working capital needs, re-investment opportunities, strategic acquisitions, share repurchases, dividend payments, or other strategic uses of cash. Nonetheless, Non-GAAP adjusted results and related Non-GAAP measures disclosed by the Company should not be considered a substitute for, nor superior to, financial results and measures as determined or calculated in accordance with GAAP.

# 4J

## NEVADA STATE BOARD OF PHARMACY

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

### Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

**Section 1: General Information**

Facility Name: RGH Enterprises, LLC

Physical Address: 110 Exchange Logistics Park Dr.

City: Piedmont State: SC Zip: 29673

Mailing Address (if different from physical address): 7000 Cardinal Pl, Attn: QRa

City: Dublin State: OH Zip: 43017

Telephone: 864-781-0241 Website: edgepark.com

Name of Designated Representative (DR): Leslie Cook

Licensing Company Email: licensure@cardinalhealth.com DR Email: leslie.cook@cardinalhealth.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ● Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ● Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ● Hospitals | ● *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ● Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ● Others: Patients, Labs | | ☒ Others: Wholesale Distributor |

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

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

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

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

**Provide explanation below:**

See Attached Explanation Letter

K Chhl
Original Signature (electronic, copies or stamps not accepted)

4-1-2024
Date

CardinalHealth

4/11/2024

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

RE: Explanation of Disciplinary History
RGH Enterprises, LLC – Piedmont, SC

Dear Mr. Wuest:

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

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

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

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

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

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

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

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

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

Sincerely,

Keegan Chamberlain
Director

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

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121
Name: Coloplast
Address: 11601 W. River Road N. City: Minneapolis State: MN Zip: 55411
Name: Convatec
Address: 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807
Name: Hollister
Address: 2000 Hollister Dr. City: Libertyville State: IL Zip: 60048

**Section 4: Publicly Traded Corporation**

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation (Parent Company)
Corporation Name: RGH Enterprises, LLC.
Mailing Address: 7000 Cardinal Pl.
City: Dublin State: OH Zip: 43017
Telephone: 614.757.5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin
Date of SEC Registration: 8/14/1983 SEC Registration Number: 0000721371 Stock Exchange Symbol: CAH

**Section 5: Non-Publicly Traded Corporation or Company**

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

**Section 6: Partnership**

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

**Section 7: Sole Owner**

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

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

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

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

RGH Enterprises, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

4-1-2024

Date

| Board Use Only | Date Received: 12/3/24 | Amount: $1000-CC |
|---|---|---|

Image not found or type unknown
Cardinal Health

110 Exchange Logistics Park Dr.
Suite #1 (UTAH Only)
Piedmont, South Carolina 29673

| Officer Name | Title |
|---|---|
| Robert Evan Schlissberg | President |
| Keegan David Chamberlain | Director, Quality Management |
| John Henry Martin Jr. | SVP, Tax |
| Brent Mathew Withrow | Assistant Treasurer |
| Anthony F. Alvarez | Secretary |

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# Cardinal Health Legal Entity Organization Chart (Domestic Medical)

**Confidential**
Not for General Distribution

3/31/2022 SJB

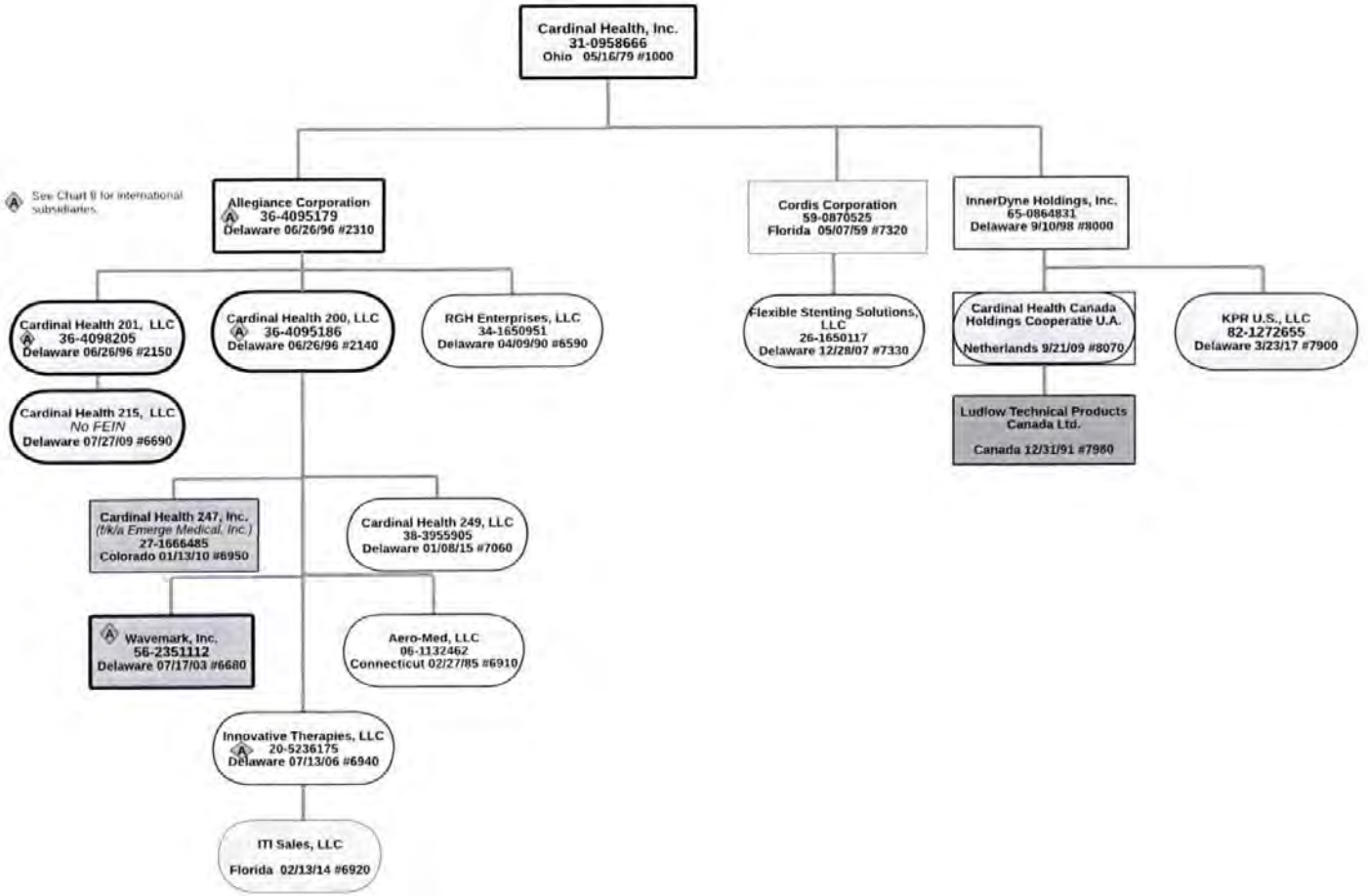


Chart 7

# UNITED STATES OF AMERICA
# STATE OF OHIO
# OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.*

*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of July, A.D. 2024.*

**Ohio Secretary of State**

**Validation Number: 202419702216**

South Carolina Department of Labor, Licensing and Regulation

# Board of Pharmacy

## RGH Enterprises, LLC
## Cardinal Health at Home
**110 Exchange Logistics Park Drive**

**Piedmont, SC 29673**

**PY .22172 PWD**

Wholesale/Distributor

License Expires on
**06/30/2025**

Heather C. Harris

Heather C. Harris, Board Chair

Archie "Artie" McKnight, Vice Chair

Effective Date
05/08/2024

Traci Collier

Traci Collier, Board Administrator

**To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx**

**License must be displayed publicly.**

Print this page

# South Carolina Board of Pharmacy

**RGH Enterprises, LLC**
**Edgepark Medical Supplies**
110 Exchange Logistics Park Drive
Piedmont, SC 29673

**License number:** 22171
**License type:** Medical Gas/Legend Device
**Status:** Active
**First Issue Date:** 03/21/2024
**Expiration:** 06/30/2025
**Permit Holder:** Keegan Chamberlain

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

**Board Public Action History:**

View Orders View Other License for this Person

No Orders Found

AGENCY CUSTOMER ID: 570000070825

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

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

Named Insureds Continued

Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
MosaicGPO, LLC
mscripts Holdings, LLC
mscripts, LLC
Nautic Specialty Networks VIII-A Bocker, Inc.
Navista Investments, LLC
Navista Network Holding, LLC
Navista Network, LLC
One Cloverleaf, LLC
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Precision Point Specialty, LLC
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Scalamed (US), Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SN Buyer, LLC
SN Funding, LLC
SN Intermediate, Inc.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
Specialty Networks Consulting, LLC
Specialty Networks Research, LLC
Specialty Networks Urology Registry, LLC
Specialty Networks, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
United Rheumatology NY IPA I, LLC
United Rheumatology, LLC
UR Nice, LLC
UroGPO, LLC
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.



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# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 05/31/2024

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

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

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

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Greenwich Insurance Company | 22322 |
| INSURER B: | XL Insurance America Inc | 24554 |
| INSURER C: | XL Specialty Insurance Co | 37885 |
| INSURER D: | Indian Harbor Insurance Company | 36940 |
| INSURER E: | | |
| INSURER F: | | |

INSURED
Cardinal Health, Inc.
7000 Cardinal Place
Attn: Suzanne Cochran
Dublin OH 43017 USA

**COVERAGES** **CERTIFICATE NUMBER:** 570105992993 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Liquor Liability Included<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER | | | RGD943716719 | 06/30/2024 | 06/30/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Liquor Liability Lim | $5,000,000<br>$1,000,000<br><br>$5,000,000<br>$5,000,000<br>Excluded<br>Included |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | RAD943716819 | 06/30/2024 | 06/30/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY ( Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $5,000,000 |
| B | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION | | | US00092147LI24A<br>SIR applies per policy terms & conditions | 06/30/2024 | 06/30/2025 | EACH OCCURRENCE<br>AGGREGATE<br>Products/Completed O | $5,000,000<br>$5,000,000<br>Excluded |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>Y/N<br>B ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | RWD943512519 (AOS)<br>RWR943512619 (WI) | 06/30/2024<br>06/30/2024 | 06/30/2025<br>06/30/2025 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE-EA EMPLOYEE<br>E.L. DISEASE-POLICY LIMIT | <br>$5,000,000<br>$5,000,000<br>$5,000,000 |
| D | E&O - Professional Liability - Primary | | | RGD943797705<br>E&O<br>SIR applies per policy terms & conditions | 06/30/2024 | 06/30/2025 | Loss Limit | $5,000,000 |

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

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Northeast, Inc.*

Holder Identifier :

Certificate No : 570105992993

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER: See Certificate Number: 570105992993 | |
| CARRIER: See Certificate Number: 570105992993 / NAIC CODE: | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**

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

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | WORKERS COMPENSATION | | | | | | | |
| C | | N/A | | RWR300142406 (AK) | 06/30/2024 | 06/30/2025 | | |
| | OTHER | | | | | | | |
| C | Excess Workers Compensation | | | RWE943514319<br>Xs Work Comp - OH<br>SIR applies per policy terms & conditions | 06/30/2024 | 06/30/2025 | EL Each Accident | $4,500,000 |
| | | | | | | | EL Disease - Ea Empl | $4,500,000 |
| | | | | | | | | |
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AGENCY CUSTOMER ID: 570000070825

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

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

Evidence of Coverage

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

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

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



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AGENCY CUSTOMER ID: 570000070825

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insured Listing

Named Insured Listing for June 30, 2024 - June 30, 2025 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.



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AGENCY CUSTOMER ID: 570000070825

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insureds Continued

Cardinal Health 249, LLC
Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BV
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health K.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.a.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.



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AGENCY CUSTOMER ID: 570000070825

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Cardinal Health, Inc. |
| POLICY NUMBER | |
| See Certificate Number: 570105992993 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE |
| See Certificate Number: 570105992993 | |

**ADDITIONAL REMARKS**

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

Named Insureds Continued

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



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CardinalHealth™

June 30, 2024

To whom it may concern:

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

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

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

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

Denise Johnston
Director, Risk Management

JPK/as

enc.

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG RGH Enterprises, LLC MDEG License # (if applicable) N/A

Physical Address 110 Exchange Logistics Park Dr

City Piedmont State SC Zip 29673

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

City Dublin State OH Zip 43017

Telephone 864-781-0241 Website edgepark.com

Licensing Company Email licensure@cardinalhealth.com

**Section 2: Personal Information**

First Dennis Middle Paul Last Ferenchik

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

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

Mailing Address 110 Exchange Logistics Park Dr

City Piedmont State SC Zip 29673

Telephone [redacted] Ema[redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Engelwood High School | | 08/1987-06/1990 | |
| **Address** | **City** | **State** | **Zip** |
| 4412 Barnes Rd | Jacksonville | FL | 32207 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2024-Present | [redacted] | Easley | SC | [redacted] |
| 04/2021-06/2024 | | Campobello | SC | |
| 08/2015-01-2021 | | Jacksonville | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Cardinal Health at Home | | | 03/2024-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 110 Exchange Logistics Park Dr | | Piedmont | SC | 29673 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 8647810241 | Operations Supervisor | | 1950 | |
| **Description of Duties** | | | | |
| Responsible for performing/controlling a combination of manual or automated tasks necessary for the receipt, storage, and shipment of product. Responsible for the efficient flow of products from the point of product receipt from vendors to th | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

I, Dennis Ferenchik, **certify that as the MDEG Administrator for**

RGH Enterprises, LLC,

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

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

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

Dennis Ferenchik
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

| Board Use Only | Date Received: 1/2/25 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

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

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site RGH Enterprises, LLC

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

Physical Address 110 Exchange Logistics Park Dr.

City Piedmont State SC Zip 29673

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

City Dublin State OH Zip 43017

Telephone 864-781-0241 Website edgepark.com

Licensing Company Email licensure@cardinalhealth.com

**Section 2: Personal Information**

First Dennis Middle Paul Last Ferenchik

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

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

Mailing Address 110 Exchange Logistics Park Dr.

City Piedmont State SC Zip 29673

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Englewood High School | | | 8/1987 - 6/1990 |
| **Address** | **City** | **State** | **Zip** |
| 4412 Barnes Rd. | Jacksonville | FL | 32207 |
| **Diploma/Degree obtained, if any** | | | |
| H.S. Diploma | | | |

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

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 7/2024 - Present | [redacted] | Easley | SC | [redacted] |
| 4/2021 - 6/2024 | | Campobello | SC | |
| 8/2015 - 1/2021 | | Jacksonville | FL | |
| From - To (MM/YY – MM/YY) | | | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| | | | |
|---|---|---|---|
| Business Name: Cardinal Health at Home | | | From - To (MM/YY – MM/YY): 3/2024 - Present |
| Business Address: 110 Exchange Logistics Park Dr. | City: Piedmont | State: SC | Zip: 29673 |
| Phone: 8647810241 | Title: Operations Supervisor | | |
| Description of Duties: Responsible for adhering to CAH policy and procedures | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

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

Dennis Ferenchik

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/24

Date

---

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

State of South Carolina, ss. County of Anderson

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

**Original Signature**

12/20/24

**Date**

Subscribed and Sworn to before me this 20 day of December.

**Notary Public Signature**

ALEXIA DANCY NOTARY PUBLIC MY COMM. EXP. 5/29/2034 SOUTH CAROLINA

**(Seal)**

| Employee Name | Title |
|---|---|
| Jamie Deist | VP, Operations Management |
| Leslie Cook | Director, Operations Management |
| Dennis Ferenchik | Supervisor, Warehouse Operations |
| Doraine Harris | Supervisor, Warehouse Operations |
| John Henderson | Assoc II, Warehouse Operations |
| Porsha Palmer | Assoc II, Warehouse Operations |
| Stephen King | TBD |
| Tammy Wofford | Supervisor, Inventory Management |

4K

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ■ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ☐ New Wholesaler<br>■ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 03088 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Stericycle, Inc.

Physical Address: 1901 Pine Avenue SE

City: Warren State: OH Zip: 44483

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 330-393-0370 Website: Stericycle.com

Name of Designated Representative (DR): Terry Wyne

Licensing Company Email: jbarr@stericycle.com DR Email: terry.wyne@stericycle.com

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

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

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

Name: Walgreens
Address: 108 Wilmot Rd City: Deerfield State: IL Zip: 60015

Name: MED-Projects
Address: 1800 M St NW Ste 400 City: Washington State: DC Zip: 20036

Name: Cleveland Clinic Foundation
Address: 6801 Brecksville Rd City: Independence State: OH Zip: 44131

Name: Kaiser Permanente
Address: Bellflower Blvd City: Downey State: CA Zip: 90242

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): Waste Management
Corporation Name: Stericycle, Inc.
Mailing Address: 2355 Waukegan Road
City: Bannockburn State: IL Zip: 60015
Telephone: 512-213-7089 Email: jbarr@stericycle.com
Contact Person Name: Joel Barr

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

**Section 5: Non-Publicly Traded Corporation or Company**

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

**Section 6: Partnership**

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

**Section 7: Sole Owner**

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

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

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

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

Stericycle, Inc.

Facility Name

Rafael E. Carrasco

Print Name of Authorized Person Submitting Application

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

11/25/2024

Date

| Board Use Only | Date Received: 121524 | Amount: $1000-CC |
|---|---|---|

Stericycle
We protect what matters.

# Officer List

| Officers | 2355 Waukegan Road, Bannockburn, IL, 60015 |
|---|---|
| Rafael E. Carrasco | President |
| James A. Wilson | Vice President |
| John Carroll | Vice President, Chief Financial Officer and Controller |
| Leslie K. Nagy | Vice President and Treasurer |
| Courtney A. Tippy | Vice President and Secretary |

Please see above list of executive officers with direct or indirect responsibility for, and oversight of, the permitted activity.

# Delaware

The First State



*I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERICYCLE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2025.*

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

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

C. P. Sanchez

**Charuni P. Sanchez, Secretary of State**

Authentication: 202816878

Date: 01-30-25

2191014 8300

SR# 20250315044

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

*File Number* 5617-389-7

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

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

STERICYCLE, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON NOVEMBER 20, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* MAY *A.D.* 2024 .

Authentication #: 2415003918 verifiable until 05/29/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

# UNITED STATES OF AMERICA
# STATE OF OHIO
# OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show STERICYCLE, INC., a Delaware corporation, having qualified to do business within the State of Ohio on January 16, 1997 under License No. 966136 is currently in GOOD STANDING upon the records of this office.*

*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of June, A.D. 2023.*

**Ohio Secretary of State**

**Validation Number: 202317205288**

STATE OF OHIO
BOARD OF PHARMACY

# LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2025.

**STERICYCLE, INC.**

**1901 PINE AVENUE, S.E.**
**WARREN, OH 44483**

**License Number: 011648350**

**Wholesaler - Category 3**

**Expiration Date: June 30, 2025**

CLASS: Wholesaler - Category 3
BUSINESS TYPE: WD - Waste Disposal

**Responsible Person** – Print, sign and keep license in a readily retrievable location at the address listed on this license.

| Responsible Person Name (Print) | Signature of Responsible Person |
|---|---|
| | |

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.*

**State of Ohio Board of Pharmacy**
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

eLicense Ohio
Professional Licensure

# License Look Up

1/28/2025 12:23 PM

## STERICYCLE, INC.

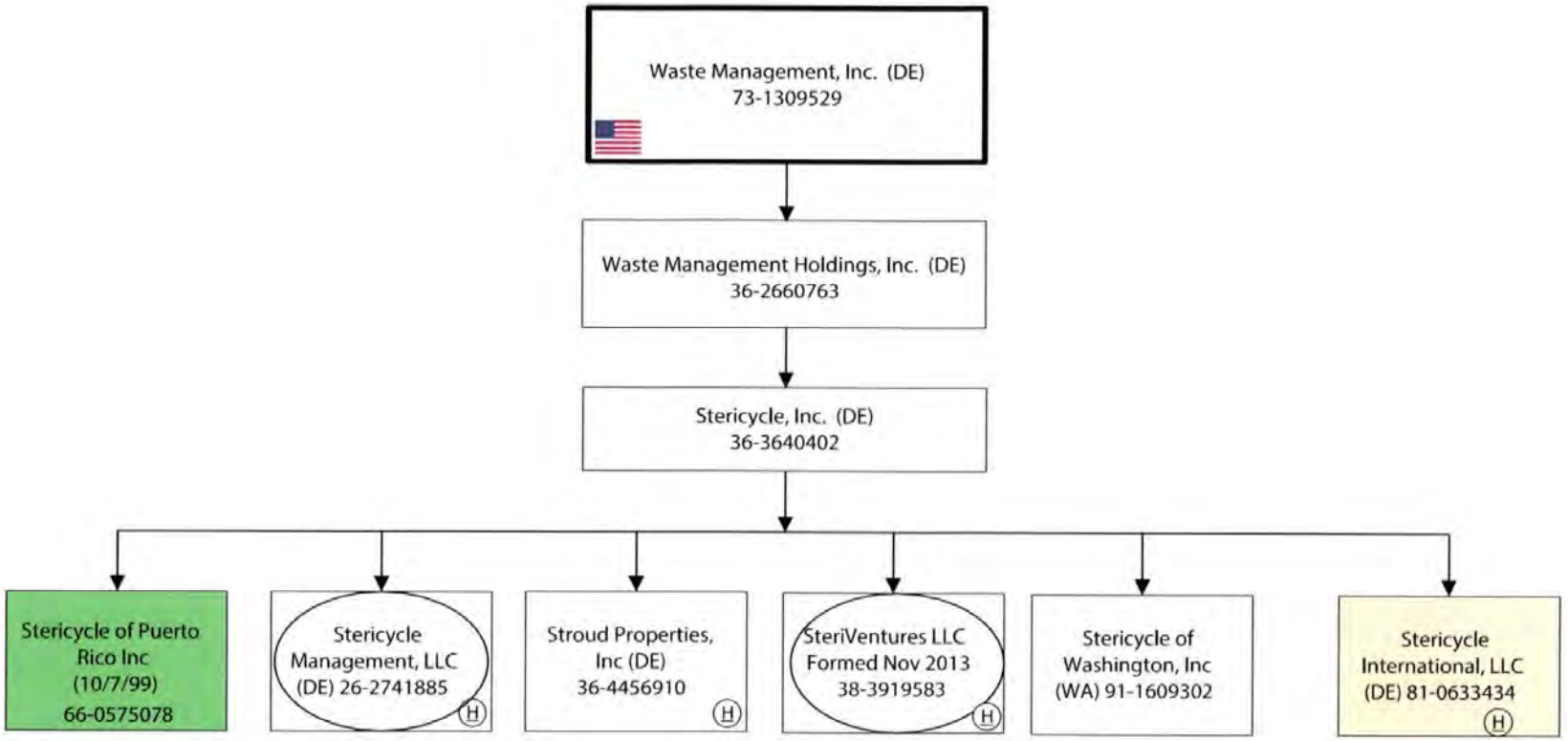
| | |
|---|---|
| License Number | 011648350 |
| Status | Active |
| Sub-Status | |
| Board | Board of Pharmacy |
| License Type | Wholesaler - Category 3 |
| License Issue Date | 12/12/2006 |
| License Expiration Date | 06/30/2025 |
| License Effective Date | 07/01/2023 |
| Street Address | 1901 PINE AVENUE, S.E. |
| City | WARREN |
| State | OH |
| Zipcode | 44483 |
| Country | United States |
| Board Action | No |

Supervised By:

| Supervisor Name | Supervisor License | Status | Start Date | End Date |
|---|---|---|---|---|
| | | Active | Fri Jul 01 00:00:00 GMT 2011 | |

Current date & time: **1/28/2025 12:23 PM**

# Anticipated in Q4 2024




H Holding Company

Disregarded for US Income Tax Purposes

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RS0498130 | 02-28-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | REVERSE DISTRIB-COLLECTOR | 01-03-2024 |

STERICYCLE INC
1901 PINE AVE SE
WARREN, OH 444836541

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

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

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

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

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RS0498130 | 02-28-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | REVERSE DISTRIB-COLLECTOR | 01-03-2024 |

STERICYCLE INC
1901 PINE AVE SE
WARREN, OH 444836541

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

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

Form DEA-223 (9/2016)

# NEVADA STATE BOARD OF PHARMACY

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

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108146563

Application/License No. WH03088

STERICYCLE, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1901 Pine Avenue SE Warren, OH 44483 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 1, 2024 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 26th day of November, 20 24.

APPLICANT/PRINCIPAL
STERICYCLE, INC.

Authorized Representative
Misty Wright, Attorney-in-Fact

SURETY COMPANY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative
Andrea M. Penaloza, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:
Witness Amanda George

SIGNED and SEALED in the presence of:
Witness Lupe Tyler

Witness Vanessa Dominguez

Witness Donna Williams

Countersigned by:
N/A
Nevada Resident Agent

Posted February 20, 2020

# POWER OF ATTORNEY

**KNOWN ALL MEN BY THESE PRESENTS** that Waste Management, Inc. and each of its direct and indirect majority owned subsidiaries (the "WM Entities"), have constituted and appointed and do hereby appoint Jenny Moore, Vanessa Dominguez, Melissa Fortier, Michael J. Herrod, Jennifer L. Jakaitis, Terri L. Morrison, Andrea M. Penaloza, Patricia A. Rambo, Lupe Tyler, Susan A. Welsh, Donna Williams, and Misty Wright of Aon Risk Services, Inc., each its true and lawful Attorney-in-fact to execute under such designation in its name, to affix the corporate seal approved by the WM Entities for such purpose, and to deliver for and on its behalf as surety thereon or otherwise, bonds of any of the following classes, to wit:

1. Surety bonds to the United States of America or any agency thereof, and lease and miscellaneous surety bonds required or permitted under the laws, ordinances or regulations of any State, City, Town, Village, Board or any other body or organization, public or private.

2. Bonds on behalf of WM Entities in connection with bids, proposals or contracts.

The foregoing powers granted by the WM Entities shall be subject to and conditional upon the written direction of a duly appointed officer of the applicable WM Entity (or any designee of any such officer) to execute and deliver any such bonds.

The signatures and attestations of such Attorneys-in-fact and the seal of the WM Entity may be affixed to any such bond, policy or to any certificate relating thereto by facsimile and any such bond, policy or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the applicable WM Entity when so affixed.

**IN WITNESS WHEREOF**, the WM Entities have caused these presents to be signed by the Vice President and Treasurer and its corporate seal to be hereto affixed. This power of attorney is in effect as of November 26, 2024.

Witness:

On behalf of Waste Management, Inc. and each of the other WM Entities

Leslie Nagy
Vice President and Treasurer

TRAVELERS

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

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Andrea M. Penaloza** of **HOUSTON**, **Texas**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

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

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

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

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

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

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

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **26th** day of **November**, **2024**

_____
Kevin E. Hughes, Assistant Secretary

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

NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS
7735 Old Georgetown Road, Suite 900
Bethesda, MD 20814
Tel: 240.200.1270
Fax: 240.200.1295
www.nasbp.org

# NASBP White Paper: Resident Agent Countersignature Laws Have Been Eradicated and Violate the Law in Every U.S. State

The purpose of this short white paper is to inform the reader that resident agent countersignature laws have been eradicated throughout the United States and its territories (with the exception of Guam, where it has not been challenged). Any bid, performance, or payment bond that requires a resident agent countersignature or a resident agent signature violates the law, as such requirements have been held unconstitutional by federal courts throughout the United States or have been repealed by state legislatures, because such requirements impermissibly favor licensed resident agents over licensed non-resident agents. It is not the countersignature requirement that is problematic; it is the *resident agent* countersignature requirement that violates the law.

The National Association of Surety Bond Producers (NASBP) is aware that officials in some state and local agencies are not informed about the illegality of resident agent countersignature mandates. These officials will improperly reject a bid based on lack of a required resident agent countersignature or improperly refuse to accept performance and payment bonds based on lack of a required resident agent countersignature. NASBP receives dozens of member requests each year to send comment letters to public agencies that have included the unlawful resident agent countersignature requirement in their surety bonds.

Countersignature laws date back to the early twentieth century when states passed the laws as a consumer protection measure. The regulations requiring non-resident agents to receive sign-off by a local resident agent were originally intended to ensure compliance with local insurance laws. Those regulations also meant that out-of-state agents had to pay local agents for their signatures. By the 1990s, technology made the countersignature laws an anachronism of regulation. The movement to repeal countersignature laws began in the 1990s and ended in 2008 when the Ninth Circuit struck down Nevada's countersignature law. This movement was spearheaded by The Council of Insurance Agents & Brokers.

One of the most well-known and widely quoted cases on this matter is *Council of Insurance Agents and Brokers v. Tom Gallagher*, 287 F. Supp. 2d 1302 (N.D. Fla. 2003), in which the U.S. District Court for the Northern District of Florida struck down a Florida statute that impermissibly favored resident agents. The district court determined that there was no rational basis for a distinction between Florida licensed resident agents and Florida licensed non-resident agents and declared unconstitutional the Florida statute at issue that discriminated against Florida-licensed non-resident agents.

Agency officials may want to have the agency's bond forms reviewed to ensure that its bonds do not contain an illegal resident agent signature or countersignature requirement. The bonds should contain a licensed (resident OR non-resident) agent requirement.

October 2018

Stericycle, Inc.
Warren, OH Employee List

| Update 9-16-2024 | | |
|---|---|---|
| Alexander | William | [redacted] |
| Allen | Adonae | |
| Allen | Robert | |
| Ash | Anthony | |
| Barnett | Cameron | |
| Barth | Randy | |
| Campbell | Dan | |
| Davis Jr | John | |
| Davis Sr | John | |
| Dean | Jack | |
| Devereaux | Jeramy | |
| Fry III | Cloyde | |
| Hartman | Leon | |
| Gleba | Tim | |
| Jones | Dean | |
| Kastor | Brandon | |
| Kohuth | Nick | |
| Kohuth | Matthew | |
| Leiter | Dave | |
| Macklin | Joshua | |
| Marenkovic | Sean | |
| McGrath | Erik | |
| Merrow | Trevor | |
| Miller | Ryan | |
| Oviatt | Roger | |
| Parisi | Jack | |
| Perkins | Brian | |
| Schwab | Robert | |
| Scott | Holden | |
| Stewart | Dave | |
| Sutherland | Derek | |
| Tilton | Arthur | |
| Tilton | Jason | |
| Turturice | Thomas | |
| Weaver | William | |
| Weaver | William, D | |
| Wyne | Terry | |
| Young | Roman | |

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**Washington, D.C. 20549**

# Form 10-Q

(Mark One)

☑ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the Quarterly Period Ended September 30, 2024**

**or**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from to**

**Commission file number 1-12154**

# Waste Management, Inc.

*(Exact name of registrant as specified in its charter)*

| **Delaware** | **73-1309529** |
|---|---|
| *(State or other jurisdiction of incorporation or organization)* | *(I.R.S. Employer Identification No.)* |

**800 Capitol Street**
**Suite 3000**
**Houston, Texas 77002**
*(Address of principal executive offices)*

**(713) 512-6200**
*(Registrant's telephone number, including area code)*

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

| Title of Each Class | Trading Symbol | Name of Each Exchange on Which Registered |
|---|---|---|
| Common Stock, $0.01 par value | WM | New York Stock Exchange |

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☑
Accelerated filer ☐
Non-accelerated filer ☐
Smaller reporting company ☐
Emerging growth company ☐

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

Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☑

The number of shares of Common Stock, $0.01 par value, of the registrant outstanding at October 24, 2024 was 401,365,541 (excluding treasury shares of 228,916,920).

## PART I.

**Item 1.** ***Financial Statements.***

### WASTE MANAGEMENT, INC.

### CONDENSED CONSOLIDATED BALANCE SHEETS
### (In Millions, Except Share and Par Value Amounts)

| | September 30, 2024 (Unaudited) | December 31, 2023 |
|---|---|---|
| **ASSETS** | | |
| Current assets: | | |
| Cash and cash equivalents | $ 614 | $ 458 |
| Accounts receivable, net of allowance for doubtful accounts of $31 and $30, respectively | 2,841 | 2,633 |
| Other receivables, net of allowance for doubtful accounts of $3 and $4, respectively | 284 | 237 |
| Parts and supplies | 184 | 173 |
| Other current assets | 336 | 303 |
| Total current assets | 4,259 | 3,804 |
| Property and equipment, net of accumulated depreciation and depletion of $23,620 and $22,826, respectively | 17,931 | 16,968 |
| Goodwill | 9,822 | 9,254 |
| Other intangible assets, net | 742 | 759 |
| Restricted funds | 457 | 422 |
| Investments in unconsolidated entities | 524 | 606 |
| Other long-term assets | 995 | 1,010 |
| Total assets | $ 34,730 | $ 32,823 |
| **LIABILITIES AND EQUITY** | | |
| Current liabilities: | | |
| Accounts payable | $ 1,853 | $ 1,709 |
| Accrued liabilities | 1,651 | 1,605 |
| Deferred revenues | 599 | 578 |
| Current portion of long-term debt | 676 | 334 |
| Total current liabilities | 4,779 | 4,226 |
| Long-term debt, less current portion | 15,977 | 15,895 |
| Deferred income taxes | 1,883 | 1,826 |
| Landfill and environmental remediation liabilities | 2,965 | 2,888 |
| Other long-term liabilities | 1,154 | 1,092 |
| Total liabilities | 26,758 | 25,927 |
| Commitments and contingencies (Note 6) | | |
| Equity: | | |
| Waste Management, Inc. stockholders' equity: | | |
| Common stock, $0.01 par value; 1,500,000,000 shares authorized; 630,282,461 shares issued | 6 | 6 |
| Additional paid-in capital | 5,485 | 5,351 |
| Retained earnings | 15,563 | 14,334 |
| Accumulated other comprehensive (loss) income | (76) | (37) |
| Treasury stock at cost, 228,928,455 and 228,827,218 shares, respectively | (12,999) | (12,751) |
| Total Waste Management, Inc. stockholders' equity | 7,979 | 6,903 |
| Noncontrolling interests | (7) | (7) |
| Total equity | 7,972 | 6,896 |
| Total liabilities and equity | $ 34,730 | $ 32,823 |

See Notes to Condensed Consolidated Financial Statements.

**WASTE MANAGEMENT, INC.**

**CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS**
**(In Millions, Except per Share Amounts)**
**(Unaudited)**

| | Three Months Ended September 30, | | Nine Months Ended September 30, | |
|---|---|---|---|---|
| | 2024 | 2023 | 2024 | 2023 |
| Operating revenues | $ 5,609 | $ 5,198 | $16,170 | $15,209 |
| Costs and expenses: | | | | |
| Operating | 3,399 | 3,188 | 9,830 | 9,460 |
| Selling, general and administrative | 525 | 470 | 1,517 | 1,413 |
| Depreciation, depletion and amortization | 558 | 519 | 1,615 | 1,545 |
| Restructuring | 2 | — | 2 | 4 |
| (Gain) loss from divestitures, asset impairments and unusual items, net | 6 | — | 62 | (3) |
| | 4,490 | 4,177 | 13,026 | 12,419 |
| Income from operations | 1,119 | 1,021 | 3,144 | 2,790 |
| Other income (expense): | | | | |
| Interest expense, net | (131) | (127) | (397) | (372) |
| Equity in net income (losses) of unconsolidated entities | 1 | (18) | 4 | (41) |
| Other, net | 6 | (4) | 7 | — |
| | (124) | (149) | (386) | (413) |
| Income before income taxes | 995 | 872 | 2,758 | 2,377 |
| Income tax expense | 235 | 210 | 611 | 570 |
| Consolidated net income | 760 | 662 | 2,147 | 1,807 |
| Less: Net income (loss) attributable to noncontrolling interests | — | (1) | (1) | (4) |
| Net income attributable to Waste Management, Inc. | $ 760 | $ 663 | $ 2,148 | $ 1,811 |
| Basic earnings per common share | $ 1.89 | $ 1.64 | $ 5.35 | $ 4.46 |
| Diluted earnings per common share | $ 1.88 | $ 1.63 | $ 5.33 | $ 4.44 |

**CONDENSED CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME**
**(In Millions)**
**(Unaudited)**

| | Three Months Ended September 30, | | Nine Months Ended September 30, | |
|---|---|---|---|---|
| | 2024 | 2023 | 2024 | 2023 |
| Consolidated net income | $ 760 | $ 662 | $ 2,147 | $ 1,807 |
| Other comprehensive income (loss), net of tax: | | | | |
| Derivative instruments, net | (25) | 3 | (26) | 14 |
| Available-for-sale securities, net | 10 | (4) | 10 | 1 |
| Foreign currency translation adjustments | 12 | (25) | (22) | (3) |
| Post-retirement benefit obligations, net | — | — | (1) | (1) |
| Other comprehensive income (loss), net of tax | (3) | (26) | (39) | 11 |
| Comprehensive income | 757 | 636 | 2,108 | 1,818 |
| Less: Comprehensive income (loss) attributable to noncontrolling interests | — | (1) | (1) | (4) |
| Comprehensive income attributable to Waste Management, Inc. | $ 757 | $ 637 | $ 2,109 | $ 1,822 |

See Notes to Condensed Consolidated Financial Statements.

**WASTE MANAGEMENT, INC.**

**CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS**
**(In Millions)**
**(Unaudited)**

| | Nine Months Ended September 30, | |
|---|---|---|
| | 2024 | 2023 |
| Cash flows from operating activities: | | |
| Consolidated net income | $ 2,147 | $ 1,807 |
| Adjustments to reconcile consolidated net income to net cash provided by operating activities: | | |
| Depreciation, depletion and amortization | 1,615 | 1,545 |
| Deferred income tax expense (benefit) | 65 | 69 |
| Interest accretion on landfill and environmental remediation liabilities | 99 | 97 |
| Provision for bad debts | 37 | 36 |
| Equity-based compensation expense | 84 | 71 |
| Net gain on disposal of assets | (72) | (33) |
| (Gain) loss from divestitures, asset impairments and other, net | 62 | (3) |
| Equity in net (income) losses of unconsolidated entities, net of dividends | (4) | 41 |
| Change in operating assets and liabilities, net of effects of acquisitions and divestitures: | | |
| Receivables | (230) | (197) |
| Other current assets | (38) | (26) |
| Other assets | 93 | 67 |
| Accounts payable and accrued liabilities | 149 | 63 |
| Deferred revenues and other liabilities | (128) | (200) |
| Net cash provided by operating activities | 3,879 | 3,337 |
| Cash flows from investing activities: | | |
| Acquisitions of businesses, net of cash acquired | (782) | (139) |
| Capital expenditures | (2,116) | (1,853) |
| Proceeds from divestitures of businesses and other assets, net of cash divested | 99 | 68 |
| Other, net | (40) | (83) |
| Net cash used in investing activities | (2,839) | (2,007) |
| Cash flows from financing activities: | | |
| New borrowings | 10,914 | 17,319 |
| Debt repayments | (10,619) | (16,991) |
| Common stock repurchase program | (262) | (990) |
| Cash dividends | (909) | (855) |
| Exercise of common stock options | 42 | 29 |
| Tax payments associated with equity-based compensation transactions | (49) | (28) |
| Other, net | (20) | (9) |
| Net cash used in financing activities | (903) | (1,525) |
| Effect of exchange rate changes on cash, cash equivalents and restricted cash and cash equivalents | (2) | — |
| (Decrease) increase in cash, cash equivalents and restricted cash and cash equivalents | 135 | (195) |
| Cash, cash equivalents and restricted cash and cash equivalents at beginning of period | 552 | 445 |
| Cash, cash equivalents and restricted cash and cash equivalents at end of period | $ 687 | $ 250 |
| | | |
| Reconciliation of cash, cash equivalents and restricted cash and cash equivalents at end of period: | | |
| Cash and cash equivalents | $ 614 | $ 150 |
| Restricted cash and cash equivalents included in other current assets | 4 | 25 |
| Restricted cash and cash equivalents included in restricted funds | 69 | 75 |
| Cash, cash equivalents and restricted cash and cash equivalents at end of period | $ 687 | $ 250 |

See Notes to Condensed Consolidated Financial Statements.

## WASTE MANAGEMENT, INC.

## CONDENSED CONSOLIDATED STATEMENTS OF CHANGES IN EQUITY
## (In Millions, Except Shares in Thousands)
## (Unaudited)

| | | Waste Management, Inc. Stockholders' Equity | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Common Stock | | Additional Paid-In | Retained | Accumulated Other Comprehensive | Treasury Stock | | Noncontrolling |
| | Total | Shares | Amounts | Capital | Earnings | (Loss) Income | Shares | Amounts | Interests |
| **Three Months Ended September 30:** | | | | | | | | | |
| **2024** | | | | | | | | | |
| Balance, June 30, 2024 | $7,451 | 630,282 | $ 6 | $ 5,433 | $15,104 | $ (73) | (229,183) | $(13,013) | $ (6) |
| Consolidated net income | 760 | — | — | — | 760 | — | — | — | — |
| Other comprehensive income (loss), net of tax | (3) | — | — | — | — | (3) | — | — | — |
| Cash dividends declared of $0.75 per common share | (301) | — | — | — | (301) | — | — | — | — |
| Equity-based compensation transactions, net | 66 | — | — | 52 | — | — | 254 | 14 | — |
| Other, net | (1) | — | — | — | — | — | 1 | — | (1) |
| Balance, September 30, 2024 | $7,972 | 630,282 | $ 6 | $ 5,485 | $15,563 | $ (76) | (228,928) | $(12,999) | $ (7) |
| **2023** | | | | | | | | | |
| Balance, June 30, 2023 | $6,928 | 630,282 | $ 6 | $ 5,341 | $13,744 | $ (32) | (225,407) | $(12,150) | $ 19 |
| Consolidated net income | 662 | — | — | — | 663 | — | — | — | (1) |
| Other comprehensive income (loss), net of tax | (26) | — | — | — | — | (26) | — | — | — |
| Cash dividends declared of $0.70 per common share | (283) | — | — | — | (283) | — | — | — | — |
| Equity-based compensation transactions, net | 60 | — | — | 44 | — | — | 297 | 16 | — |
| Common stock repurchase program | (373) | — | — | — | — | — | (2,347) | (373) | — |
| Other, net | (2) | — | — | — | — | — | — | — | (2) |
| Balance, September 30, 2023 | $6,966 | 630,282 | $ 6 | $ 5,385 | $14,124 | $ (58) | (227,457) | $(12,507) | $ 16 |

See Notes to Condensed Consolidated Financial Statements.

## WASTE MANAGEMENT, INC.

## CONDENSED CONSOLIDATED STATEMENTS OF CHANGES IN EQUITY — (Continued)
(In Millions, Except Shares in Thousands)
(Unaudited)

| | | Waste Management, Inc. Stockholders' Equity | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Common Stock | | Additional Paid-In | Retained | Accumulated Other Comprehensive | Treasury Stock | | Noncontrolling |
| | Total | Shares | Amounts | Capital | Earnings | (Loss) Income | Shares | Amounts | Interests |
| **Nine Months Ended September 30:** | | | | | | | | | |
| **2024** | | | | | | | | | |
| Balance, December 31, 2023 | $ 6,896 | 630,282 | $ 6 | $ 5,351 | $14,334 | $ (37) | (228,827) | $(12,751) | $ (7) |
| Consolidated net income | 2,147 | — | — | — | 2,148 | — | — | — | (1) |
| Other comprehensive income (loss), net of tax | (39) | — | — | — | — | (39) | — | — | — |
| Cash dividends declared of $2.25 per common share | (909) | — | — | — | (909) | — | — | — | — |
| Equity-based compensation transactions, net | 148 | — | — | 69 | 2 | — | 1,391 | 77 | — |
| Common stock repurchase program | (265) | — | — | 60 | — | — | (1,494) | (325) | — |
| Adoption of new accounting standard | (12) | — | — | — | (12) | — | — | — | — |
| Other, net | 6 | — | — | 5 | — | | 2 | — | 1 |
| Balance, September 30, 2024 | $ 7,972 | 630,282 | $ 6 | $ 5,485 | $15,563 | $ (76) | (228,928) | $(12,999) | $ (7) |
| **2023** | | | | | | | | | |
| Balance, December 31, 2022 | $ 6,864 | 630,282 | $ 6 | $ 5,314 | $13,167 | $ (69) | (222,396) | $(11,569) | $ 15 |
| Consolidated net income | 1,807 | — | — | — | 1,811 | — | — | — | (4) |
| Other comprehensive income (loss), net of tax | 11 | — | — | — | — | 11 | — | — | — |
| Cash dividends declared of $2.10 per common share | (855) | — | — | — | (855) | — | — | — | — |
| Equity-based compensation transactions, net | 135 | — | — | 71 | 1 | — | 1,220 | 63 | — |
| Common stock repurchase program | (1,001) | — | — | — | — | — | (6,283) | (1,001) | — |
| Other, net | 5 | — | — | — | — | — | 2 | — | 5 |
| Balance, September 30, 2023 | $ 6,966 | 630,282 | $ 6 | $ 5,385 | $14,124 | $ (58) | (227,457) | $(12,507) | $ 16 |

See Notes to Condensed Consolidated Financial Statements.

## 1. Basis of Presentation

The financial statements presented in this report represent the consolidation of Waste Management, Inc., a Delaware corporation; its wholly-owned and majority-owned subsidiaries; and certain variable interest entities for which Waste Management, Inc. or its subsidiaries are the primary beneficiaries as described in Note 13. Waste Management, Inc. is a holding company and all operations are conducted by its subsidiaries. When the terms "the Company," "we," "us" or "our" are used in this document, those terms refer to Waste Management, Inc., together with its consolidated subsidiaries and consolidated variable interest entities. When we use the term "WMI," we are referring only to Waste Management, Inc., the parent holding company.

We are North America's leading provider of comprehensive environmental solutions, providing services throughout the United States ("U.S.") and Canada. We partner with our customers and the communities we serve to manage and reduce waste at each stage from collection to disposal, while recovering valuable resources and creating clean, renewable energy. Our business is operated and managed locally by our subsidiaries that focus on distinct geographic areas and provide collection, transfer, disposal, and recycling and resource recovery services. Through our subsidiaries, including our Waste Management Renewable Energy ("WM Renewable Energy") business, we are also a leading developer, operator and owner of landfill gas-to-energy facilities in the U.S. and Canada that produce renewable electricity and renewable natural gas ("RNG"), which is a significant source of fuel that we allocate to our natural gas fleet.

Our senior management evaluates, oversees and manages the financial performance of our business through four reportable segments, referred to as (i) Collection and Disposal - East Tier ("East Tier"); (ii) Collection and Disposal - West Tier ("West Tier"); (iii) Recycling Processing and Sales and (iv) WM Renewable Energy. Our East and West Tier, along with certain ancillary services ("Other Ancillary") not managed through our Tier segments, but that support our collection and disposal operations, form our "Collection and Disposal" businesses. We also provide additional services not managed through our four reportable segments, which are presented as Corporate and Other. Refer to Note 7 for further discussion.

The Condensed Consolidated Financial Statements as of September 30, 2024 and for the three and nine months ended September 30, 2024 and 2023 are unaudited. In the opinion of management, these financial statements include all adjustments, which, unless otherwise disclosed, are of a normal recurring nature, necessary for a fair presentation of the financial position, results of operations, comprehensive income, cash flows, and changes in equity for the periods presented. The results for interim periods are not necessarily indicative of results for the entire year. The financial statements presented herein should be read in conjunction with the financial statements included in our Annual Report on Form 10-K for the year ended December 31, 2023.

In preparing our financial statements, we make numerous estimates and assumptions that affect the accounting for and recognition and disclosure of assets, liabilities, equity, revenues and expenses. We must make these estimates and assumptions because certain information that we use is dependent on future events, cannot be calculated with precision from available data or simply cannot be calculated. In some cases, these estimates are difficult to determine, and we must exercise significant judgment. In preparing our financial statements, the most difficult, subjective and complex estimates and the assumptions that present the greatest amount of uncertainty relate to our accounting for landfills, environmental remediation liabilities, long-lived asset impairments, intangible asset impairments and the fair value of assets and liabilities acquired in business combinations. Actual results could differ materially from the estimates and assumptions that we use in the preparation of our financial statements.

***Revenue Recognition***

We generally recognize revenue as services are performed or products are delivered. For example, revenue typically is recognized as waste is collected, tons are received at our landfills or transfer stations, or recycling and other commodities, such as RNG, electricity and capacity, Renewable Identification Numbers ("RINs") and Renewable Energy Credits ("RECs"), are sold.

We also bill for certain services prior to performance. Such services include, among others, certain commercial and residential contracts, and equipment rentals. These advanced billings are included in deferred revenues and recognized as

revenue in the period service is provided. Substantially all our deferred revenues during the reported periods are realized as revenues within one to three months, when the related services are performed.

***Contract Acquisition Costs***

Our incremental direct costs of obtaining a contract, which consist primarily of sales incentives, are generally deferred and amortized to selling, general and administrative expense over the estimated life of the relevant customer relationship, ranging from five to 13 years. Contract acquisition costs that are paid to the customer are deferred and amortized as a reduction in revenue over the contract life. Our contract acquisition costs are classified as current or noncurrent based on the timing of when we expect to recognize amortization and are included in other assets in our Condensed Consolidated Balance Sheets. As of September 30, 2024 and December 31, 2023, we had $216 million and $207 million, respectively, of deferred contract costs, of which $151 million and $148 million, respectively, were related to deferred sales incentives.

***Leases***

Amounts for our operating lease right-of-use assets are recorded in long-term other assets and the current and long-term portion of our operating lease liabilities are reflected in accrued liabilities and other long-term liabilities, respectively, in our Condensed Consolidated Balance Sheets. Amounts for our financing leases are recorded in property and equipment, net of accumulated depreciation and depletion, and current or long-term debt in our Condensed Consolidated Balance Sheets, as appropriate.

***Concentrations of Credit Risk***

Financial instruments that potentially subject us to concentrations of credit risk consist primarily of cash and cash equivalents, investments held within restricted funds, and accounts receivable. We make efforts to control our exposure to credit risk associated with these instruments by (i) placing our assets and other financial interests with a diverse group of credit-worthy financial institutions; (ii) holding high-quality financial instruments while limiting investments in any one instrument and (iii) maintaining strict policies over credit extension that include credit evaluations, credit limits and monitoring procedures, although generally we do not have collateral requirements for credit extensions. We also control our exposure associated with trade receivables by discontinuing service, to the extent allowable, to non-paying customers. However, our overall credit risk associated with trade receivables is limited due to the large number and diversity of customers we serve.

***Reclassifications***

When necessary, reclassifications have been made to our prior period financial information to conform to the current year presentation and are not material to our Condensed Consolidated Financial Statements.

## 2. Landfill and Environmental Remediation Liabilities

Liabilities for landfill and environmental remediation costs are presented in the table below (in millions):

| | September 30, 2024 | | | December 31, 2023 | | |
|---|---|---|---|---|---|---|
| | Landfill | Environmental Remediation | Total | Landfill | Environmental Remediation | Total |
| Current (in accrued liabilities) | $ 141 | $ 27 | $ 168 | $ 143 | $ 31 | $ 174 |
| Long-term | 2,790 | 175 | 2,965 | 2,710 | 178 | 2,888 |
| | $ 2,931 | $ 202 | $ 3,133 | $ 2,853 | $ 209 | $ 3,062 |

4L

## NEVADA STATE BOARD OF PHARMACY

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

### Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

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

**Section 1: General Information**

Facility Name: AbbVie Inc.

Physical Address: 1 N Waukegan Rd. D209

City: North Chicago State: IL Zip: 60064

Mailing Address (if different from physical address): 1 N Waukegan Rd. Bldg AP5 D-GS02

City: North Chicago State: IL Zip: 60064

Telephone: 847-935-1132 Website: www.abbvie.com

Name of Designated Representative (DR): William Robinson

Licensing Company Email: USDO.Licensing@abbvie.com DR Email: william.robinson@abbvie.com

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

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

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

Name: AbbVie US LLC
Address: 1 N Waukegan Rd. Bldg AP5 D-GS02 City: North Chicago State: IL Zip: 60064

Name: Allergan USA, Inc.
Address: 5 Giralda Farms City: Madison State: NJ Zip: 07940

Name: Allergan Sales, LLC
Address: 8301 Mars Drive City: Waco State: TX Zip: 76702

Name: Allergan, Inc.
Address: 2525 Dupont Drive City: Irvine State: CA Zip: 92623

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any):
Corporation Name: AbbVie Inc.
Mailing Address: 1 N Waukegan Rd.
City: North Chicago State: IL Zip: 60064
Telephone: 847-932-7900 Email: USDO.Licensing@abbvie.com
Contact Person Name: Amie Mattson

Date of SEC Registration: 06/04/2012 | SEC Registration Number: 0001551152 | Stock Exchange Symbol: ABBV

**Section 5: Non-Publicly Traded Corporation or Company**

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

**Section 6: Partnership**

N A

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

**Section 7: Sole Owner**

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

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

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

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

AbbVie Inc.

Facility Name

William Robinson

Print Name of Authorized Person Submitting Application

William J Robinson III

Original signature of Authorized Person (copies or stamps not accepted)

1/17/25

Date

| Board Use Only | Date Received: 1/21/25 | Amount: $1000-CC |
|---|---|---|

An official website of the United States government Here's how you know

FDA

Search Result

Share Tweet Linkedin Email Print

# Drug Establishments Current Registration Site

New Search

**Search Results for** *Abbvie*

Showing 1 to 1 of 1 entries (filtered from 11 total entries)

Show entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| AbbVie Inc. | 3009751352 | 078458370 | ANALYSIS; LABEL; MANUFACTURE; PACK | 1 N Waukegan Rd, North Chicago, Illinois (IL) 60064, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Thursday, Jan 02, 2025

New Search

**AbbVie Inc.**

**Shareholders who own beneficially more than 5% of AbbVie common stock are:**
The Vanguard Group: 9.08%
Blackrock, Inc.: 8.1%

**Directors**

| | |
|---|---|
| Robert A. Michael | Director and Chief Executive Officer |
| Richard A. Gonzalez | Executive Chairman of the Board |
| Robert J. Alpern, M.D. | Director |
| Roxanne S. Austin | Director |
| William H.L. Burnside | Director |
| Jennifer L. Davis | Director |
| Thomas C. Freyman | Director |
| Brett J. Hart | Director |
| Melody B. Meyer | Director |
| Susan E. Quaggin, M.D. | Director |
| Edward J. Rapp | Director |
| Rebecca B. Roberts | Director |
| Glenn F. Tilton | Director |
| Frederick H. Waddell | Director |

**Officers**

| | |
|---|---|
| Robert A. Michael | Director and Chief Executive Officer |
| Nicholas Donoghoe | Executive Vice President, Chief Business and Strategy Officer |
| Scott T. Reents | Executive Vice President, Chief Financial Officer |
| Timothy J. Richmond | Executive Vice President, Chief Human Resources Officer |
| Azita Saleki-Gerhardt | Executive Vice President, Chief Operations Officer |
| Perry C. Siatis | Executive Vice President, General Counsel and Secretary |
| Jeffrey R. Stewart | Executive Vice President, Chief Commercial Officer |
| Roopal Thakkar | Executive Vice President, Research & Development and Chief Scientific Officer |
| Kevin Buckbee | Senior Vice President, Controller |

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBVIE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABBVIE INC." WAS INCORPORATED ON THE TENTH DAY OF APRIL, A.D. 2012.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

5126809 8300

SR# 20241320502

Authentication: 203189339

Date: 04-05-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

*File Number* 6856-380-1

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

*I,* **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ABBVIE INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON SEPTEMBER 01, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* MAY *A.D.* 2024 .

Authentication #: 2412900494 verifiable until 05/08/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

# Lookup Detail View

**Contact**

Contact Information

| Name | City/State/Zip | DBA / AKA |
|---|---|---|
| ABBVIE INC | North Chicago, IL 60064 | • |

**License**

License Information

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004003536 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 07/09/2012 | 09/30/2024 | 12/31/2026 | N |

**Other Licenses**

Other Licenses

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004003605 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 01/31/2013 | 09/30/2024 | 12/31/2026 | N |
| 004005536 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 01/03/2025 | 01/03/2025 | 12/31/2026 | N |
| 097001854 | OTHER CONTROLLED SUBSTANCE (Schedules II III IV V ) | ACTIVE | 01/15/2013 | 12/17/2024 | 12/31/2026 | N |
| 097001856 | OTHER CONTROLLED SUBSTANCE (Schedules II III IV V ) | ACTIVE | 01/16/2013 | 12/17/2024 | 12/31/2026 | N |
| 097001857 | OTHER CONTROLLED SUBSTANCE (Schedules II III IV V ) | ACTIVE | 01/16/2013 | 12/17/2024 | 12/31/2026 | N |
| 097001858 | OTHER CONTROLLED SUBSTANCE (Schedules I II III IV V ) | ACTIVE | 01/16/2013 | 12/17/2024 | 12/31/2026 | N |



Illinois Department of Financial and
Professional Regulation



# State of Illinois

## Department of Financial and Professional Regulation

### Division of Professional Regulation

LICENSE NO.
004.003536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

MANUFACTURER

ABBVIE INC
PATRICIA MISINSKI
1 N WAUKEGAN RD # D209
NORTH CHICAGO, IL 60064-1802

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19816593

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3705265



# State of Illinois

**Department of Financial and Professional Regulation**

**Division of Professional Regulation**

LICENSE NO.
304.007329
004.003536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
12/31/2026

LICENSED CONTROLLED SUBSTANCE DRUG DIST

II III IV V

ABBVIE INC
1 N WAUKEGAN RD D209
NORTH CHICAGO, IL 60064

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19816857

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3705265

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RA0437776 | 06-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5,L | MANUFACTURER | 05-08-2024 |

ABBVIE INC.
1 N WAUKEGAN RD
NORTH CHICAGO, IL 600641802

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RA0437776 | 06-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5,L1 | MANUFACTURER | 05-08-2024 |

ABBVIE INC.
1 N WAUKEGAN RD
NORTH CHICAGO, IL 600641802

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RA0437776 | 06-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5,L | MANUFACTURER | 05-08-2024 |

ABBVIE INC.
1 N WAUKEGAN RD
NORTH CHICAGO, IL 600641802

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to
   **Drug Enforcement Administration**
   **P.O. Box 2639**
   **Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
1100 1105 1210 1200 1270 1310 2100 4000 7369 7370 8112 9143 9193 9739

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/23/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: WTW Certificate Center |
|---|---|
| Willis Towers Watson Midwest, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA | PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378<br>E-MAIL ADDRESS: certificates@wtwco.com |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Old Republic Insurance Company | 24147 |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED
AbbVie Inc.
1 N. Waukegan Road
North Chicago, IL 60064

**COVERAGES** **CERTIFICATE NUMBER:** W36353704 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | MWZY 311221-25 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 2,000,000<br>$ 2,000,000<br>$ 10,000<br>$ 2,000,000<br>$ 4,000,000<br>$ |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | MWTB 311223-25 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 2,000,000<br>$<br>$<br>$ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: No<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | MWC 311222-25 | 01/01/2025 | 01/01/2026 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 2,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | Products Liability<br>(Claims Made) | | | MWZZ 315909-25 | 01/01/2025 | 01/01/2026 | Each Claim:<br>Aggregate: | $20,000,000<br>$20,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

**CERTIFICATE HOLDER**

Evidence of Coverage

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

SR ID: 26800896 BATCH: 3716876

AGENCY CUSTOMER ID: _____

LOC #: _____

# ADDITIONAL REMARKS SCHEDULE



| | |
|---|---|
| AGENCY<br>Willis Towers Watson Midwest, Inc. | NAMED INSURED<br>AbbVie Inc.<br>1 N. Waukegan Road<br>North Chicago, IL 60064 |
| POLICY NUMBER<br>See Page 1 | |
| CARRIER<br>See Page 1 / NAIC CODE<br>See Page 1 | EFFECTIVE DATE: See Page 1 |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Old Republic Insurance Company NAIC#: 24147

POLICY NUMBER: MWZZ 311220-25 EFF DATE: 01/01/2025 EXP DATE: 01/01/2026

| TYPE OF INSURANCE: | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|---|---|---|
| Professional Liability | Each Claim: | $2,000,000 |
| | Aggregate: | $4,000,000 |



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SR ID: 26800896 BATCH: 3716876 CERT: W36353704

DELEGATION OF AUTHORITY

I, Scott T. Reents, as Executive Vice President, and Chief Financial Officer of AbbVie Inc., a corporation duly organized and validly existing under the laws of the State of Delaware with its principal office at 1 N. Waukegan Road, North Chicago, Lake County, Illinois (the "Corporation"), with the authority granted to me through the By-Laws, do hereby delegate the following as authorized signatories to sign, without countersignature, license applications for AbbVie Inc. manufacturing locations in North Chicago, IL:

- Patricia Misinski
- Jack Ruffolo
- Timothy Barrett
- David Payant
- William Robinson

The delegation of authority granted to Andres Valencia and Erik Fadlovich on October 19, 2023, is hereby revoked. The individual delegations of authority are valid until revoked by the Corporation, provided that the individual delegation of authority shall expire automatically upon an individual delegee ceasing to be an employee of AbbVie Inc.

Scott T. Reents

Done at North Chicago, Illinois

Date: March 21, 2024

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: AbbVie Inc. MDEG License # (if applicable): _____

Physical Address: 1 N Waukegan Rd. D209

City: North Chicago State: IL Zip: 60064

Mailing Address (if different from physical address): 1 N Waukegan Rd. Bldg AP5 D-GS02

City: North Chicago State: IL Zip: 60064

Telephone: 847-935-1132 Website: www.abbvie.com

Licensing Company Email: USDO.Licensing@abbvie.com

### Section 2: Personal Information

First: William Middle: Frank Last: Robinson III

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 1 N Waukegan Rd. Bldg AP5 D-GS02

City: North Chicago State: IL Zip: 60064

Telephone: [redacted] Ema[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Lake Forest Graduate School of Management | | 2018-2023 | |
| **Address** | **City** | **State** | **Zip** |
| 1905 W Field Ct. | Lake Forest | IL | 60045 |
| Diploma/Degree obtained, if any | | | |
| Masters of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truman State University | | 2001-2006 | |
| **Address** | **City** | **State** | **Zip** |
| 100 E Normal Ave. | Kirksville | MO | 63501 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science Degree in Biology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Lafayette High School | | 1998-2001 | |
| **Address** | **City** | **State** | **Zip** |
| 17050 Clayton Rd. | Wildwood | MO | 63011 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| East Greenwich High School | | 1997-1998 | |
| **Address** | **City** | **State** | **Zip** |
| 300 Avenger Drive | East Greenwich | RI | 02818 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N | | | |
| **Address** | **City** | **State** | **Zip** |
| A | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/16 - Current | [redacted] | Libertyville | IL | [redacted] |
| 03/11 - 08/16 | | Gurnee | IL | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| | | | |
|---|---|---|---|
| Business Name: AbbVie | | | From - To (MM/YY – MM/YY): 01/24 - Current |
| Business Address: 1 N Waukegan Rd. Bldg AP5 D-GS02 | City: North Chicago | State: IL | Zip: 60064 |
| Phone: 224-864-3267 | Title: Director of North American Distribution and Logistics | | Number of Employed Hours: 1968 hours |
| Description of Duties: Optimizing distribution network, securing assurance of supply, and mitigating supply chain risks. Lead ~ 180 people within North America for all distribution, logistics, transportation, and customer relations with responsibility for order to cash. | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, William Robinson, **certify that as the MDEG Administrator for**

AbbVie Inc.,

**that I (initial that you have read and meet the following requirements):**

1. WR Have a high school diploma or its equivalent;
2. WR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. WR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. WR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

William Robinson
Print Name (First, Last)

William J Robinson III
Original Signature (electronic, copies or stamps not accepted)

1/17/25
Date

| Board Use Only | Date Received: 1/21/25 |
|---|---|

| First Name | Last Name |
|---|---|
| Victor | Abarca |
| Mel | Abascal |
| Jenny | Acosta |
| Yusra | AlAni |
| Rafael | Alcalan |
| Shawn | Allen |
| Miriam | Allessi |
| Jerald | Alosious |
| Teena | Antony |
| Felipe | Avalos |
| Cristian | Aviles |
| Naveena | Avuduri |
| Rogelio | Ayala |
| Michael | Bahena |
| Gil | Bailey |
| Ched | Ballard |
| Larry | Barela |
| Ramon | Bedolla |
| Donald | Belcher |
| Rouel | Belen |
| Roxanne | Bernardo |
| Janice | Bezotte |
| Antony | Bibin Martine |
| Tatiana | Blanco Garizao |
| Scott | Bobeck |
| JP | Borunda |
| Kurtis | Boyd |
| Christopher | Bustamante |
| Anthony | Bustos |
| Kevin | Bustos |
| Simone | Cadette |
| James | Calhoun |
| Jacob | Campos |
| Elvis | Campos |
| Sandra | Cancino |
| Joshua | Candelaria |
| Jackeline | Cardenas |
| Roland | Carmel |
| Minerva | Casillas |
| Karen | Cedillo |
| Henry | Centeno |
| Samson | Cereno |
| Marquise | Chanel Owens |

| First Name | Last Name |
|---|---|
| Mary | Charles |
| Donna | Chavez |
| Javionta | Cole |
| Alyssa | Cole |
| April | Cole |
| Ulyssess | Contreras Castillo |
| Louisiana | Cook |
| Liezl | Cordero |
| Edwin | Cortes |
| Maryann | Cossette |
| Joseph | Craig |
| David | Crawford |
| Jocelyn | Cruz |
| Connor | Cruz |
| David | Custer |
| Dumas | Daniel |
| Gerald | D'Arezzo |
| Crisanto | David |
| Miles | Davis |
| Eddie | Davis |
| Jason | Diaz |
| Venus | Diwa |
| James | Dixon |
| Maria | Dominguez |
| Ray | DuBois |
| Rhea | DuBois |
| Russell | Dumas |
| Sherin | Dumus |
| Rengeny | Edward |
| Rojene | Edwards |
| Renzo | Ejae Boholst |
| Priscilla | Engreso |
| Noe | Escutia |
| Michael | Esparza |
| Jesus | Estrada |
| Sabina | Fain |
| Justin | Feldman |
| Gilbert | Fernando |
| Nenita | Flores |
| Diana | Flores |
| Shanice | Flowers |
| Paul | Floyd |
| William | Ford |

| First Name | Last Name |
|---|---|
| Beverly | Fortune |
| Charles | Fraley |
| Stephen | Franklin |
| Denzel | Franklin |
| Maurice | Fuentes |
| Yesenia | Gallardo |
| Rebeca | Gallo |
| Nancy | Garcia |
| Joyce | Garcia |
| Leticia | Garcia |
| Dell | Garland |
| Motty | George |
| Ana | Gonzalez |
| Arthur | Greenwood |
| Jennifer | Guadarrama |
| Evelyn | Guadarrama |
| Gladys | Guadarrama |
| Jose | Guzman |
| Kimberly | Guzman |
| Sara | Hadsell |
| Jazlyn | Harden |
| Yasmin | Harry Wallace |
| Justin | Harty |
| Alice | Hayden |
| Ernestine | Haynes |
| Robert | Henne |
| Dionne | Hentz |
| Ruben | Hernandez |
| Miguel | Hernandez |
| Francisco | Hernandez |
| Andrea | Hiegert |
| Veronica | Hill Zeigler |
| Travis | Hopper |
| Wise | Hudgins |
| Maycol | Huertas |
| Hussein | Ibrahim Ibrahim |
| Fatime | Idrizi |
| Xander | Jackson |
| Felix | Jellor |
| Princy | Jerald |
| Liza | Jimenez |
| Ronald | Johnson |
| Krystal | Jones |

| First Name | Last Name |
|---|---|
| Kendrick | Jones |
| Globia | Joseph Fernandez |
| Carlos | Kehl |
| Ryan | Kelly |
| Ronald | Kirk |
| Deborah | Kloth |
| Brian | Klunder |
| Thilak | Kumar Sekar |
| Steven | Lamusga |
| Christopher | Lloyd |
| Hilda | Lopez |
| Rafael | Lucena |
| Van | Luu |
| Francis | Luzentales |
| Matt | Manalo |
| Michael | Mance |
| Manuel | Mangaoil |
| Patrick | Manna |
| Rufina | Mapson |
| Connie | Maravilla |
| Jacqueline | Marcelin |
| Lynnette | Marie Wilson |
| Daniela | Marquez |
| Darwin | Martin |
| Elda | Martin |
| Melanie | Martin |
| Wally | Martin |
| Roberto | Martinez |
| Julissa | Martinez-Angeles |
| Stebitha | Mary |
| Ozell | McCoy |
| Barbara | Mclaurin |
| Jophet | Medina |
| Romeo | Medioro |
| Karen | Mendez Ornelas |
| Michael | Mesa |
| Willie | Millis |
| Aurelian | Miroi |
| David | Morales |
| Jose | Morales Flores |
| Novella | Morris |
| Rosendo | Mota |
| Sajini | Motty |

| First Name | Last Name |
|---|---|
| Zoila | Murilo Acosta |
| Germanalee | Mutry |
| Tuya | Napoleoni |
| David | Nauman |
| Caleb | Nixon |
| Keith | Norwood |
| Kevin | Ocampo |
| Johnathon | Ocampo Carvajal |
| Maria | Ortiz |
| Osbella | Ortiz |
| Ramses | Pacheco |
| Roberto | Pacheco |
| Bryan | Packard |
| Michael | Paluck |
| Miguelina | Patlan |
| Jaime | Patlan |
| David | Pedrin |
| Edison | Pereira |
| Trenetta | Pinkney |
| Melvin | Pitt |
| Jevie | Pocong |
| Javier | Polanco |
| Jason | Polgaze |
| Javia | Pratcher |
| Nathanieal | Pringle |
| Khwezi | Putuzo |
| Kalyan | Pydikalva |
| Querubin | Quiambao |
| Raul | Quiroz |
| Daniel | Rabadan |
| Merina | Rajesh |
| Dion | Reid |
| Phet | Reyes |
| Dora | Reyes |
| Jose | Reyes |
| Tommy | Reyes |
| Bryan | Reyes |
| Ivan | Reyes Rosales |
| David | Rhodes |
| Kayla | Rhodes |
| Gerald | Riley |
| Ramona | Rios |
| Tanya | Rios |

| First Name | Last Name |
|---|---|
| Josh | Rivera |
| Melody | Robertson |
| Eduardo | Rodriguez Montano |
| Hector | Rosa |
| Sonia | Rosales |
| Noelle | Rosario |
| Montse | Rosiles |
| Mike | Rosser |
| Enrique | Saenz |
| Anthony | Salinas |
| Arlen | Salley |
| Faiza | Sami |
| Emilia | Samson |
| Selena | Sanchez |
| Naveen | Santhini |
| Veronica | Santiago |
| Sonia | Satchell |
| Inocenta | Saturno |
| Jacob | Saye |
| Robin | Schultz |
| Althia | Scott |
| Julissa | Segovia |
| Keely | Segura |
| Laprino | Serafico |
| Rubi | Serrato |
| Guy | Sery |
| Kenny | Shaw |
| Carson | Smith |
| Amanda | Smith |
| Mark | Sneyd |
| Esther | Solano |
| Theresa | Solti |
| Shalu | Sosamma |
| Gregory | Soto |
| Adriana | Soto |
| Barbara | Sotomayor |
| John | Spiker |
| Treveena | Stanley |
| Dominique | Stephens |
| Leslie | Tala |
| Joseph | Talbot |
| Sebastian | Thankachan |
| Leslie | Thomas |

| First Name | Last Name |
|---|---|
| Jacob | Thomas |
| Nashon | Thomas |
| Derwin | Threats |
| Joshua | Torres |
| Bernabe | Torres |
| Ernesto | Torres |
| Latonya | Tyler |
| Mike | Underwood |
| Carolyn | Valera |
| Sebastiano | Vargas Leon |
| George | Varghese |
| Ghemiell | Velasquez |
| Alexander | Velasquez |
| Grecia | Vera |
| Roger | Vergara |
| Jacinto | Vergara |
| Mable | Vincent Xavier |
| Irene | Ward |
| Megan | Weber |
| Tyler | Welker |
| Scott | Wells |
| Wilson | William Pereira |
| Brenda | Williams |
| Aneceaya | Williams |
| Taccara | Williams |
| Christian | Wojciechwicz |
| Laurence | Wold |
| Carol | Worthan |
| Maria | Xhelvia Velasquez |
| Criseta | Yu |
| Maria | Zamudio |
| Armando | Zavala |

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION

**Washington, D.C. 20549**

# FORM 8-K

**CURRENT REPORT**
**Pursuant to Section 13 or 15(d) of the**
**Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported): January 6, 2025

# ABBVIE INC.

(Exact name of registrant as specified in its charter)

| **Delaware** | **001-35565** | **32-0375147** |
|---|---|---|
| (State or other Jurisdiction of Incorporation) | (Commission File Number) | (IRS Employer Identification No.) |

**1 North Waukegan Road**
**North Chicago, Illinois 60064-6400**
(Address of principal executive offices)(Zip Code)

Registrant's telephone number, including area code: **(847) 932-7900**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Common Stock, $0.01 Par Value | ABBV | New York Stock Exchange |
| | | Chicago Stock Exchange |
| 0.750% Senior Notes due 2027 | ABBV27 | New York Stock Exchange |
| 2.125% Senior Notes due 2028 | ABBV28 | New York Stock Exchange |
| 2.625% Senior Notes due 2028 | ABBV28B | New York Stock Exchange |
| 2.125% Senior Notes due 2029 | ABBV29 | New York Stock Exchange |
| 1.250% Senior Notes due 2031 | ABBV31 | New York Stock Exchange |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 2.02 Results of Operations and Financial Condition**

Reported GAAP earnings and adjusted non-GAAP earnings for the fourth quarter of 2024 are expected to include acquired IPR&D and milestones expense of $1.6 billion on a pre-tax basis, representing an unfavorable impact of $0.88 to both GAAP diluted earnings per share and adjusted non-GAAP diluted earnings per share. Results for the quarter ended December 31, 2024 have not been finalized and are subject to our financial statement closing procedures. There can be no assurance that our final results will not differ from these preliminary estimates.

While acquired IPR&D and milestones expense may be incurred upon execution of collaborations, licensing agreements, and other asset acquisitions, AbbVie does not forecast acquired IPR&D and milestones expense due to uncertainty of the future occurrence and timing of these transactions. Adjusted diluted earnings per share guidance for 2024 previously announced on October 30, 2024 excluded the impact of acquired IPR&D and milestones expense that may be incurred beyond the third quarter of 2024. AbbVie's full-year 2024 adjusted diluted earnings per share guidance range, including the impact of fourth quarter 2024 acquired IPR&D and milestones expense, is $10.02 - $10.06. AbbVie's fourth quarter 2024 adjusted diluted earnings per share guidance range, including the impact of fourth quarter 2024 acquired IPR&D and milestones expense, is $2.06 - $2.10.

Furnished as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference is guidance for 2024 including the estimated acquired IPR&D and milestones expense incurred during the fourth quarter of 2024.

The information set forth in this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "Filed" for the purpose of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities thereof, nor shall it be incorporated by reference into future filings by AbbVie Inc. under the Exchange Act or under the Securities Act of 1933, as amended, except to the extent specifically provided in any such filing.

**Forward-Looking Statements**

Some statements in this Current Report on Form 8-K are, or may be considered, forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995. The words "believe," "expect," "anticipate," "project" and similar expressions and uses of future or conditional verbs, generally identify forward-looking statements. AbbVie cautions that these forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those expressed or implied in the forward-looking statements. Such risks and uncertainties include, but are not limited to challenges to intellectual property, competition from other products, difficulties inherent in the research and development process, adverse litigation or government action, and changes to laws and regulations applicable to our industry. Additional information about the economic, competitive, governmental, technological and other factors that may affect AbbVie's operations is set forth in Item 1A, "Risk Factors," of AbbVie's 2023 Annual Report on Form 10-K, which has been filed with the Securities and Exchange Commission, as updated by its Quarterly Reports on Form 10-Q and in other documents that AbbVie subsequently files with the Securities and Exchange Commission that update, supplement or supersede such information. AbbVie undertakes no obligation, and specifically declines, to release publicly any revisions to forward-looking statements as a result of subsequent events or developments, except as required by law.

**Item 9.01 Financial Statements and Exhibits**

(d) Exhibits

| Exhibit No. | Exhibit |
|---|---|
| 99.1 | Guidance including the impact of acquired IPR&D and milestones expense. |
| 104 | The cover page from this Current Report on Form 8-K formatted in Inline XBRL (included as Exhibit 101). |

**SIGNATURE**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**ABBVIE INC.**

Date: January 6, 2025

By: /s/ Scott T. Reents
Scott T. Reents
Executive Vice President,
Chief Financial Officer

# 4M

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ☑ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>☑ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 00444 | ☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: AstraZeneca Pharmaceuticals LP

Physical Address: 587 Old Baltimore Pike

City: Newark State: DE Zip: 19702

Mailing Address (if different from physical address): 355 Omicron Court

City: Shepherdsville State: KY Zip: 40165

Telephone: 302-286-4391 Website: www.astrazeneca-us.com

Name of Designated Representative (DR): Charles Salako

Licensing Company Email: usdruglicensing@astrazeneca.com DR Email: charles.salako@astrazeneca.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☑ Pharmacies | ☑ Dangerous Drugs | ☑ Manufacturer |
| ☑ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☑ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☑ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | ✓ | |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Jun 2003 | Jun 2003 | DE | Wilmington | New Castle |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 1:03CR55(JJF) | | United States District Court, District of Delaware | | |
| **Reason/Charge** | | | | |
| Conspiracy to Violate the Prescription Drug Marketing Act by causing the sale of drug sample | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| AstraZeneca Pharmaceuticals LP | | Lawsuit | | |
| **Name of Business/Industry/Entity** | | | | |
| AstraZeneca Pharmaceuticals LP | | | | |

**Provide explanation below:**

In June 2003, AstraZeneca Pharmaceuticals LP pleaded gulity to a one-count criminal information charging the company with conspiracy to violate the Prescription Drug Marketing Act by providing, during the time period 1993 through 1996, free samples of Zoladex to certain physicians with the understanding that these physicians would submit claims for reimbursement to Medicare

Shannon Grimes
Original Signature (electronic, copies or stamps not accepted)

01-21-2025
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Keuhne + Nagel Inc.
Address: 6005 Freeport Ave #103 City: Memphis State: TN Zip: 38141
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): AstraZeneca PLC
Corporation Name: AstraZeneca Pharmaceuticals LP
Mailing Address: 355 Omicron Court
City: Shepherdsville State: KY Zip: 40165
Telephone: 502-543-5102 Email: usdruglicensing@astrazeneca.com
Contact Person Name: Shannon Grimes
Date of SEC Registration: 14Jul2000 SEC Registration Number: 333-9062 Stock Exchange Symbol: AZN

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name: AstraZeneca Pharmaceuticals LP
Mailing Address: 1800 Concord Pike
City: Wilmington State: DE Zip: 19850
Telephone: 302-286-3271 Email: usdruglicensing@astrazeneca.com
Contact Person Name: Sabrina Brooks

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

AstraZeneca Pharmaceuticals LP

Facility Name

Shannon Grimes

Print Name of Authorized Person Submitting Application

Shannon Grimes

Original signature of Authorized Person (copies or stamps not accepted)

01-21-2025

Date

| Board Use Only | Date Received: 1/22/25 | Amount: $1000.00 |
|---|---|---|

**October 23rd, 2024**

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
#206
Reno, NV 89521

AstraZeneca Pharmaceuticals LP
1800 Concord Pike
Wilmington, DE 19850

Astrazeneca-us.com

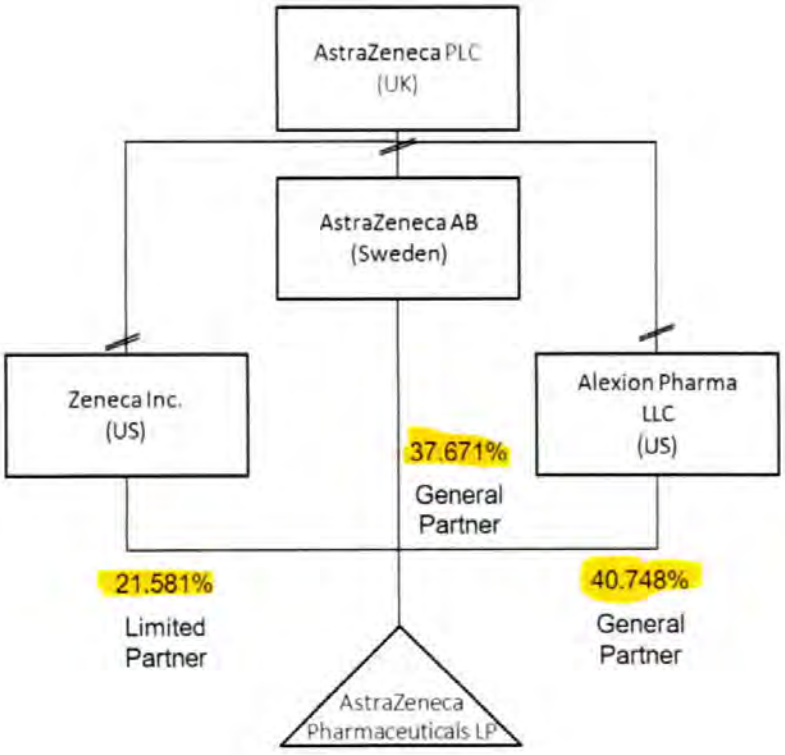
**Confidential/strictly confidential**

Reference number: Notice of Ownership Change
AstraZeneca Pharmaceuticals LP

This notice is to inform you that the ownership percentages have shifted within the AstraZeneca PLC organization. At this time, the organization has not acquired a new company, rather the percentages for each entity have shifted <5%. Legal counsel is actively updating our company's partnership agreement.

If additional documentation or action item is required, please notify us at shannon.grimes1@astrazeneca.com.

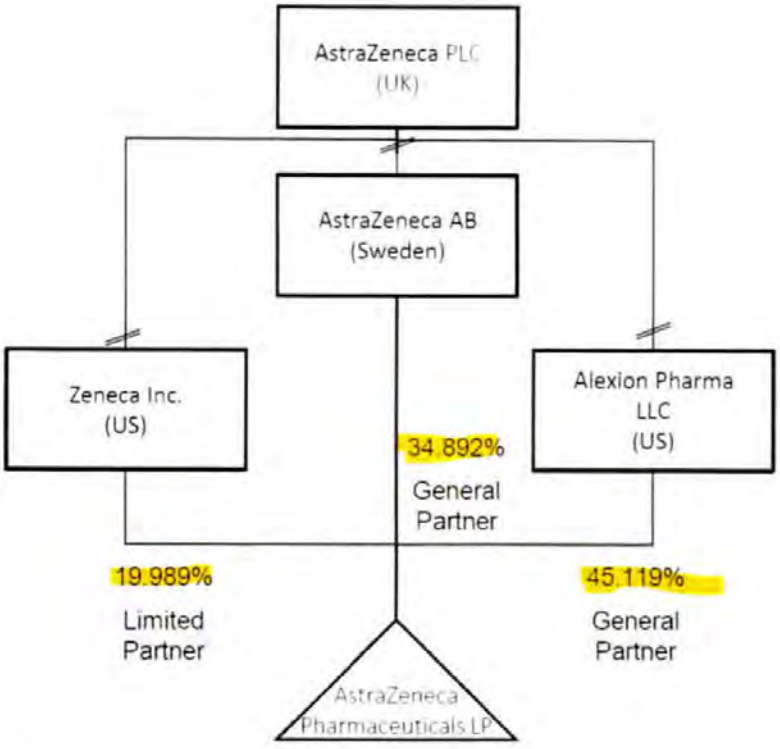
**Legal Entity Structure as of October 2024**



**Prior Legal Entity Structure**

AstraZeneca Pharmaceuticals LP
1800 Concord Pike
Wilmington, DE 19850

Astrazeneca-us.com




The active licenses within your state:

| License No. | License Type |
|---|---|
| WH00444 | Wholesale |
| WH02318 | Wholesale |
| Pending Application | Wholesale/Virtual Manufacturer |
| | |
| | |
| | |
| | |
| | |

Sincerely,

**Shannon Grimes**
CMC RA Associate Director

**AstraZeneca**
355 Omicron Court
Shepherdsville, KY 40165
Phone: 502-612-2250
shannon.grimes1@astrazeneca.com

An official website of the United States government Here's how you know



# Drug Establishments Current Registration Site

New Search

**Search Results for** *ASTRAZENECA PHARMACEUTICALS*

Showing 1 to 1 of 1 entries (filtered from 8 total entries)

Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| AstraZeneca Pharmaceuticals LP | 2517100 | 054743190 | ANALYSIS; LABEL; MANUFACTURE; PACK | 587 Old Baltimore Pike, Newark, Delaware (DE) 19702, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Friday, Jan 17, 2025

New Search

**AstraZeneca Pharmaceuticals LP**
**Facility Affiliates - Contract Manufacturers**

| Contract Manufacturer | Address | Responsible Point of Contact | | |
|---|---|---|---|---|
| | | Name | Phone # | E-mail |
| Nitto Denko Avecia Inc. | 125 Fortune Blvd, Milford, Massachusetts (MA) 01757, United States (USA) | Scott Suttill | [redacted] | [redacted] |
| Resilience US, Inc. | 8814 Trade Port Dr, West Chester, Ohio (OH) 45071, United States (USA) | Marcos Rodriguez | | |
| Vetter Pharma-Fertigung GmbH & Co. KG | Schuetzenstrasse 87, 99-101, Ravensburg Baden-Wuerttemberg 88212 Germany | Andreas Rothmund | | |

# AstraZeneca Pharmaceuticals LP Officers

AZPLP Officers

| Name | Title | Business Address | Business Phone | Email |
|---|---|---|---|---|
| Andrew Wirths | SVP Supply, Americas | One Medimmune Way<br>Gaithersburg, MD 20878 | [redacted] | |
| David E. White | Treasurer | 1800 Concord Pike<br>Wilmington, DE 19850 | | |
| Kevin P. Durning | US CFO, VP Finance | 1800 Concord Pike<br>Wilmington, DE 19850 | | |

**AstraZeneca Pharmaceuticals LP Partners**

| Entity | Percentage Owned | Employer ID | Authorized Contact Person | Title | Business Address | Mailing Address | Business Phone | Email |
|---|---|---|---|---|---|---|---|---|
| Alexion Pharma LLC | 40.748% | FEIN 47-4379225 | Mike Elloian | Vice President, Tax | 121 Seaport Blvd<br>Boston, MA 02210 | 100 College Street<br>New Haven, CT 06510 | [redacted] | |
| AstraZeneca AB | 37.671% | EIN 98-0192371 | Per Alfredsson | SVP, Biologics Operations and President AstraZeneca AB | 151 85 Sodertalje<br>Sweden | 151 85 Sodertalje<br>Sweden | | |
| Zeneca Inc. | 21.581% | FEIN 51-0112320 | David E. White | Treasurer | 1800 Concord Pike<br>Wilmington, DE 19850 | 1800 Concord Pike<br>Wilmington, DE 19850 | | |

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASTRAZENECA PHARMACEUTICALS LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2810992 8300

SR# 20250042085

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202629688

Date: 01-07-25

NOT TRANSFERABLE

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

# PROFESSIONAL LICENSE

| | |
|---|---|
| PROFESSION: | Pharmacy |
| LICENSE TYPE: | Pharmacy - Wholesale |
| LICENSE NUMBER: | A4-0000797 |
| LICENSE STATUS: | Active |
| ISSUE DATE: | 07/05/2000 |
| EXPIRATION DATE: | 09/30/2026 |
| ISSUED TO: | AstraZeneca Pharmaceuticals LP |
| PHYSICAL ADDRESS: | 587 OLD<br>BALTIMORE PIKE<br>NEWARK DE 19702 |
| SIGNATURE: | _____ |

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO
CONDUCT OR ENGAGE IN THE PROFESSION INDICATED ABOVE.
THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF DELAWARE

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**Division of Professional Regulation**
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NOT TRANSFERABLE

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

# PROFESSIONAL LICENSE

| | |
|---|---|
| PROFESSION: | Pharmacy |
| LICENSE TYPE: | Pharmacy - Manufacturer |
| LICENSE NUMBER: | A5-0000063 |
| LICENSE STATUS: | Active |
| ISSUE DATE: | 07/05/2000 |
| EXPIRATION DATE: | 09/30/2026 |
| ISSUED TO: | AstraZeneca Pharmaceuticals LP |
| PHYSICAL ADDRESS: | 587 OLD BALTIMORE PIKE NEWARK DE 19702 |
| SIGNATURE: | _____ |

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO
CONDUCT OR ENGAGE IN THE PROFESSION INDICATED ABOVE.
THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF DELAWARE

*Department of State*
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Can't find what you need online? Send an email to customerservice.dpr@delaware.gov and let us know what you need.

Name

Shamus Whyte (07020587)
Jennifer Yashin (05122107)
Melissa Duprez (20396080)
Jordan Rummel (20213230)
Emily Dolski (21636510)
Alejandra Camacho (08242485)
David Trapani (05134535)
Richard Mattis (07024927)
Patrick String (05122349)
Marisa McCrosson (07019046)
Pamela Doll (05112029)
Edpo Bringhuenti Figueredo (05515558)
Anthony Nketsiah (20603590)
Andrew Hite (21936660)
Danielle Vanaman (22319060)
Matt Smith (20955150)
Michael Porrovicchio (22313960)
Mike Vito (20481440)
Reggie Smith (21866970)
Will Gregorits (20506960)
Phil Holcombe (20836060)
Renan Silva (22458910)
Michael Epperly (22002030)
Jennifer Dimeo (21142370)
Michael Epperly (22002030)
Brian Coady (22167390)
Carrie Cornwell (22379990)
Valerie Ranieri (22366320)
Omar Poventud (07902114)
Charles Armstrong (05104686)
Christopher Gay (21190460)
Edwin Boyer III (05122917)
Jhonathan Sarmento (20968710)
Juan Manuel Rosales Barrera (20513920)
Kevin Hudson (05133375)
Mariah Wilson (20062190)
John Devine (05104627)
Marina Garbi Lintz (21009140)
Alejandra Camacho (08242485)
Jeff DiFrancesco (22074420)
Lynn Gobble (22126620)
Chaim ODeens (21611350)
Ira Dunoff (07009207)
Jessica Bitondo (20791430)
Sean Foster (20644720)
Tanner Joseph (22125480)
Thai Kim (22203760)
Barb Daugherty (95148855)[C]
Chris Bonson (20576230)[C]
Darren Dale (22343300)[C]
Japheth Scharon Knight (22364620)[C]
Jennifer Boutin (22222860)
Salena Stokes (95206399)[C]
Tim Mclaughlin (95196979)[C]
Virginia Sergent (22277060)
Stuart Xiao (05131912)
Keith Poppiti (20107140)
Paul Montanti (22201220)
Shawn Lattimer (21941790)
Matthew Githens (07008684)
David Smith (05105293)
Laura Hamilton (05105617)
John Callahan (05104405)
Charles Salako (05133609)
Willian Santos (05509701)
Kevin Rowghani (05133610)
Alison Glikes (22306860)
Christen Farahat (22178920)
Emily Swihart (22306660)
Karthik Kakumanu (22521220)[C]
Milind Mehta (95243669)[C]
Quan Dan (20272050)
Richard Creekmore (95219012)[C]
Sean Waters (95195711)
Stephanie Sido (20521670)
Angie McLaughlin (22035870)
Billie Harris (21159390)
Branden Lane (00013795)
Brent Hunt (22162120)
Bruce Young (22531860)
Devon Furrowh (22297440)
Ethan Wolfe (20700660)
Frank Carter (22293760)
Jennifer Murray (21753910)
Jesse Gilbert (21672410)
Jonathan Lewis (20715390)
Olga Torres (22429920)
Rose Conte (21988090)
Ryan Corcoran (22011280)
Sean Kim (21912200)
Sydney Daniels (22401950)
Tarahn Wing-Gaines (21881460)

Amy Eastridge (21871720)
Antonio Wooding (21985140)
Calvin Johnson (22293770)
Janay Johnson (22278520)
Madeline Rodriguez (22166070)
Sarah Mason (21170220)
Sean Brown (20834040)
Steven McBride (20419670)
Timothy Doll (20042730)
Trish Francisco (22033630)
Veronica Jeffcoat (21869280)
Babacarr Lemon (22003350)
Jessica Benjamin (22415610)
Jonathan Boal (22428390)
Wendy Caraballo (21672490)
Basim Walker (22324960)
Baylen Todd (21168440)
Brian Hagerty (22442400)
Carl Matarazzi (22296380)
Derrick Edmond (20602600)
Galo Ortiz (22161790)
Joey Johnston (22295220)
Matthew Friswell (21179440)
Patrick Kearns (22268830)
Ricardo Mitchell (20938110)
Salvatore LoPresti (22429770)
Shane Hudson (21678640)
Terrell Greene (22525360)
Angelo Pressey (21744880)
Christine Brown (21988520)
Edwin De Jesus (22377500)
JD Hagedorn (20814580)
Jordin Patrick (22272590)
Nelsonya Brown (22388480)
Andrew Fitzpatrick (05132029)
Britney Linhoff (20950340)
Charmaine Waters (05103776)
Dinna Gaffin (20631290)
Donald Brooks Jr (05130861)
Edward Greene (05127496)
Evan Barba (21993010)
Grant Furrowh (22024410)
Gwendolyn Norwood (05130430)
Jason Ellingsworth (21881450)
Jeffery Taylor (20701920)
Jessica Villanueva (05518060)[C]
John Scott (22430140)
Link Nicholson (20275500)
Nadi Outting (21732810)
Robert Dibeler (05113527)
Sean Jennings (20757340)
Timothy Cox (05132028)
Young Bin Kim (22305440)
Abdullah Awan (22431140)
Adam Gulick (05114620)
Andrew Gidick (21156950)
Ashley Morales (21199430)
Christopher Acton (05112197)
Esmeralda Espinoza (21909100)
Gilbert Jones (21672340)
Issa Riley (20944170)
Jaz White (21159380)
Nashema Dunlap (22429960)
Nicolas Sharpe (21199450)
Scott Smith (20948250)
Torey Smith (22394610)[C]
Trey Wilson (22404680)
William Lucey (22296570)[C]
William Tunstall (05112083)
Brian Schnitzer (20592610)
Christopher Brodzinski (21199380)
David Smith (07010695)
Dean Beahler (05127528)
Diana Zakowsky (22204060)
Fane Wheeler (21882600)
Hank Buhl (22433040)
Jason Hand (20798900)
Jayson Pflumm (22428360)
J Galbraith (20706050)
John Mason (21952890)
Keith Spencer (05103203)
Mark McCollum (05105554)
Mayjor Christberg (22120580)
Osvaldo Betancourt (22403380)
Appiah Oppong (21960350)
Benjamin Davis (22426800)
Jason Mckinney (22451630)
Sydney Savage (21953950)
David Colon (07023987)
Gabrielle Schantz (22386070)
George Colbert (05131863)
Howie Reynolds (95222709)[C]
Jacob Capodanno (21808210)[C]
James Cahir (20365960)

Kayla Battaglioli (21767030)[C]
Mallory Smith (22325310)
Molly Burke (22071620)
Robert Rayfield (21983430)
Sakshee Sharma (21906180)[C]
Sarah Dollard (20696760)
Steve Sellers (07902185)
Audrey Slayman (22570990)[C]
Brian Johnson (21984960)
Brittany Dean (20635040)
Brittny Jamerson (22409930)
Christopher Henson (05105457)
Connie Dale (22556590)[C]
Duane Davis (05122866)
Erica Hostetler (20098610)
Richard Blake (05127524)
Ronald Cimorose Jr (05127212)
William Bryson (05127547)
Anthony Williams (21991680)
Ashley Bolte (22024400)
Bethany Brewster (22047620)
Jessica Pikunis (22397460)
Kenneth Kim-Son (22350340)[C]
Nelvin Rivera (22024420)
Rashid Estep (22027170)
Stephen Camponelli (20947810)
Christopher Dunning (05131399)
Darryl Moore (05127584)
Edward Whisenant (05111982)
Greg Bratton (00015682)
Joe Tawil (22330510)
Leon Wright (05114621)
Lester Patrick III (05122865)
Mark Kempski (05127421)
Raymond Howard (21988330)
Samuel Watts (21691830)
Tomika Harrell (21890120)
William Pyle (22406700)
Yanitza Figueroa (22004810)
Alyssa Saunders (22414380)
Elijah Perkins (22399020)
Jordan Wright (20936560)
Lexie Gilliard (21672330)
Mark Perkins (05126567)
Michael Girtain (21986180)
Nicole Watson (21988780)
Reilly Herrera (22339430)
Sean Johnson (22296550)
Shadale Arnold (20587650)
Shamaria Hughes (22025390)
Valerie Banks (22549560)[C]
Aalim Gill (22030200)
Amanda Ventura (21994780)
Brandon Marvel (22521710)[C]
Brian McCauley (21994600)
Charles Ridgeway (22297510)
Christopher Bowers (22559940)[C]
Clifford Reeder (22027190)
Devin Sarver (22001130)
Gary Stackhouse (22557590)[C]
Jada Henry (22029840)
Jeffrey Crossan (22397660)
Mackenzie Naughton (20635090)
Mark Pfromm (21997230)
Onix Asencio (22296530)[C]
Srinivas Pasyavula (22464530)[C]
Amy Raudenbush (21222420)
Christopher Rotan (20696480)
Edward Robinson (08413460)
Jamie Fields (22028320)
Stephan Habash (22355390)
Tobias Cox (22027290)
Wanda Duncan (20722080)
Whittney Honaker (22024690)
Aleta Eldreth (05130858)
Clerna Henry (22515650)[C]
Gary Ray (05122841)
Jennifer Dietz (21993500)
Jeremiah Rucker (22551910)[C]
Kyan Barrett (21865010)
Lisa Smith (05113496)
Stephanie Lambert (05131200)
Tanica Young (21892430)
Trevor Hunter (20600600)
Yaune Fortt (22030210)
Adam Hladek (22214400)
Andrew Batter (21015680)
Brahim Baaly (21180180)
Brian Monahan (20646290)
Byron Colon (22138300)
Dawn Brown (21913710)
Dustin Verley (22008150)
John Wilson (20836050)
Joseph Zecca (20396570)

Michael Fieden (22161980)
Terrell Drummond (20660000)
Thomas Marcinko (05126793)
Aristides Rivera (07008580)
Brian Murphy (05103964)
Daniel Miller (05102670)
David Moore Jr (05104741)
Franklin Meekins (05131233)
Juliano Seramone (22338670)
Kenneth Steele (05103908)
Mark Brodzinski (05135031)
Robert Hostetler (05112841)
Ronald Sylvester (05130454)
Vincent Walls (20453620)
Zackary Spencer (20139500)
Andre Braxton (00015033)
Calvin Pettitt (05127357)
Cheryl Evans (21223530)
Dan Crowell (22485560)[C]
Daniel Bratton (05104645)
David Landis (20117960)
David Rowe (22472710)[C]
Greg Marino (05130902)
Jeff Olenderski (20297000)
Joshua McCastle (22543430)[C]
Ken Dowdy (22011000)[C]
Kyle Convery (22011010)[C]
Matthew Rowe (95174615)[C]
Steven Kozminski (05115443)
Keith Poppiti (20107140)
Keith Poppiti (20107140)
Cheryl Zajaczkowski (05104543)
Eric Williams (22253680)
Gerald Surratte (05111981)
Julia Mythen (20322200)
Julian Tamman (22238510)
Rachel Hahn (22472630)
Sabu Kuriakose (20614680)
Skyler Holz (22414070)[C]
Dennis Flick (22016260)
Richard Snyder (05123240)
Robert Overmyer (22136990)
Ron Cox (22152630)
Samuel Agbemadzi (22175800)
Steven Lathe (20788060)
Ted Morris (22301410)
Tony Jones (21732750)
Wendy Ronan (22138310)
Bradd Gidick (05128142)
Henry McCauley (05105656)
James Taylor (05113526)
Nelvin Rivera (08434201)
Rachel Reedy (05127455)
Robbie Thompson (20587340)
Robert Steven (00013929)
Stephen Jones (05115445)
Brenda Leathers (20595040)
Brian DAngelo (20495290)
Krista-Anne Fleetwood (05104272)
Marion Ruba Jr (05104728)
Allyson Hyde (95248139)[C]
Andrea Stevenson (22140220)[C]
Andy Hernandez (22568510)[C]
Axel Pantoja (22141250)[C]
Blanca Negron (22126430)[C]
Charles Whiteman (95004290)[C]
Chelsea Ramos (22347680)[C]
Chris Chapman (95000698)[C]
Clara Rodriquez (95148137)[C]
D'Andre Smith (22374280)[C]
Dan Swain (95003929)[C]
Darren Miller (95146943)[C]
Edward Loate (95154118)[C]
Eliseo Robels (95199185)[C]
Eric Schneider (95151623)[C]
Esmeralda Montalvo (22050540)[C]
Everald McIntosh (95006300)[C]
Geraldo Ducos (22274060)[C]
Gregory Ball (95000203)[C]
Gregory Ridge (95171376)[C]
Herlinda Perez (22364290)[C]
Jeanette Padilla (95172893)[C]
Jeffrey R. Smith (95143524)[C]
Jerome Maxwell (95002485)[C]
Jose Castillo (95179269)[C]
Joseph Pedone (95003021)[C]
Laura B. Delgado (95146944)[C]
Laura Mayor (22043170)[C]
Les Myers (95002771)[C]
Marco Perez-Sacramento (22393300)[C]
Maria Mendoza (22249950)[C]
Martha Delgado (22006060)[C]
Maurice Blake (22428440)[C]
Melvin Dowdy (95145463)[C]

Nehme M. Nehme (95146945)[C]
Nick Cocco (22295000)[C]
Penny Smith (95154117)[C]
Pete Pesce (21705850)[C]
Raymond Lake (95147146)[C]
Rishay Jenkins (22463890)[C]
Robert Wadsworth (95004200)[C]
Solomon Jones-Hill (22091100)[C]
Steve Absher (95147588)[C]
Tim Rump (95003417)[C]
Tomas Tadessa (22575150)[C]
Webster Bell (95000288)[C]
Brent Smith (21912100)
Bryan Fritz (05104772)
Cathleen Ferrara (05131227)
Charles Deal Jr (22272620)
Cynthia Blevins (05104532)
Daren Young (05105453)
Eddie Stecher (22263340)
James Hazelton (20853520)
Joseph DeHart (22264390)
Joseph Purcell (22001000)
Kevin Culver (05125543)
Kevin Lang (20558830)
Mekhi Pressey (22016290)
Michael Murray (05132039)
Robert Scholl (21983440)
Rodney Stewart (21985970)
Russell Gulick (05103409)
Scott Henderson (07009212)
Thomas Burton (05130860)
Thomas Hanby (05114627)
Victoria Comfort (05112082)
William Wagner II (05104565)
Zade Mckay (22012560)
David Marsh (22159750)
David Santiago (05111980)
Dennis Adetokunboh (22245040)
Edgar Nin (21188190)
Edward Stecher (05105673)
Ikee Dean (20597920)
Linda Lynch (05113735)
Maria Arredondo (22211020)
Mark Riale (05105611)
Melissandre Montreuil (21800300)
Michael Monroe (05127454)
Oscar Ventura (22254780)
Patrick Murphy (22143900)
Sabrina Williams (21144410)
Sheree Barkley (22055490)
Thomas Howard (20756590)
Tina Murdorf (05111969)
Alex Battaglia (22012220)
Brett Kochmansky (22022550)
Danielle Pierce (20714470)
Dawn Ferrante (05111907)
Elyse Steklenski (21744030)
Jean Roody (21075000)
Kenny Roman (22245300)
Lauren Riley (22152660)
Sandra Taylor (05103842)
Mike Acevedo (21906130)[C]
Tammy Maggitti (21688570)[C]
Daniel Fitzpatrick (95140006)[C]
Kyle King (21838660)[C]
Teagan Edsell (21912090)[C]

Name

Chris Lines (05129009)
Kimberly Metzger (05129736)
Stacey Bolen (22254750)
Robert Saunders Jr (05125961)
Crystal Smith (00014778)
Larry Goff (05132256)
Kimberly Wenrich (00011762)
Carly Stevenson (22502040)
Daniel Gerhart (22297540)
David Musiano (22357700)
Eileen Bousson Auffant (05559337)
Emily Hanke (21979820)
Eva McDonnell (95244545)
Kendall Baskin (21153170)
Taylor Haslett (20811720)
Amanda Goldberg (00015900)
Bethany Beahler (22273430)
Daryl Holden (05112798)
Diana Ocampo (22415530)
Garrett Alexander (22338560)[C]
Jill Snider (20713730)
Katie Goodrich (20718080)
Kyle Andrews (20719700)
Linda Zheng-Garcia (21143290)
Mohsen Jayash (95255317)[C]
Naga Uppala (21801160)[C]
Paloma Ferreira Coelho (20954220)
Rachael Petr (22384590)[C]
Ralph Abasa (21947200)
Rosemary Sharpe (05105670)
Scott Downes (21721650)[C]
Shavonda Evans (21742520)
Wesley Bandy (20716790)
Cheyenne Ickes (22493440)
Christopher Francisco (20635060)
Jessica Polcha (21988480)
Loretta Lange (05127143)
Michael Moore (20702690)
Nick Verratti (20952120)
PJ McAllister Jr. (20969440)
Robert Snyder (22227850)
Tolulope Durojaiye (22423120)
Victoria Kammerer (21207870)
Brian Schneider (22352360)
Darryl White (21165340)
Jacqueline Muto (22066770)
Jim Honer (22183840)
Karen Poppiti (21775060)
Nicholas Rubini (21620980)
Oluwadara Salako (22352770)
Rosina Santiago (05127371)
Amy Zielinski (21866830)
Diana Rein (20988470)
James Wisniewski (20488180)
Kayla Joo (22219660)
Luke Diana (21183010)
Michael Uhle (21870130)
Saidi Sabitu (08387176)
Serge Ayinou (21991250)
Sian Cairns (21870930)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM 20-F

(Mark One)

☐ REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 31, 2023

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of event requiring this shell company report

For the transition period from _____ to _____

Commission file number: 001-11960

# ASTRAZENECA PLC

(Exact name of Registrant as specified in its charter)

England and Wales

(Jurisdiction of incorporation or organization)

1 Francis Crick Avenue
Cambridge Biomedical Campus
Cambridge CB2 0AA
England

(Address of principal executive offices)

Adrian Kemp
AstraZeneca PLC
1 Francis Crick Avenue
Cambridge Biomedical Campus
Cambridge CB2 0AA
England
Telephone: +44 20 3749 5000
Facsimile number: +44 1223 352 858

(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading symbol(s) | Name of each exchange on which registered |
|---|---|---|
| American Depositary Shares, each representing one half of an Ordinary Share of 25¢ each | AZN | The Nasdaq Stock Market LLC |
| Ordinary Shares of 25¢ each | | The Nasdaq Stock Market LLC * |
| 0.700% Notes due 2024 | AZN 24 | The Nasdaq Stock Market LLC |
| 3.375% Notes due 2025 | AZN 25 | The Nasdaq Stock Market LLC |
| 0.700% Notes due 2026 | AZN 26 | The Nasdaq Stock Market LLC |
| 1.200% Notes due 2026 | AZN 26A | The Nasdaq Stock Market LLC |
| 3.125% Notes due 2027 | AZN 27A | The Nasdaq Stock Market LLC |
| 1.750% Notes due 2028 | AZN 28 | The Nasdaq Stock Market LLC |
| 4.875% Notes due 2028 | AZN 28A | The Nasdaq Stock Market LLC |
| 4.000% Notes due 2029 | AZN 29 | The Nasdaq Stock Market LLC |
| 1.375% Notes due 2030 | AZN 30 | The Nasdaq Stock Market LLC |
| 4.900% Notes due 2030 | AZN 30A | The Nasdaq Stock Market LLC |
| 2.250% Notes due 2031 | AZN 31 | The Nasdaq Stock Market LLC |
| 4.875% Notes due 2033 | AZN 33 | The Nasdaq Stock Market LLC |
| 6.450% Notes due 2037 | AZN 37 | The Nasdaq Stock Market LLC |
| 4.000% Notes due 2042 | AZN 42 | The Nasdaq Stock Market LLC |
| 4.375% Notes due 2045 | AZN 45 | The Nasdaq Stock Market LLC |
| 4.375% Notes due 2048 | AZN 48 | The Nasdaq Stock Market LLC |
| 2.125% Notes due 2050 | AZN 50 | The Nasdaq Stock Market LLC |
| 3.000% Notes due 2051 | AZN 51 | The Nasdaq Stock Market LLC |

* Not for trading, but only in connection with the registration of American Depositary Shares representing such Ordinary Shares pursuant to the requirements of the Securities and Exchange Commission.

Securities registered or to be registered pursuant to Section 12(g) of the Act:

None

(Title of Class)

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act:

None
(Title of Class)

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report.

The number of outstanding shares of each class of stock of AstraZeneca PLC as of December 31, 2023 was:

| Title of Class | Number of Shares Outstanding |
|---|---|
| Ordinary Shares of 25¢ each | 1,550,162,626 |
| Redeemable Preference Shares of £1 each | 50,000 |

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

Yes ☐ No ☒

**Note** — Checking the box above will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 from their obligations under those Sections.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See definition of "accelerated filer," "large accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-accelerated Filer ☐
Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with US GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

US GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

☐ Item 17 ☐ Item 18

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes ☐ No ☒

(APPLICABLE ONLY TO ISSUERS INVOLVED IN BANKRUPTCY PROCEEDINGS DURING THE PAST FIVE YEARS)

Indicate by check mark whether the registrant has filed all documents and reports required to be filed by Section 12, 13 or 15(d) of the Securities Exchange Act of 1934 subsequent to the distribution of securities under a plan confirmed by a court.

Yes ☐ No ☐

Pursuant to Rule 12b-23(a) of the Securities Exchange Act of 1934, as amended, the information for the 2023 Form 20-F of AstraZeneca PLC (the "Company") set out below is being incorporated by reference from AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated and submitted on February 20, 2024.

References below to major headings include all information under such major headings, including subheadings, unless such reference is a reference to a subheading, in which case such reference includes only the information contained under such subheading. Unless the context otherwise requires, "AstraZeneca" or "Group" refers to the Company and its consolidated entities. Other information contained within AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F, including graphs and tabular data, is not included in this Form 20-F unless specifically identified below. Photographs are also not included.

In addition to the information set out below, the information (including tabular data) set forth under the headings "Use of terms" on the inside front cover, "Strategic Report—Financial Review—Measuring performance" on page 60, and the tables on pages 61 to 63, "Additional Information —Trade Marks" on page 231, "—Glossary" on pages 232 to 235 and "—Important information for readers of this Annual Report—Cautionary statement regarding forward-looking statements", "—Inclusion of Reported performance, Core financial measures and constant exchange rate growth rates", "—Statements of competitive position, growth rates and sales", "— AstraZeneca websites", "—External/third-party websites" and "—Figures" on page 236, in each case of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 is incorporated by reference. References herein to AstraZeneca websites, including where a link is provided, are textual references only and information on or accessible through such websites does not form part of and is not incorporated into this Form 20-F dated February 20, 2024. Reference to "audited" information (including graphs and tabular data) set forth under the heading "Corporate Governance—Directors' Remuneration Report" refers to procedures performed by the Company's external auditor in accordance with International Standards on Auditing (UK) ('ISAs (UK)') and applicable law and does not form part of the "Report of Independent Registered Public Accounting Firm" in Item 18 herein. For the avoidance of doubt, the "Independent auditors' report to the members of AstraZeneca PLC" on pages 141 to 147 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 does not form part of, and is not incorporated into, this Form 20-F dated February 20, 2024.

## PART 1

### ITEM 1. IDENTITY OF DIRECTORS, SENIOR MANAGEMENT AND ADVISERS

Not applicable.

### ITEM 2. OFFER STATISTICS AND EXPECTED TIMETABLE

Not applicable.

### ITEM 3. KEY INFORMATION

***A. Reserved***

***B. Capitalization and Indebtedness***

Not applicable.

***C. Reason for the Offer and Use of Proceeds***

Not applicable.

## D. Risk Factors

Operating in the pharmaceutical sector carries various inherent risks and uncertainties that may affect our business. In this section, we describe the risks and uncertainties that we consider material to our business, in that they may have a significant effect on our financial condition, results of operations and/or reputation.

These risks have been categorised consistently with the "Risk Overview—Principal Risks" detailed on pages 56 and 57 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024, each of which are included below (in addition to other risks that we face). We believe that the forward-looking statements about AstraZeneca in this Form 20-F dated February 20, 2024, identified by words such as 'anticipates', 'believes', 'expects' and 'intends', are based on reasonable assumptions. However, forward-looking statements involve inherent risks and uncertainties such as those summarised below. They relate to events that may occur in the future, that may be influenced by factors beyond our control and that may have actual outcomes materially different from our expectations. Therefore, other risks, unknown or not currently considered material, could have a material adverse effect on our financial condition or results of operations.

| Product pipeline risks | Impact |
|---|---|
| **Failure or delay in the delivery of our pipeline or launch of new medicines** | |
| Our continued success depends on the development and successful launch of innovative new drugs.<br><br>The development of pharmaceutical product candidates is a complex, risky and lengthy process involving significant resources. A project may fail at any stage of the process due to various factors, including: failure to obtain the required regulatory or marketing approvals; unfavourable clinical efficacy data; safety concerns; failure to demonstrate adequate cost-effective benefits to regulatory authorities and/or payers; and the emergence of competing products. Details of projects that have suffered setbacks or failures during 2023 can be found in the "Strategic Report—Therapy Area Review" on pages 16 to 31 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.<br><br>Launch activities may be delayed by a number of factors, including: adverse findings in preclinical or clinical studies; regulatory demands; price negotiation; large-scale natural disasters or global pandemics; competitor activity; and technology transfer. In addition to developing products in-house, we continue to expand our portfolio through licensing arrangements and strategic collaborations which may not ultimately be successful. | Failure or delay in development of new product candidates could damage the reputation of our R&D capabilities, and materially adversely affect our future business and results of operations.<br><br>Delays to launches can lead to excess expenses in the manufacture of pre-launch inventories, marketing materials and sales force training. For the launch of products that are seasonal in nature, delays in regulatory approvals or manufacturing may delay launch to the next season which, in turn, may significantly reduce the return on costs incurred in preparing for the launch for that season. Furthermore, in immuno-oncology in particular, speed to market is critical given the large number of clinical trials being conducted by competitors. Delay of launch can also erode the term of patent exclusivity.<br><br>Competition from other pharmaceutical companies means that we may have to pay a significant premium over book or market values for our acquisitions. Failure to complete collaborative projects in a timely, cost-effective manner may limit our ability to access a greater portfolio of products, intellectual property (IP), technology and shared expertise. In many cases we make milestone payments in advance of the commercialisation of the products, with no assurance of recouping costs. |
| **Failure to meet regulatory or ethical requirements for medicine development or approval** | |
| We are subject to laws and regulations that control our ability to market our pharmaceutical products. Our development programmes must meet many standards to prove our products are safe, effective and of high quality. Health authorities, such as the FDA in the US and the European Medicines Agency in the EU, can refuse to approve our products or require us to conduct additional clinical trials or scientific testing before they will approve them for marketing. Many factors influence health authority decisions to approve or reject a marketing application for a pharmaceutical product. These include advances in science and technology, new laws, regulations and policies, and different standards for evaluating safety and effectiveness. | Delays in regulatory approvals could delay our ability to market our products and may adversely affect our revenue. Also, post-approval requirements, including additional clinical trials, could cause increased costs. We seek to manage these risks, but policymaking by governments and health authorities can be unpredictable and unforeseen circumstances, such as public health emergencies, may strain health authority resources and delay the approval of our products.<br><br>Following approval, a health authority may require us to conduct additional clinical trials or scientific testing to address concerns raised after patients have used our products in the marketplace. New data may impact a product's approval status or lead to labelling changes that limit the use of a product. |

## D. Risk Factors
*continued*

| Commercialisation risks | Impact |
|---|---|
| **Failures or delays in the quality or execution of the Group's commercial strategies** | |
| Maximising the commercial potential of our new products underpins the success of our strategy and the delivery of our short- and medium-term targets. We may ultimately be unable to achieve commercial success for various reasons, including:<br>> difficulties in manufacturing sufficient quantities of the product<br>> any price control measures imposed by governments and healthcare authorities<br>> patient access to healthcare<br>> diagnosis rates<br>> erosion of IP rights<br>> failure to show a differentiated product profile<br>> changes in prescribing habits<br>The ability to successfully carry out business in emerging markets can be more challenging than in established markets. Such challenges may include:<br>> volatility in economic or political climates<br>> inadequate protection against crime (including counterfeiting, corruption and fraud)<br>> inadvertent breaches of local and international law. | Failure to execute our commercial strategies or achieve the level of sales anticipated for a medicine could materially adversely impact our business or results of operations.<br>Failure to leverage potential opportunities or appropriately manage risks in emerging markets may materially adversely affect our reputation, business or results of operations. |
| **Pricing affordability, access and competitive pressures** | |
| Appropriate pricing, reimbursement and policy frameworks enable us to contribute significantly to patients, public health and health practice transformation. The global economic, political and social pressures are creating an ever more challenging environment in which we operate. As a result of global financial pressures there is increased evidence of cost containment measures including:<br>> drug pricing system reforms such as the Inflation Reduction Act (IRA) in the US<br>> changes to reference pricing rules impacting prices in some markets<br>> expedited approval of generic drugs and introduction of new laws, regulations and policies. | Deterioration of, or lack of improvement in, socio-economic conditions could adversely affect supply and/or distribution in affected countries and the ability or willingness of customers to purchase our medicines, putting pressure on price and/or volumes. This could adversely affect our business or results of operations, for example, those health systems most severely impacted by downturn may seek alternative ways to settle their debts at a discount. Other customers may cease to trade, which may result in losses from writing off debts or a reduction in demand for products. Across the industry, a new government-run drug price-setting programme in the US could reduce the value of certain products sooner than planned and impact the R&D pipeline as companies seek to avoid investing in lower yield products. |

## D. Risk Factors
## *continued*

| Supply chain and business execution risks | Impact |
|---|---|
| Failure to maintain supply of compliant, quality medicines | |
| We may experience challenges, delays or interruptions in the manufacturing and supply of our products for various reasons, including:<br>> Supply shortages or delays in construction of facilities to support future demand of our products caused by significant unforecasted demand growth or supply chain disruptions (e.g. natural disasters, climate impacts, COVID-19,conflict or political unrest)<br>> The inability to supply products due to a product quality failure or regulatory compliance action such as licence withdrawal, product recall or change of regulatory standards (e.g. nitrosamines, where regulators have been introducing new limits/expectations for regulatory filings)<br>It is necessary for us to meet all regulations, including compliance with Good Manufacturing Practices (GMP) and Good Distribution Practices (GDP) and comparable regulatory dossier conditions of approval in all countries in which our products are licensed, manufactured or sold.<br>We rely significantly on third parties for the timely supply of goods (e.g. active ingredients and packaging components), many of which are difficult to substitute in a timely manner or at all. | Supply chain difficulties may result in product shortages, which could lead to lost Product Sales and materially affect our reputation and results of operations.<br>Failure to comply with all manufacturing regulations can result in negative regulatory inspection findings that could lead to the halt of manufacturing, and/or product seizure, debarment or recalls which could have an adverse effect on our business, financial condition and results of operations.<br>In the event of insolvency of third-party suppliers, it would be difficult to substitute in a timely manner or at all. |

## D. Risk Factors
*continued*

### Illegal trade in the Group's medicines

The illegal trade of pharmaceutical products, including counterfeiting, tampering, theft and illegal diversion (where products are found in a market where we did not send them and where they are not approved to be sold) may lead to a loss of public confidence in the integrity of medicines.

The incidence of illegal trade could materially adversely affect our reputation, financial performance and pose a direct risk to patient safety. In addition, concern about this issue may cause some patients to stop taking their medicines, with consequential risks to their health.

If we are found liable for breaches in our supply chains, authorities may take action, financial or otherwise, that could restrict the distribution of our products.

### Reliance on third-party goods and services

A significant proportion of AstraZeneca's annual costs relates to spend with third-party suppliers. The level of spend supports the length of our value chain from discovery to manufacture and commercialisation of our medicines.

Many of our business-critical operations are outsourced to third-party providers. We are, therefore, heavily reliant on these third parties to get medicines to patients, comply with applicable laws and regulations, while also ensuring prudent use of AstraZeneca financial resources.

Failure to successfully secure, onboard and manage outsourced services, particularly with inflationary pressures increasing, or the failure of outsourced providers to deliver timely services, and to the required level of quality, could materially adversely affect our reputation, our financial condition and operating results as well as our ability to deliver medicines to patients.

Failure to effectively manage third-party suppliers when external factors, including geopolitical tensions, or raw materials and components shortages, place increased pressure on AstraZeneca's ability to purchase goods and services may lead to major business disruption.

Any breach of security, whether physical, cyber or data related, or failure of these third parties to operate in a way that is consistent with laws or regulations, may lead to regulatory penalties, materially affect the results of operations and adversely impact our reputation.

### Failure in information technology or cybersecurity

IT systems enable critical business functions. Critical business processes and functions are increasingly dependent on partner and vendor IT stability and data integrity. IT systems provide our workforce with continuous access to collaboration environments, global communications channels, applications and data. High availability IT systems remain a business imperative. In addition to availability and reliability, IT systems must comply with provisions specified in data security, privacy and individual protection laws.

Data is a commodity that we prioritise continued access to and protection of. Data is often characterised as strictly confidential information. Examples of strictly confidential data include clinical trial records, personal information, IP, R&D data, and compliance information. AstraZeneca's IT systems and data are potentially vulnerable to service interruptions and security breaches via attacks by malicious third parties or intentional or inadvertent actions by our employees or vendors. Attempts to exploit AstraZeneca are increasingly sophisticated. Threat actors include organised criminal groups, 'hacktivists', nation states, employees and others.

The internet is our primary critical business transaction channel. Internet availability is increasingly at risk due to geopolitical tensions and conflict.

Privacy legislation includes obligations to report data protection breaches to regulators and affected individuals within expedited timeframes.

Disruption to these IT systems and/or the internet (including breaches of data security or cybersecurity, failure to integrate new and existing IT systems) or failure to comply with additional requirements under applicable laws, could harm our reputation and materially adversely affect our financial condition or results of operations. While we invest heavily in the protection of our data and IT, we may be unable to prevent hardware or software failures or breaches which could result in disclosure of confidential information, damage to our reputation, regulatory penalties or sanctions, or financial loss. The inability to back-up and restore data effectively could lead to permanent loss of data that could, in turn, result in non-compliance with applicable laws and regulations and otherwise harm our business.

Data loss could lead to public disclosure of confidential information which may damage our reputation, materially affect our business or results of operations and expose us to legal risks and/or additional legal obligations. Public disclosure of sensitive information could materially adversely affect our reputation and business or operations results.

Cybersecurity insurance coverage limits may not protect against any future claim or claim proceeds may be delayed.

Failure to comply with regulatory disclosure requirements could cause reputational damage and a loss of public trust.

## D. Risk Factors
*continued*

### Failure of critical processes

Unexpected events and/or events beyond our control could result in the failure of critical processes within the Group or at third parties on whom we are reliant.

The business faces threats to business continuity from many directions. Examples of material threats include:

- Disruption to our business or the global markets if there is instability in a particular geographic region, including as a result of war, terrorism, pandemics, armed conflicts, riots, unstable governments, civil insurrection or social unrest.
- Natural disasters in areas of the world prone to extreme weather events, which may increase in frequency or severity as a result of climate change.
- Cyber threats similar to those detailed in the 'Failure in information technology or cybersecurity' section above.

Crystallisation of such material threats may heighten certain other risks, such as those relating to the delivery of the pipeline, launch of new medicines, or the manufacture and supply of medicines, and may lead to loss of revenue and have a materially adverse impact on our financial results.

### Failure to collect and manage data in line with legal and regulatory requirements and strategic objectives

Data is increasingly recognised as being AstraZeneca's most valuable commodity. There is an increasing range of legislative and regulatory requirements to manage data across all countries where we conduct business; these may impact certain types of data such as personal data, the way that we conduct business such as restricting the movement of data between countries or jurisdictional regions or how we make use of new technological capabilities such as artificial intelligence (AI). In addition, geopolitical changes may require changes to how AstraZeneca manages data.

Beyond legal and regulatory requirements, achieving strategic objectives will require good management of data across the enterprise. As our organisation increasingly relies on data, including sensitive data relating to health and genomics, a failure to properly understand personal and collective accountabilities for managing data to maximise its value, or failure to address data risks will reduce our ability to execute at pace and deliver strategic objectives.

AI technologies present significant opportunities and risks to our business. Harnessing AI's transformative potential may enable AstraZeneca to speed up the discovery and development of new drugs, optimise our manufacturing processes, drive efficiencies and productivity, and accelerate our growth. Failure to exploit these opportunities may put AstraZeneca at a competitive disadvantage.

AstraZeneca is investing significant resources into AI experimentation, development, and deployment across many parts of our business. As we scale our use of AI, it is possible not all investments will succeed.

AI technologies may exacerbate existing risks, like those risks associated with data privacy, cybersecurity and IP. AI also introduces new risks due to the autonomous nature of the technology, the ease at which AI-enabled decision making can be scaled up, and the commercial pressures to adopt AI. AI systems can amplify biased and discriminatory decision making, perform unreliably and malfunction, generate insights which are difficult to interpret and explain, and cause direct harm to individuals or groups. These risks may become more significant as we increasingly utilise AI to inform, augment and automate decision making and processes in sensitive areas (e.g. clinical trials, medical decision making).

The adoption and exploitation of AI is occurring under the backdrop of intense global media scrutiny, heightened political attention and low levels of public trust and understanding. There is also a range of new AI regulations being adopted and implemented worldwide, including in the EU, China and the US.

Despite taking measures designed to ensure compliance with applicable privacy- and AI-related laws and regulations by our personnel and our third parties, non-compliance has occurred and may occur again in the future. If future instances of non-compliance are deemed significant, these may attract material regulatory sanctions or fines and corresponding reputational damage, orders to stop certain processing of personal data, or legal action on behalf of impacted individuals. Further, failure to protect personal data could lead to a competitive disadvantage, loss of trust from our stakeholders, including patients, and prevent us from delivering our strategic objectives.

If the scope of data-related laws is expanded or if the interpretation or enforcement of existing laws change or new privacy laws are implemented, AstraZeneca and its third-party vendors may be required to change their business practices or data processing practices and policies. This may lead to substantial compliance-related costs or materially adversely impact our business and financial condition.

Our failure to use AI technologies in a way that maintains trust, quality and control in our business activities would pose reputational, legal, regulatory and financial risks to AstraZeneca. Investments in AI may not realise the benefits that were anticipated.

## D. Risk Factors
*continued*

### Failure to attract, develop, engage and retain a diverse, talented and capable workforce

We rely heavily on recruiting and retaining talented employees with a diverse range of skills and capabilities to meet our strategic objectives. Externally there is intense competition for well-qualified individuals, as the supply of people with certain skills or in specific geographic regions may be limited.

Ensuring our employees are continually developed and engaged with strategic objectives embeds commitment across the workforce.

The inability to attract and retain highly skilled personnel may weaken our succession plans for critical positions, impact the implementation of our strategic objectives and ultimately result in the failure of our business operations.

Failure to develop and engage our workforce could result in business disruption, a loss of productivity and higher turnover rates, all of which could materially adversely affect our business.

Focus in 2024 will be to look at our global footprint to ensure we are best positioned to support science and the business towards the 2030 Bold Ambition.

| Legal, regulatory and compliance risks | Impact |
|---|---|

### Failure to meet regulatory or ethical expectations on environmental impact, including climate change

Environmental issues will become more material as healthcare systems embrace net-zero climate targets.

Our environmental targets and performance will have increased scrutiny by investors, governments and non-governmental organisations.

Environmental considerations are becoming embedded in the public procurement of goods and services, including medicinal products and devices.

Specific materials used to manufacture medicines, or used as excipients or propellants, are coming under increased regulation and may be subject to time-limited exemptions or potential phase-out.

The physical impacts of climate change could impact the resilience of our business operations and supply chain.

Investors are increasingly focusing on environmental issues. We continue to see an increased requirement to quantify the impact of specific environmental issues and to disclose our strategy, targets and performance.

Failure to maximise our environmental sustainability credentials could expose us to increased regulatory risk and put us at a commercial disadvantage relative to our peers. This could adversely impact our financial results and lead to reputational damage.

Failure to proactively manage the physical risks associated with climate change could impact the resilience of our operations and supply chain. This could result in supply interruptions, loss of stock and adversely impact our financial results.

### Safety and efficacy of marketed medicines is questioned

Our ability to accurately assess, prior to launch, the eventual safety or efficacy of a new product once in broader clinical use can only be based on data available at that time, which is inherently limited due to relatively short periods of product testing and relatively small clinical study patient samples.

Any unforeseen safety concerns or adverse events relating to our products, or failure to comply with laws, rules and regulations relating to provision of appropriate warnings concerning the dangers and risks of our products that result in injuries, could expose us to large product liability claims, settlements and awards, particularly in the US. Adverse publicity relating to the safety of a product, or of other competing products, may increase the risk of product liability claims. Details of material product liability litigation matters can be found in "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.

Serious safety concerns or adverse events relating to our products could lead to product recalls, seizures, loss of product approvals, declining sales and interruption of supply, and could materially adversely impact patient access, our reputation and financial revenues. Significant product liability claims could also arise which could be costly, divert management attention, or damage our reputation and demand for our products.

Unfavourable resolution of such current and similar future product liability claims could subject us to enhanced damages, consumer fraud and/or other claims, including civil and criminal governmental actions. This could require us to make significant provisions in our accounts relating to legal proceedings and could materially adversely affect our financial condition or results of operations, particularly where such circumstances are not covered by insurance.

## D. Risk Factors
*continued*

### Adverse outcome of litigation and/or governmental investigations

Our business is subject to a wide range of laws and regulations around the world. We have been, and may continue to be, subject to various legal proceedings and governmental investigations.

Actual or perceived failure to comply with laws or regulations may result in AstraZeneca and/or its employees being investigated by government agencies and authorities and/ or in civil legal proceedings. Relevant authorities have wide-ranging administrative powers to deal with any failure to comply with laws, regulations or continuing regulatory oversight, and this could affect us, whether such failure is our own or that of our contractors or external partners. In particular, the manufacturing, marketing, exportation, promotional, clinical, pharmacovigilance and pricing practices of pharmaceutical manufacturers, as well as manufacturer interaction with regulatory agencies, purchasers, prescribers and patients, are subject to extensive regulation, litigation and governmental investigation. Moreover, such laws, rules and regulations are subject to change. Details of material litigations and governmental investigations can be found in "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20 F Information 2023" included as exhibit 15.1 to this Form 20 F dated February 20, 2024.

Many companies, including AstraZeneca, have been subject to legal claims asserted by federal and state governmental authorities and private payers and consumers, which have resulted in substantial expense and other significant consequences. Governmental investigations or proceedings could result in civil or criminal sanctions and/or the payment of fines or damages. Civil litigation, particularly in the US, is inherently unpredictable, and unexpectedly high awards for damages can result from an adverse result. In many cases, litigation adversaries may claim enhanced damages in extremely high amounts. Government investigations, litigations, and other legal proceedings, regardless of the outcome, could be costly, divert management attention, or damage our reputation and demand for our products.

Unfavourable resolutions to current and similar future proceedings against us that could subject us to criminal liability, fines, penalties or other monetary or non-monetary remedies, including enhanced damages, require us to make significant provisions in our accounts relating to legal proceedings and could materially adversely affect our business or results of operations.

### IP risks related to our products

IP protection provides the foundation for continued investment in developing innovative medicines to improve patient health. However, the pharmaceutical industry is experiencing pressure from governments and other healthcare payers to impose limits on IP protections in an effort to manage healthcare costs. Additionally, policymakers are progressively leveraging regulations to expedite the approval of generic drugs and encourage generic drug utilisation. These policies may drive accelerated utilisation of generic alternatives to our products following expiry or loss of our IP rights. We also recognise increasing use of compulsory licensing in some countries in which we operate.

We are subject to numerous patent challenges relating to various products or processes and assertions of non-infringement of our patents. A loss in any of these challenges could result in loss of patent protection on the covered product and a risk to the revenue generated by the product. We also face the risk that our products may be found to infringe patents owned or licensed by third parties and we may be subject to monetary damages or compelled to cease sales of the infringing product, resulting in a potential risk to revenue. These challenges threaten the value of our investment in pharmaceutical development. Details of material patent litigation matters can be found in "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20 F Information 2023" included as exhibit 15.1 to this Form 20 F dated February 20, 2024.

If we are unable to obtain, defend and enforce our IP, we may experience accelerated and intensified competition. Also, if our products are found to infringe a third-party patent, we may be subject to monetary damages or compelled to cease sales of the infringing product. These negative outcomes could have an adverse material impact on our financial results.

## D. Risk Factors
## *continued*

| Economic and financial risks | Impact |
|---|---|
| **Failure to achieve strategic plans or meet targets or expectations** | |
| When we communicate our business strategy, targets or performance expectations, all such statements are forward-looking and based on assumptions and judgements, all of which are subject to significant inherent risks and uncertainties. | To achieve our strategic objectives, we must continue to develop commercially viable new products and successfully integrate new organisations we have acquired. There can be no guarantee that our strategy or expectations will materialise. Any failure to successfully implement our business strategy may frustrate the achievement of our financial targets, which may therefore materially damage our brand, business, financial position or results of operations. |
| **Geopolitical and/or macroeconomic volatility disrupts the operation of our global business** | |
| Operating in more than 100 countries, we are subject to political, socio-economic and financial factors around the world. A sustained global economic downturn may adversely impact financial markets and/or exacerbate pressure from governments and other healthcare payers on medicine prices and other cost control measures in order to limit healthcare spending.<br><br>Geopolitical tensions may lead to the imposition or escalation of trade controls, tariffs, taxes or other restrictions to market access which may increase our costs or reduce revenues. | A severe or prolonged economic downturn could result in a variety of risks to our business, including weakened demand for medicines and our ability to raise additional capital when needed or on favourable terms, if at all. A weak or declining economy could strain our suppliers, possibly resulting in supply disruption, or cause delays in payments for our services by third-party payers.<br><br>Measures taken to limit healthcare spending may lead to lower than anticipated rates of growth in some markets and an adverse impact on revenues and profitability.<br><br>Any escalation in barriers to the global free flow of medicines is likely to increase costs to serve affected markets which may lead to downward pressure on margins. While the introduction of severe sanctions is unlikely in relation to medicines, it could occur if matters escalate significantly and could impact processes for the commercialisation of medicines and levels of sales in affected markets.<br><br>Any of the foregoing could harm our business and we cannot anticipate all of the ways in which the current economic climate and financial market conditions could adversely impact our business. |
| **Failure in financial control or the occurrence of fraud** | |
| Effective internal controls assist in the provision of reliable Financial Statements and the detection and prevention of fraud. Testing of internal controls provides only limited assurance over the accuracy of Financial Statements and may not prevent or detect misstatements or fraud. | Significant resources may be required to remediate any deficiency in internal controls. Any such deficiency may trigger related investigations and may result in fines being levied against individual directors or officers. Serious fraud may lead to prosecution of senior management. Any of the foregoing could adversely affect our financial results and lead to reputational damage. |

## D. Risk Factors
*continued*

Unexpected deterioration in the Group's financial position

Movements in exchange rates against the US dollar, our reporting currency, impact our reported results. The key currencies of Product Sales and costs are: US dollar, Chinese renminbi, euro, Japanese yen, Swedish krona and pound sterling.

Most of our cash is invested in AAA credit-rated institutional money market funds, fixed income securities issued by government, financial and non-financial entities and collateralised and non-collateralised bank deposits. Our credit exposure is a mix of US, EU and rest of world default risk across these institutions.

We invest in many projects in an effort to develop a successful portfolio of approved products. Our Consolidated Statement of Financial Position therefore contains significant investments in intangible assets, including goodwill. Our ability to realise value on these investments depends on regulatory approvals, market acceptance, competition, and legal developments.

Our defined benefit post-retirement obligations (primarily in the UK and Sweden) can materially change in value but are largely backed by assets invested in growth and liability hedging portfolios, which hedge some of the risks inherent in liability valuations.

Although we maintain relevant insurance coverage for risks arising within the Group, we may not be able to maintain our insurance coverage at a reasonable cost or in sufficient amounts to protect us against losses.

Tax law is complex, leading to the risk of different interpretations. Revenue authorities can make conflicting claims to the profits taxed in individual countries leading to double taxation and the potential for fines and penalties. Tax laws can change following action by international bodies such as the Organisation for Economic Co-operation and Development (OECD) or individual governments.

Foreign exchange rate movements may materially adversely affect our financial condition or results of operations.

In a sustained economic downturn, such institutions may cease to trade and there can be no guarantee that we will be able to access the full value of our investments.

We expect that some of our intangible assets will become impaired in the future. Impairment losses may materially adversely affect our financial condition or results of operations.

Solvency levels could fall, leading to higher contributions if there are: falls in assets; increases in liability valuations (from falls in bond yields, increases in inflation or lower mortality); or changes in regulations. As liability valuation risks are hedged to a material level, significant collateral may need to be posted, which in extreme circumstances could lead to a short-term liquidity risk in some pension schemes and a request to the Group to provide temporary liquidity.

Uninsured losses, or those where an insurer denies coverage, could materially adversely affect our financial condition.

The resolution of tax disputes can result in incremental tax costs, a reallocation of profits or losses between jurisdictions, or even double taxation, fines and penalties. They are costly, divert management attention and may adversely affect our reputation.

If tax treaties are withdrawn or amended, or Competent Authorities are unable to reach an agreement that eliminates double taxation, this could materially adversely affect our financial position. For details of our financial risk management policies, see 'Strategic Report—Financial Review—Financial risk management' on page 71 and for details of current tax disputes, see 'Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets' on pages 204 to 210 of AstraZeneca's 'Annual Report and Form 20-F Information 2023' included as exhibit 15.1 to this Form 20-F dated February 20, 2024.

Changes in tax regimes could result in a material impact on the Group's cash tax liabilities and tax charge, resulting in either an increase or a reduction in financial results.

## ITEM 4. INFORMATION ON THE COMPANY

### *A. History and Development of the Company*

AstraZeneca PLC was incorporated in England and Wales on June 17, 1992 under the Companies Act 1985. It is a public limited company domiciled in the UK. The Company's registered number is 2723534 and its registered office is at 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge CB2 0AA, UK (Tel: +44 (0)20 3749 5000). From February 1993 until April 1999, the Company was called Zeneca Group PLC. On April 6, 1999, the Company changed its name to AstraZeneca PLC.

The Company was formed when the pharmaceutical, agrochemical and specialty chemical businesses of Imperial Chemical Industries PLC were demerged in 1993. In 1999, the Company sold the specialty chemical business. Also in 1999, the Company merged with Astra of Sweden. In 2000, it demerged the agrochemical business and merged it with the similar business of Novartis to form a new company called Syngenta AG. In 2007, the Group acquired MedImmune, a biologics and vaccines business based in the US. In 2021, the Group acquired Alexion, a rare disease business based in the US.

In 1999, in connection with the merger between Astra and Zeneca, the Company's share capital was redenominated in US dollars. On 6 April 1999, Zeneca shares were cancelled and US dollar shares issued, credited as fully paid on the basis of one dollar share for each Zeneca share then held.

This was achieved by a reduction of capital under section 135 of the Companies Act 1985. Upon the reduction of capital becoming effective, all issued and unissued Zeneca shares were cancelled and the sum arising as a result of the share cancellation credited to a special reserve, which was converted into US dollars at the rate of exchange prevailing on the record date. This US dollar reserve was then applied in paying up, at par, newly created US dollar shares.

At the same time as the US dollar shares were issued, the Company issued 50,000 Redeemable Preference Shares for cash, at par. The Redeemable Preference Shares carry limited class voting rights, no dividend rights and are capable of redemption, at par, at the option of the Company on the giving of seven days' written notice to the registered holder of the Redeemable Preference Shares.

A total of 826 million Ordinary Shares were issued to Astra shareholders who accepted the merger offer before the final closing date, 21 May 1999. The Company received acceptances from Astra shareholders representing 99.6% of Astra's shares and the remaining 0.4% was acquired in 2000, for cash.

In 2021, in connection with the acquisition of Alexion, a total of 236 million Ordinary Shares (the majority of which were represented by new AstraZeneca ADRs) were issued to Alexion shareholders in part consideration for the acquisition.

The information (including tabular data) set forth under the headings "Strategic Report—Financial Review—Collaboration Revenue" on pages 65 to 66, "Strategic Report—Financial Review—Restructuring" on page 67, "Strategic Report—Financial Review—Acquisitions treated as Business combinations" and "—Acquisitions treated as asset acquisitions" on page 69, "Strategic Report—Financial Review—Investments, divestments and capital expenditure" on page 70, "Corporate Governance—Corporate Governance Report—Compliance with the UK Corporate Governance Code—Board Leadership and Company Purpose" on page 81 and "Additional Information—Important information for readers of this Annual Report—AstraZeneca websites" on page 236, in each case of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 is incorporated by reference. Additionally, the information set forth under the heading "Strategic Report—Financial Review" on pages 60 to 76 of AstraZeneca's "Annual Report and Form 20-F Information 2022" included as exhibit 15.1 to the Form 20-F dated February 21, 2023 is incorporated herein by reference.

The United States Securities and Exchange Commission (the "SEC") maintains a website at www.sec.gov which contains in electronic form each of the reports and other information that we have filed electronically with the SEC.

### *B. Business Overview*

The information (including graphs and tabular data) set forth under the headings "Strategic Report—AstraZeneca at a Glance" on page 5, "Strategic Report—Chair's Statement" on page 2, "Strategic Report—Chief Executive Officer's Review" on pages 3 to 4, "Strategic Report—Science can..." on page 6, "Strategic Report—Healthcare in a Changing World" on pages 7 to 9, "Strategic Report—Our Purpose, Values and Business Model" on pages 10 to 11, "Strategic Report—Our strategy and Key Performance Indicators" on pages 12 to 15, "Strategic Report—Therapy Area Review" on pages 16 to 31, "Strategic Report—Business Review" on pages 32 to 49, "Strategic Report—Task Force on Climate-related Financial Disclosures Summary Statement" on pages 51 to 53, "Strategic Report—Risk Overview—Managing risk", "—Risk Overview—Emerging risks", "—Risk Overview—Climate risk", "—Risk Overview—Cybersecurity Risk" on page 54, "Corporate Governance—Corporate Governance Report—Compliance with the UK Corporate Governance Code—Global Compliance and Group Internal Audit (GIA)" on page 83, "Corporate Governance—Corporate Governance Report—Principal Decisions—Acquisitions and collaborations to strengthen pipeline" on page 87, "Financial Statements—Notes to the Group Financial Statements—Note 1—Revenue" on pages 160 to 161, "Financial Statements—Notes to the Group Financial Statements—Note 6—Segment information" on page 167 to 169, "Additional Information—Sustainability: supplementary information" on page 230, and "Additional Information—Important information for readers of this Annual Report—Statements of competitive position, growth rates and sales" on page 236, in each case of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 is incorporated by reference.

**Development Pipeline as of February 8, 2024**

This section sets out AstraZeneca-sponsored or -directed trial New Molecular Entities (NMEs) and significant indications.

First major market regulatory submission date and submission status is provided for assets in Phase III or beyond. As disclosure of compound information is balanced by the business need to maintain confidentiality, information in relation to some compounds listed here has not been disclosed at this time.

Key:
PP = Partnered product

Phase I

| Compound | Mechanism | Additional Information | Area Under Investigation |
|---|---|---|---|
| **Oncology** | | | |
| AZD0305 | GPRC5D ADC | | relapsed/refractory multiple myeloma |
| **AZD0486** | **CD19-CD3 TCE** | | **R/R B-cell non-Hodgkin lymphoma** |
| AZD0486 | CD19-CD3 TCE | | B-cell acute lymphoblastic leukaemia |
| **AZD1390** | **ATM inhibitor** | | **glioblastoma** |
| AZD3470 | PRMT5 inhibitor | | classic Hodgkin lymphoma, solid tumours |
| **AZD5335** | **anti-folate receptor alpha topoisomerase 1 inhibitor ADC** | | **ovarian cancer, lung adenocarcinoma** |
| AZD5851 | GPC3 CAR-T | | hepatocellular carcinoma |
| **AZD5863** | **CLDN18.2 x CD3 bi-specific antibody (HBM7022)** | | **solid tumours** |
| AZD6422 | CLDN18.2 CAR-T | | solid tumours |
| **AZD8421** | **CDK2 inhibitor** | | **solid tumours** |
| AZD9592 | EGFR/cMET | | solid tumours |
| **AZD9829** | **CD123 TOP1i ADC** | | **acute myeloid leukemia, myelodysplastic syndromes** |
| NT-125 | autologous, fully-individualised, multi-specific TCR-T targeting neoantigens | | solid tumours |
| **NT-175** | **TGFBR2 KO armoured TCR-T targeting TP53 R175H/HLA-A*02:01** | | **solid tumours** |
| volrustomig + lenvatinib | PD-1/CTLA-4 bispecific mAb + VEGF | | advanced renal cell carcinoma |
| **CVRM** | | | |
| AZD2373 | podocyte health | | nephropathy |
| **AZD2389** | **anti-fibrotic mechanism** | | **metabolic dysfunction-associated steatohepatitis** |
| AZD4144 | inflammation modulator | | cardiorenal disease |
| **AZD5462** | **RXFP1 agonist** | (PP) | **heart failure** |
| AZD6234 | peptide | | obesity with related comorbidities |
| **AZD7503** | **ASO** | | **non-alcoholic steatohepatitis** |
| AZD9550 | GLP-1R glucagon dual agonist | | non-alcoholic steatohepatitis |
| **Respiratory & Immunology** | | | |
| AZD1163 | bispecific antibody | | rheumatoid arthritis |
| **AZD5055** | **porcupine inhibitor** | | **idiopathic pulmonary fibrosis** |
| AZD6793 | IRAK4 inhibitor | | inflammatory diseases |
| **AZD6912** | **siRNA** | | **rheumatoid arthritis** |
| AZD7798 | humanised monoclonal antibody targets T cells subset | | Crohn's disease |
| **AZD8630** | **inhaled TSLP FAb** | (PP) | **asthma** |
| **Other Medicines** | | | |
| **AZD4041** | **orexin 1 receptor antagonist** | (PP) | **opioid use disorder** |
| MEDI0618 | PAR2 antagonist mAb | Phase I/IIa | migraine |
| **MEDI1814** | **amyloid beta mAb** | (PP) | **Alzheimer's disease** |
| **Rare Disease** | | | |
| **ALXN1910** | **next generation TNSALP ERT** | | **bone metabolism** |
| ALXN1920 | kidney-targeted factor H fusion protein | | nephrology |
| **ALXN2030** | **siRNA targeting complement C3** | | **nephrology** |
| ALXN2080 | oral factor D inhibitor | | healthy volunteers |
| **Vaccine and Immune therapies** | | | |
| COVID mRNA VLP vaccine | Vaccine | | COVID-19 |

4N

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ☑ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>☑ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 02318 | ☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☑ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: AstraZeneca Pharmaceuticals LP

Physical Address: 355 Omicron Court

City: Shepherdsville State: KY Zip: 40165

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 502-543-5102 Website: www.astrazeneca-us.com

Name of Designated Representative (DR): Chad Hack

Licensing Company Email: usdruglicensing@astrazeneca.com DR Email: chad.hack@astrazeneca.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☑ Pharmacies | ☑ Dangerous Drugs | ☑ Manufacturer |
| ☑ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☑ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☑ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | ✓ | |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Jun 2003 | Jun 2003 | DE | Wilmington | New Castle |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 1:03CR55(JJF) | | United States District Court, District of Delaware | | |
| **Reason/Charge** | | | | |
| Conspiracy to Violate the Prescription Drug Marketing Act by causing the sale of drug sample | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| AstraZeneca Pharmaceuticals LP | | | Lawsuit | |
| **Name of Business/Industry/Entity** | | | | |
| AstraZeneca Pharmaceuticals LP | | | | |

**Provide explanation below:**

In June 2003, AstraZeneca Pharmacuticals LP pleaded gulity to a one-count criminal information charging the company with conspiracy to violate the Prescription Drug Marketing Act by providing, during the time period 1993 through 1996, free samples of Zoladex to certain physicians with the understanding that these physicians would submit claims for reimbursement to Medicare

Shannon Grimes
Original Signature (electronic, copies or stamps not accepted)

01-21-2025
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Keuhne + Nagel Inc.
Address: 6005 Freeport Ave #103 City: Memphis State: TN Zip: 38141
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): AstraZeneca PLC
Corporation Name: AstraZeneca Pharmaceuticals LP
Mailing Address: 355 Omicron Court
City: Shepherdsville State: KY Zip: 40165
Telephone: 502-543-5102 Email: usdruglicensing@astrazeneca.com
Contact Person Name: Shannon Grimes
Date of SEC Registration: 14Jul2000 SEC Registration Number: 333-9062 Stock Exchange Symbol: AZN

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name: AstraZeneca Pharmaceuticals LP
Mailing Address: 1800 Concord Pike
City: Wilmington State: DE Zip: 19850
Telephone: 302-286-3271 Email: usdruglicensing@astrazeneca.com
Contact Person Name: Sabrina Brooks

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | ✓ | |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

AstraZeneca Pharmaceuticals LP

Facility Name

Shannon Grimes

Print Name of Authorized Person Submitting Application

Shannon Grimes

Original signature of Authorized Person (copies or stamps not accepted)

01-21-2025

Date

| Board Use Only | Date Received: 1/22/25 | Amount: $1000.00 |
|---|---|---|

An official website of the United States government Here's how you know

FDA



Share Tweet Linkedin Email Print

# Drug Establishments Current Registration Site

New Search

**Search Results for** *ASTRAZENECA PHARMACEUTICALS*

Showing 1 to 1 of 1 entries (filtered from 8 total entries)

Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| AstraZeneca Pharmaceuticals LP | 3014798309 | 190578984 | MANUFACTURE | 355 Omicron Ct, Shepherdsville, Kentucky (KY) 40165, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Friday, Jan 17, 2025

New Search

# AstraZeneca Pharmaceuticals LP Officers

AZPLP Officers

| Name | Title | Business Address | Business Phone | Email |
|---|---|---|---|---|
| Andrew Wirths | SVP Supply, Americas | One Medimmune Way<br>Gaithersburg, MD 20878 | [redacted] | |
| David E. White | Treasurer | 1800 Concord Pike<br>Wilmington, DE 19850 | | |
| Kevin P. Durning | US CFO, VP Finance | 1800 Concord Pike<br>Wilmington, DE 19850 | | |

**AstraZeneca Pharmaceuticals LP Partners**

| Entity | Percentage Owned | Employer ID | Authorized Contact Person | Title | Business Address | Mailing Address | Business Phone | Email |
|---|---|---|---|---|---|---|---|---|
| Alexion Pharma LLC | 40.748% | FEIN 47-4379225 | Mike Elloian | Vice President, Tax | 121 Seaport Blvd<br>Boston, MA 02210 | 100 College Street<br>New Haven, CT 06510 | 475-230-3530 | mike.elloian@alexion.com |
| AstraZeneca AB | 37.671% | EIN 98-0192371 | Per Alfredsson | SVP, Biologics Operations and President AstraZeneca AB | 151 85 Sodertalje<br>Sweden | 151 85 Sodertalje<br>Sweden | 46-72-739-6007 | per.pa.alfredsson@astrazeneca.com |
| Zeneca Inc. | 21.581% | FEIN 51-0112320 | David E. White | Treasurer | 1800 Concord Pike<br>Wilmington, DE 19850 | 1800 Concord Pike<br>Wilmington, DE 19850 | 302-886-6994 | david.e.white@astrazeneca.com |

**October 23rd, 2024**

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
#206
Reno, NV 89521

AstraZeneca Pharmaceuticals LP
1800 Concord Pike
Wilmington, DE 19850

Astrazeneca-us.com

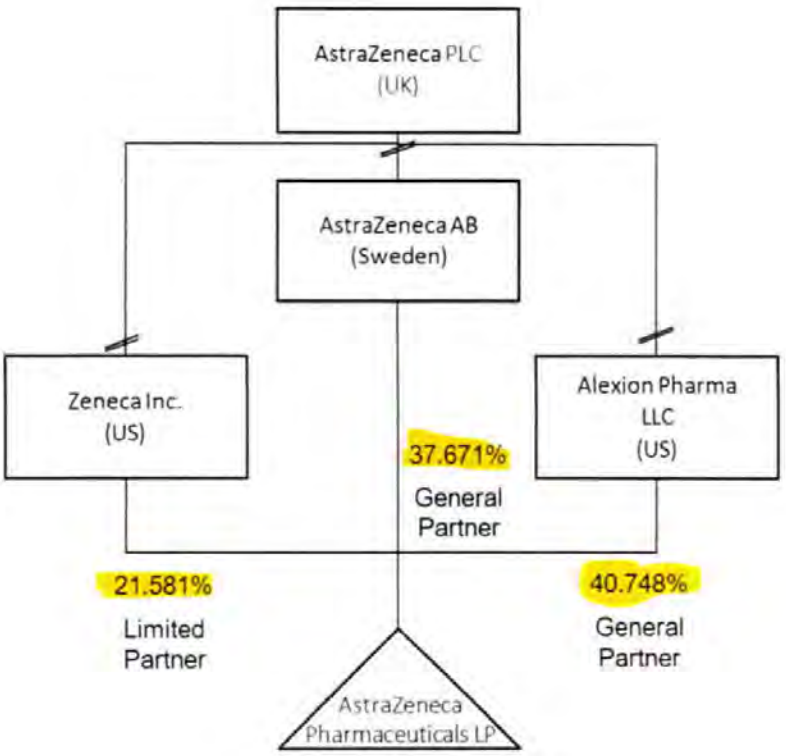
**Confidential/strictly confidential**

Reference number: Notice of Ownership Change
AstraZeneca Pharmaceuticals LP

This notice is to inform you that the ownership percentages have shifted within the AstraZeneca PLC organization. At this time, the organization has not acquired a new company, rather the percentages for each entity have shifted <5%. Legal counsel is actively updating our company's partnership agreement.

If additional documentation or action item is required, please notify us at shannon.grimes1@astrazeneca.com.

**Legal Entity Structure as of October 2024**

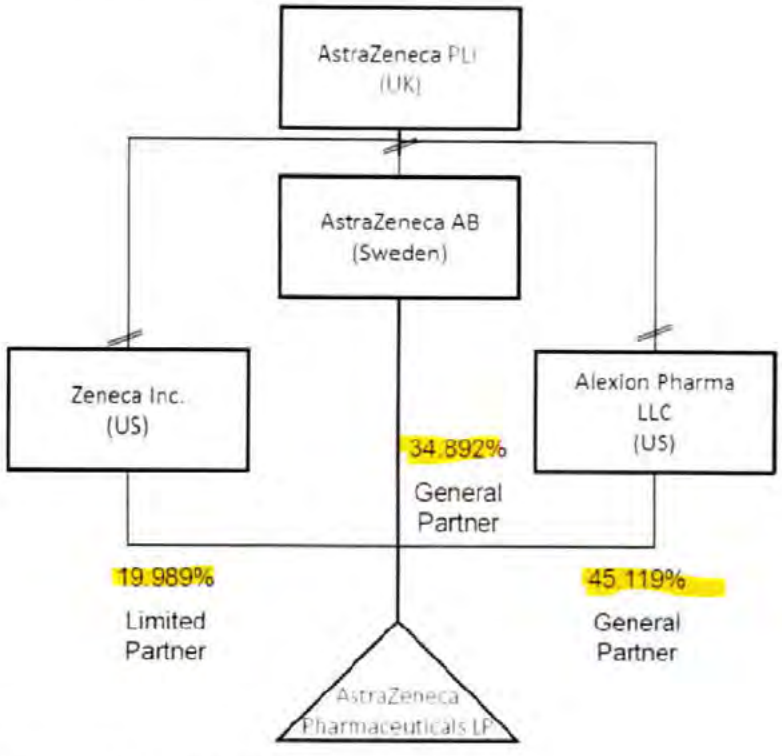


AstraZeneca

**Prior Legal Entity Structure**

AstraZeneca Pharmaceuticals LP
1800 Concord Pike
Wilmington, DE 19850

Astrazeneca-us.com




The active licenses within your state:

| License No. | License Type |
|---|---|
| WH00444 | Wholesale |
| WH02318 | Wholesale |
| Pending Application | Wholesale/Virtual Manufacturer |
| | |
| | |
| | |
| | |
| | |

Sincerely,

Shannon Grimes

Shannon Grimes
CMC RA Associate Director

AstraZeneca

[redacted]

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASTRAZENECA PHARMACEUTICALS LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2025.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

2810992 8300

SR# 20250042085

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202629688

Date: 01-07-25

# COMMONWEALTH OF KENTUCKY

## KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 12/20/2016

NUMBER: W03830

EXPIRATION DATE: 09/30/2025

Issued to:
ASTRAZENECA PHARMACEUTICALS LP

355 OMICRON COURT
SHEPHERDSVILLE, KY 40165

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

usdruglicensing@astrazeneca.com

# COMMONWEALTH OF KENTUCKY

## KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Manufacturer

NUMBER: M03831

EFFECTIVE DATE: 12/20/2016

EXPIRATION DATE: 09/30/2025

**PIC: SAMANTHA DAWN HAMMOND**

Issued to:
ASTRAZENECA PHARMACEUTICALS LP

355 OMICRON COURT
SHEPHERDSVILLE, KY 40165

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

usdruglicensing@astrazeneca.com

AstraZeneca Pharmaceuticals LP

Employee List LVDC

Brianne Veach
Rebecca Arthur
Cystal Baxter
Amy Broom
Tim Halter
James Green
Ellen Rhodes
Chandria Johnson
Melissa Campbell
Daniel Craig
Kristy Sparks
Elizabeth Luciano
Kenneth Green
Chad Hack
Blake Burchell
Philip Goodloe
Jorge Irizarry
Shannon Grimes
Eric Hunter
Israel Torres
Steve Kingery
Jennifer Biel
Daniel Orr
Pete Dallas
Cameron Brussell

Jody Wagner
Tina Miller
Ben Gilbert
Linda Moch
William Kidd
Leigh Flynn
Doris Hearn
Alvin Isaacs
Mark Goodwin
Illya Williams

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM 20-F

(Mark One)

☐ REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 31, 2023

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of event requiring this shell company report

For the transition period from _____ to _____

Commission file number: 001-11960

# ASTRAZENECA PLC

(Exact name of Registrant as specified in its charter)

England and Wales

(Jurisdiction of incorporation or organization)

1 Francis Crick Avenue
Cambridge Biomedical Campus
Cambridge CB2 0AA
England

(Address of principal executive offices)

Adrian Kemp
AstraZeneca PLC
1 Francis Crick Avenue
Cambridge Biomedical Campus
Cambridge CB2 0AA
England
Telephone: +44 20 3749 5000
Facsimile number: +44 1223 352 858

(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act.

| Title of each class | Trading symbol(s) | Name of each exchange on which registered |
|---|---|---|
| American Depositary Shares, each representing one half of an Ordinary Share of 25¢ each | AZN | The Nasdaq Stock Market LLC |
| Ordinary Shares of 25¢ each | | The Nasdaq Stock Market LLC * |
| 0.700% Notes due 2024 | AZN 24 | The Nasdaq Stock Market LLC |
| 3.375% Notes due 2025 | AZN 25 | The Nasdaq Stock Market LLC |
| 0.700% Notes due 2026 | AZN 26 | The Nasdaq Stock Market LLC |
| 1.200% Notes due 2026 | AZN 26A | The Nasdaq Stock Market LLC |
| 3.125% Notes due 2027 | AZN 27A | The Nasdaq Stock Market LLC |
| 1.750% Notes due 2028 | AZN 28 | The Nasdaq Stock Market LLC |
| 4.875% Notes due 2028 | AZN 28A | The Nasdaq Stock Market LLC |
| 4.000% Notes due 2029 | AZN 29 | The Nasdaq Stock Market LLC |
| 1.375% Notes due 2030 | AZN 30 | The Nasdaq Stock Market LLC |
| 4.900% Notes due 2030 | AZN 30A | The Nasdaq Stock Market LLC |
| 2.250% Notes due 2031 | AZN 31 | The Nasdaq Stock Market LLC |
| 4.875% Notes due 2033 | AZN 33 | The Nasdaq Stock Market LLC |
| 6.450% Notes due 2037 | AZN 37 | The Nasdaq Stock Market LLC |
| 4.000% Notes due 2042 | AZN 42 | The Nasdaq Stock Market LLC |
| 4.375% Notes due 2045 | AZN 45 | The Nasdaq Stock Market LLC |
| 4.375% Notes due 2048 | AZN 48 | The Nasdaq Stock Market LLC |
| 2.125% Notes due 2050 | AZN 50 | The Nasdaq Stock Market LLC |
| 3.000% Notes due 2051 | AZN 51 | The Nasdaq Stock Market LLC |

* Not for trading, but only in connection with the registration of American Depositary Shares representing such Ordinary Shares pursuant to the requirements of the Securities and Exchange Commission.

Securities registered or to be registered pursuant to Section 12(g) of the Act:

None

(Title of Class)

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act:

None
(Title of Class)

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report.

The number of outstanding shares of each class of stock of AstraZeneca PLC as of December 31, 2023 was:

| Title of Class | Number of Shares Outstanding |
|---|---|
| Ordinary Shares of 25¢ each | 1,550,162,626 |
| Redeemable Preference Shares of £1 each | 50,000 |

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

Yes ☐ No ☒

**Note** — Checking the box above will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 from their obligations under those Sections.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See definition of "accelerated filer," "large accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-accelerated Filer ☐
Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with US GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

US GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

☐ Item 17 ☐ Item 18

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes ☐ No ☒

(APPLICABLE ONLY TO ISSUERS INVOLVED IN BANKRUPTCY PROCEEDINGS DURING THE PAST FIVE YEARS)

Indicate by check mark whether the registrant has filed all documents and reports required to be filed by Section 12, 13 or 15(d) of the Securities Exchange Act of 1934 subsequent to the distribution of securities under a plan confirmed by a court.

Yes ☐ No ☐

Pursuant to Rule 12b-23(a) of the Securities Exchange Act of 1934, as amended, the information for the 2023 Form 20-F of AstraZeneca PLC (the "Company") set out below is being incorporated by reference from AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated and submitted on February 20, 2024.

References below to major headings include all information under such major headings, including subheadings, unless such reference is a reference to a subheading, in which case such reference includes only the information contained under such subheading. Unless the context otherwise requires, "AstraZeneca" or "Group" refers to the Company and its consolidated entities. Other information contained within AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F, including graphs and tabular data, is not included in this Form 20-F unless specifically identified below. Photographs are also not included.

In addition to the information set out below, the information (including tabular data) set forth under the headings "Use of terms" on the inside front cover, "Strategic Report—Financial Review—Measuring performance" on page 60, and the tables on pages 61 to 63, "Additional Information —Trade Marks" on page 231, "—Glossary" on pages 232 to 235 and "—Important information for readers of this Annual Report—Cautionary statement regarding forward-looking statements", "—Inclusion of Reported performance, Core financial measures and constant exchange rate growth rates", "—Statements of competitive position, growth rates and sales", "— AstraZeneca websites", "—External/third-party websites" and "—Figures" on page 236, in each case of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 is incorporated by reference. References herein to AstraZeneca websites, including where a link is provided, are textual references only and information on or accessible through such websites does not form part of and is not incorporated into this Form 20-F dated February 20, 2024. Reference to "audited" information (including graphs and tabular data) set forth under the heading "Corporate Governance—Directors' Remuneration Report" refers to procedures performed by the Company's external auditor in accordance with International Standards on Auditing (UK) ('ISAs (UK)') and applicable law and does not form part of the "Report of Independent Registered Public Accounting Firm" in Item 18 herein. For the avoidance of doubt, the "Independent auditors' report to the members of AstraZeneca PLC" on pages 141 to 147 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 does not form part of, and is not incorporated into, this Form 20-F dated February 20, 2024.

## PART 1

### ITEM 1. IDENTITY OF DIRECTORS, SENIOR MANAGEMENT AND ADVISERS

Not applicable.

### ITEM 2. OFFER STATISTICS AND EXPECTED TIMETABLE

Not applicable.

### ITEM 3. KEY INFORMATION

***A. Reserved***

***B. Capitalization and Indebtedness***

Not applicable.

***C. Reason for the Offer and Use of Proceeds***

Not applicable.

## D. *Risk Factors*

Operating in the pharmaceutical sector carries various inherent risks and uncertainties that may affect our business. In this section, we describe the risks and uncertainties that we consider material to our business, in that they may have a significant effect on our financial condition, results of operations and/or reputation.

These risks have been categorised consistently with the "Risk Overview—Principal Risks" detailed on pages 56 and 57 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024, each of which are included below (in addition to other risks that we face). We believe that the forward-looking statements about AstraZeneca in this Form 20-F dated February 20, 2024, identified by words such as 'anticipates', 'believes', 'expects' and 'intends', are based on reasonable assumptions. However, forward-looking statements involve inherent risks and uncertainties such as those summarised below. They relate to events that may occur in the future, that may be influenced by factors beyond our control and that may have actual outcomes materially different from our expectations. Therefore, other risks, unknown or not currently considered material, could have a material adverse effect on our financial condition or results of operations.

| Product pipeline risks | Impact |
|---|---|
| **Failure or delay in the delivery of our pipeline or launch of new medicines** | |
| Our continued success depends on the development and successful launch of innovative new drugs.<br><br>The development of pharmaceutical product candidates is a complex, risky and lengthy process involving significant resources. A project may fail at any stage of the process due to various factors, including: failure to obtain the required regulatory or marketing approvals; unfavourable clinical efficacy data; safety concerns; failure to demonstrate adequate cost-effective benefits to regulatory authorities and/or payers; and the emergence of competing products. Details of projects that have suffered setbacks or failures during 2023 can be found in the "Strategic Report—Therapy Area Review" on pages 16 to 31 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.<br><br>Launch activities may be delayed by a number of factors, including: adverse findings in preclinical or clinical studies; regulatory demands; price negotiation; large-scale natural disasters or global pandemics; competitor activity; and technology transfer. In addition to developing products in-house, we continue to expand our portfolio through licensing arrangements and strategic collaborations which may not ultimately be successful. | Failure or delay in development of new product candidates could damage the reputation of our R&D capabilities, and materially adversely affect our future business and results of operations.<br><br>Delays to launches can lead to excess expenses in the manufacture of pre-launch inventories, marketing materials and sales force training. For the launch of products that are seasonal in nature, delays in regulatory approvals or manufacturing may delay launch to the next season which, in turn, may significantly reduce the return on costs incurred in preparing for the launch for that season. Furthermore, in immuno-oncology in particular, speed to market is critical given the large number of clinical trials being conducted by competitors. Delay of launch can also erode the term of patent exclusivity.<br><br>Competition from other pharmaceutical companies means that we may have to pay a significant premium over book or market values for our acquisitions. Failure to complete collaborative projects in a timely, cost-effective manner may limit our ability to access a greater portfolio of products, intellectual property (IP), technology and shared expertise. In many cases we make milestone payments in advance of the commercialisation of the products, with no assurance of recouping costs. |
| **Failure to meet regulatory or ethical requirements for medicine development or approval** | |
| We are subject to laws and regulations that control our ability to market our pharmaceutical products. Our development programmes must meet many standards to prove our products are safe, effective and of high quality. Health authorities, such as the FDA in the US and the European Medicines Agency in the EU, can refuse to approve our products or require us to conduct additional clinical trials or scientific testing before they will approve them for marketing. Many factors influence health authority decisions to approve or reject a marketing application for a pharmaceutical product. These include advances in science and technology, new laws, regulations and policies, and different standards for evaluating safety and effectiveness. | Delays in regulatory approvals could delay our ability to market our products and may adversely affect our revenue. Also, post-approval requirements, including additional clinical trials, could cause increased costs. We seek to manage these risks, but policymaking by governments and health authorities can be unpredictable and unforeseen circumstances, such as public health emergencies, may strain health authority resources and delay the approval of our products.<br><br>Following approval, a health authority may require us to conduct additional clinical trials or scientific testing to address concerns raised after patients have used our products in the marketplace. New data may impact a product's approval status or lead to labelling changes that limit the use of a product. |

## D. Risk Factors
*continued*

| Commercialisation risks | Impact |
|---|---|
| **Failures or delays in the quality or execution of the Group's commercial strategies** | |
| Maximising the commercial potential of our new products underpins the success of our strategy and the delivery of our short- and medium-term targets. We may ultimately be unable to achieve commercial success for various reasons, including:<br>> difficulties in manufacturing sufficient quantities of the product<br>> any price control measures imposed by governments and healthcare authorities<br>> patient access to healthcare<br>> diagnosis rates<br>> erosion of IP rights<br>> failure to show a differentiated product profile<br>> changes in prescribing habits.<br>The ability to successfully carry out business in emerging markets can be more challenging than in established markets. Such challenges may include:<br>> volatility in economic or political climates<br>> inadequate protection against crime (including counterfeiting, corruption and fraud)<br>> inadvertent breaches of local and international law. | Failure to execute our commercial strategies or achieve the level of sales anticipated for a medicine could materially adversely impact our business or results of operations.<br>Failure to leverage potential opportunities or appropriately manage risks in emerging markets may materially adversely affect our reputation, business or results of operations. |
| **Pricing affordability, access and competitive pressures** | |
| Appropriate pricing, reimbursement and policy frameworks enable us to contribute significantly to patients, public health and health practice transformation. The global economic, political and social pressures are creating an ever more challenging environment in which we operate. As a result of global financial pressures there is increased evidence of cost containment measures including:<br>> drug pricing system reforms such as the Inflation Reduction Act (IRA) in the US<br>> changes to reference pricing rules impacting prices in some markets<br>> expedited approval of generic drugs and introduction of new laws, regulations and policies. | Deterioration of, or lack of improvement in, socio-economic conditions could adversely affect supply and/or distribution in affected countries and the ability or willingness of customers to purchase our medicines, putting pressure on price and/or volumes. This could adversely affect our business or results of operations, for example, those health systems most severely impacted by downturn may seek alternative ways to settle their debts at a discount. Other customers may cease to trade, which may result in losses from writing off debts or a reduction in demand for products. Across the industry, a new government-run drug price-setting programme in the US could reduce the value of certain products sooner than planned and impact the R&D pipeline as companies seek to avoid investing in lower yield products. |

## D. Risk Factors
*continued*

| Supply chain and business execution risks | Impact |
|---|---|
| Failure to maintain supply of compliant, quality medicines | |
| We may experience challenges, delays or interruptions in the manufacturing and supply of our products for various reasons, including:<br>> Supply shortages or delays in construction of facilities to support future demand of our products caused by significant unforecasted demand growth or supply chain disruptions (e.g. natural disasters, climate impacts, COVID 19,conflict or political unrest).<br>> The inability to supply products due to a product quality failure or regulatory compliance action such as licence withdrawal, product recall or change of regulatory standards (e.g. nitrosamines, where regulators have been introducing new limits/expectations for regulatory filings).<br>It is necessary for us to meet all regulations, including compliance with Good Manufacturing Practices (GMP) and Good Distribution Practices (GDP) and comparable regulatory dossier conditions of approval in all countries in which our products are licensed, manufactured or sold.<br>We rely significantly on third parties for the timely supply of goods (e.g. active ingredients and packaging components), many of which are difficult to substitute in a timely manner or at all. | Supply chain difficulties may result in product shortages, which could lead to lost Product Sales and materially affect our reputation and results of operations.<br>Failure to comply with all manufacturing regulations can result in negative regulatory inspection findings that could lead to the halt of manufacturing, and/or product seizure, debarment or recalls which could have an adverse effect on our business, financial condition and results of operations.<br>In the event of insolvency of third-party suppliers, it would be difficult to substitute in a timely manner or at all. |

## D. Risk Factors
*continued*

### Illegal trade in the Group's medicines

The illegal trade of pharmaceutical products, including counterfeiting, tampering, theft and illegal diversion (where products are found in a market where we did not send them and where they are not approved to be sold) may lead to a loss of public confidence in the integrity of medicines.

The incidence of illegal trade could materially adversely affect our reputation, financial performance and pose a direct risk to patient safety. In addition, concern about this issue may cause some patients to stop taking their medicines, with consequential risks to their health.

If we are found liable for breaches in our supply chains, authorities may take action, financial or otherwise, that could restrict the distribution of our products.

### Reliance on third-party goods and services

A significant proportion of AstraZeneca's annual costs relates to spend with third-party suppliers. The level of spend supports the length of our value chain from discovery to manufacture and commercialisation of our medicines.

Many of our business-critical operations are outsourced to third-party providers. We are, therefore, heavily reliant on these third parties to get medicines to patients, comply with applicable laws and regulations, while also ensuring prudent use of AstraZeneca financial resources.

Failure to successfully secure, onboard and manage outsourced services, particularly with inflationary pressures increasing, or the failure of outsourced providers to deliver timely services, and to the required level of quality, could materially adversely affect our reputation, our financial condition and operating results as well as our ability to deliver medicines to patients.

Failure to effectively manage third-party suppliers when external factors, including geopolitical tensions, or raw materials and components shortages place increased pressure on AstraZeneca's ability to purchase goods and services may lead to major business disruption.

Any breach of security, whether physical, cyber or data related, or failure of these third parties to operate in a way that is consistent with laws or regulations, may lead to regulatory penalties, materially affect the results of operations and adversely impact our reputation.

### Failure in information technology or cybersecurity

IT systems enable critical business functions. Critical business processes and functions are increasingly dependent on partner and vendor IT stability and data integrity. IT systems provide our workforce with continuous access to collaboration environments, global communications channels, applications and data. High availability IT systems remain a business imperative. In addition to availability and reliability, IT systems must comply with provisions specified in data security, privacy and individual protection laws.

Data is a commodity that we prioritise continued access to and protection of. Data is often characterised as strictly confidential information. Examples of strictly confidential data include clinical trial records, personal information, IP, R&D data, and compliance information. AstraZeneca's IT systems and data are potentially vulnerable to service interruptions and security breaches via attacks by malicious third parties or intentional or inadvertent actions by our employees or vendors. Attempts to exploit AstraZeneca are increasingly sophisticated. Threat actors include organised criminal groups, 'hacktivists', nation states, employees and others.

The internet is our primary critical business transaction channel. Internet availability is increasingly at risk due to geopolitical tensions and conflict.

Privacy legislation includes obligations to report data protection breaches to regulators and affected individuals within expedited timeframes.

Disruption to these IT systems and/or the internet (including breaches of data security or cybersecurity, failure to integrate new and existing IT systems) or failure to comply with additional requirements under applicable laws, could harm our reputation and materially adversely affect our financial condition or results of operations. While we invest heavily in the protection of our data and IT, we may be unable to prevent hardware or software failures or breaches which could result in disclosure of confidential information, damage to our reputation, regulatory penalties or sanctions, or financial loss. The inability to back-up and restore data effectively could lead to permanent loss of data that could, in turn, result in non-compliance with applicable laws and regulations and otherwise harm our business.

Data loss could lead to public disclosure of confidential information which may damage our reputation, materially affect our business or results of operations, and expose us to legal risks and/or additional legal obligations. Public disclosure of sensitive information could materially adversely affect our reputation and business or operations results.

Cybersecurity insurance coverage limits may not protect against any future claim or claim proceeds may be delayed.

Failure to comply with regulatory disclosure requirements could cause reputational damage and a loss of public trust.

## D. Risk Factors
*continued*

### Failure of critical processes

Unexpected events and/or events beyond our control could result in the failure of critical processes within the Group or at third parties on whom we are reliant.

The business faces threats to business continuity from many directions. Examples of material threats include:

- Disruption to our business or the global markets if there is instability in a particular geographic region, including as a result of war, terrorism, pandemics, armed conflicts, riots, unstable governments, civil insurrection or social unrest.
- Natural disasters in areas of the world prone to extreme weather events which may increase in frequency or severity as a result of climate change.
- Cyber threats similar to those detailed in the 'Failure in information technology or cybersecurity' section above.

Crystallisation of such material threats may heighten certain other risks, such as those relating to the delivery of the pipeline, launch of new medicines, or the manufacture and supply of medicines, and may lead to loss of revenue and have a materially adverse impact on our financial results.

### Failure to collect and manage data in line with legal and regulatory requirements and strategic objectives

Data is increasingly recognised as being AstraZeneca's most valuable commodity. There is an increasing range of legislative and regulatory requirements to manage data across all countries where we conduct business these may impact certain types of data such as personal data, the way that we conduct business such as restricting the movement of data between countries or jurisdictional regions or how we make use of new technological capabilities such as artificial intelligence (AI). In addition, geopolitical changes may require changes to how AstraZeneca manages data.

Beyond legal and regulatory requirements, achieving strategic objectives will require good management of data across the enterprise. As our organisation increasingly relies on data, including sensitive data relating to health and genomics, a failure to properly understand personal and collective accountabilities for managing data to maximise its value, or failure to address data risks will reduce our ability to execute at pace and deliver strategic objectives.

AI technologies present significant opportunities and risks to our business. Harnessing AI's transformative potential may enable AstraZeneca to speed up the discovery and development of new drugs, optimise our manufacturing processes, drive efficiencies and productivity, and accelerate our growth. Failure to exploit these opportunities may put AstraZeneca at a competitive disadvantage.

AstraZeneca is investing significant resources into AI experimentation, development, and deployment across many parts of our business. As we scale our use of AI, it is possible not all investments will succeed.

AI technologies may exacerbate existing risks, like those risks associated with data privacy, cybersecurity and IP. AI also introduces new risks due to the autonomous nature of the technology, the ease at which AI-enabled decision making can be scaled up, and the commercial pressures to adopt AI. AI systems can amplify biased and discriminatory decision making, perform unreliably and malfunction, generate insights which are difficult to interpret and explain, and cause direct harm to individuals or groups. These risks may become more significant as we increasingly utilise AI to inform, augment and automate decision making and processes in sensitive areas (e.g. clinical trials, medical decision making).

The adoption and exploitation of AI is occurring under the backdrop of intense global media scrutiny, heightened political attention and low levels of public trust and understanding. There is also a range of new AI regulations being adopted and implemented worldwide, including in the EU, China and the US.

Despite taking measures designed to ensure compliance with applicable privacy- and AI-related laws and regulations by our personnel and our third parties, non-compliance has occurred and may occur again in the future. If future instances of non-compliance are deemed significant, these may attract material regulatory sanctions or fines and corresponding reputational damage, orders to stop certain processing of personal data, or legal action on behalf of impacted individuals. Further, failure to protect personal data could lead to a competitive disadvantage, loss of trust from our stakeholders, including patients, and prevent us from delivering our strategic objectives.

If the scope of data-related laws is expanded or if the interpretation or enforcement of existing laws change or new privacy laws are implemented, AstraZeneca and its third-party vendors may be required to change their business practices or data processing practices and policies. This may lead to substantial compliance-related costs or materially adversely impact our business and financial condition.

Our failure to use AI technologies in a way that maintains trust, quality and control in our business activities would pose reputational, legal, regulatory and financial risks to AstraZeneca. Investments in AI may not realise the benefits that were anticipated.

## D. Risk Factors
*continued*

### Failure to attract, develop, engage and retain a diverse, talented and capable workforce

We rely heavily on recruiting and retaining talented employees with a diverse range of skills and capabilities to meet our strategic objectives. Externally there is intense competition for well-qualified individuals, as the supply of people with certain skills or in specific geographic regions may be limited.

Ensuring our employees are continually developed and engaged with strategic objectives embeds commitment across the workforce.

The inability to attract and retain highly skilled personnel may weaken our succession plans for critical positions, impact the implementation of our strategic objectives and ultimately result in the failure of our business operations.

Failure to develop and engage our workforce could result in business disruption, a loss of productivity and higher turnover rates, all of which could materially adversely affect our business.

Focus in 2024 will be to look at our global footprint to ensure we are best positioned to support science and the business towards the 2030 Bold Ambition.

| Legal, regulatory and compliance risks | Impact |
|---|---|

### Failure to meet regulatory or ethical expectations on environmental impact, including climate change

Environmental issues will become more material as healthcare systems embrace net-zero climate targets.

Our environmental targets and performance will have increased scrutiny by investors, governments and non-governmental organisations.

Environmental considerations are becoming embedded in the public procurement of goods and services, including medicinal products and devices.

Specific materials used to manufacture medicines, or used as excipients or propellants, are coming under increased regulation and may be subject to time-limited exemptions or potential phase-out.

The physical impacts of climate change could impact the resilience of our business operations and supply chain.

Investors are increasingly focusing on environmental issues. We continue to see an increased requirement to quantify the impact of specific environmental issues and to disclose our strategy, targets and performance.

Failure to maximise our environmental sustainability credentials could expose us to increased regulatory risk and put us at a commercial disadvantage relative to our peers. This could adversely impact our financial results and lead to reputational damage.

Failure to proactively manage the physical risks associated with climate change could impact the resilience of our operations and supply chain. This could result in supply interruptions, loss of stock and adversely impact our financial results.

### Safety and efficacy of marketed medicines is questioned

Our ability to accurately assess, prior to launch, the eventual safety or efficacy of a new product once in broader clinical use can only be based on data available at that time, which is inherently limited due to relatively short periods of product testing and relatively small clinical study patient samples.

Any unforeseen safety concerns or adverse events relating to our products, or failure to comply with laws, rules and regulations relating to provision of appropriate warnings concerning the dangers and risks of our products that result in injuries, could expose us to large product liability claims, settlements and awards, particularly in the US. Adverse publicity relating to the safety of a product, or of other competing products, may increase the risk of product liability claims. Details of material product liability litigation matters can be found in "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.

Serious safety concerns or adverse events relating to our products could lead to product recalls, seizures, loss of product approvals, declining sales and interruption of supply, and could materially adversely impact patient access, our reputation and financial revenues. Significant product liability claims could also arise which could be costly, divert management attention, or damage our reputation and demand for our products.

Unfavourable resolution of such current and similar future product liability claims could subject us to enhanced damages, consumer fraud and/or other claims, including civil and criminal governmental actions. This could require us to make significant provisions in our accounts relating to legal proceedings and could materially adversely affect our financial condition or results of operations, particularly where such circumstances are not covered by insurance.

## D. Risk Factors
*continued*

### Adverse outcome of litigation and/or governmental investigations

Our business is subject to a wide range of laws and regulations around the world. We have been, and may continue to be, subject to various legal proceedings and governmental investigations.

Actual or perceived failure to comply with laws or regulations may result in AstraZeneca and/or its employees being investigated by government agencies and authorities and/ or in civil legal proceedings. Relevant authorities have wide-ranging administrative powers to deal with any failure to comply with laws, regulations or continuing regulatory oversight, and this could affect us, whether such failure is our own or that of our contractors or external partners. In particular, the manufacturing, marketing, exportation, promotional, clinical, pharmacovigilance and pricing practices of pharmaceutical manufacturers, as well as manufacturer interaction with regulatory agencies, purchasers, prescribers and patients, are subject to extensive regulation, litigation and governmental investigation. Moreover, such laws, rules and regulations are subject to change. Details of material litigations and governmental investigations can be found in "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.

Many companies, including AstraZeneca, have been subject to legal claims asserted by federal and state governmental authorities and private payers and consumers, which have resulted in substantial expense and other significant consequences. Governmental investigations or proceedings could result in civil or criminal sanctions and/or the payment of fines or damages. Civil litigation, particularly in the US, is inherently unpredictable, and unexpectedly high awards for damages can result from an adverse result. In many cases, litigation adversaries may claim enhanced damages in extremely high amounts. Government investigations, litigations, and other legal proceedings, regardless of the outcome, could be costly, divert management attention, or damage our reputation and demand for our products.

Unfavourable resolutions to current and similar future proceedings against us that could subject us to criminal liability, fines, penalties or other monetary or non-monetary remedies, including enhanced damages, require us to make significant provisions in our accounts relating to legal proceedings and could materially adversely affect our business or results of operations.

### IP risks related to our products

IP protection provides the foundation for continued investment in developing innovative medicines to improve patient health. However, the pharmaceutical industry is experiencing pressure from governments and other healthcare payers to impose limits on IP protections in an effort to manage healthcare costs. Additionally, policymakers are progressively leveraging regulations to expedite the approval of generic drugs and encourage generic drug utilisation. These policies may drive accelerated utilisation of generic alternatives to our products following expiry or loss of our IP rights. We also recognise increasing use of compulsory licensing in some countries in which we operate.

We are subject to numerous patent challenges relating to various products or processes and assertions of non-infringement of our patents. A loss in any of these challenges could result in loss of patent protection on the covered product and a risk to the revenue generated by the product. We also face the risk that our products may be found to infringe patents owned or licensed by third parties and we may be subject to monetary damages or compelled to cease sales of the infringing product, resulting in a potential risk to revenue. These challenges threaten the value of our investment in pharmaceutical development. Details of material patent litigation matters can be found in "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.

## D. Risk Factors
*continued*

| Economic and financial risks | Impact |
|---|---|
| **Failure to achieve strategic plans or meet targets or expectations** | |
| When we communicate our business strategy, targets or performance expectations, all such statements are forward-looking and based on assumptions and judgements, all of which are subject to significant inherent risks and uncertainties. | To achieve our strategic objectives, we must continue to develop commercially viable new products and successfully integrate new organisations we have acquired. There can be no guarantee that our strategy or expectations will materialise. Any failure to successfully implement our business strategy may frustrate the achievement of our financial targets, which may therefore materially damage our brand, business, financial position or results of operations. |
| **Geopolitical and/or macroeconomic volatility disrupts the operation of our global business** | |
| Operating in more than 100 countries, we are subject to political, socio-economic and financial factors around the world. A sustained global economic downturn may adversely impact financial markets and/or exacerbate pressure from governments and other healthcare payers on medicine prices and other cost control measures in order to limit healthcare spending.<br><br>Geopolitical tensions may lead to the imposition or escalation of trade controls, tariffs, taxes or other restrictions to market access which may increase our costs or reduce revenues. | A severe or prolonged economic downturn could result in a variety of risks to our business, including weakened demand for medicines and our ability to raise additional capital when needed or on favourable terms, if at all. A weak or declining economy could strain our suppliers, possibly resulting in supply disruption, or cause delays in payments for our services by third-party payers.<br><br>Measures taken to limit healthcare spending may lead to lower than anticipated rates of growth in some markets and an adverse impact on revenues and profitability.<br><br>Any escalation in barriers to the global free flow of medicines is likely to increase costs to serve affected markets which may lead to downward pressure on margins. While the introduction of severe sanctions is unlikely in relation to medicines, it could occur if matters escalate significantly and could impact processes for the commercialisation of medicines and levels of sales in affected markets.<br><br>Any of the foregoing could harm our business and we cannot anticipate all of the ways in which the current economic climate and financial market conditions could adversely impact our business. |
| **Failure in financial control or the occurrence of fraud** | |
| Effective internal controls assist in the provision of reliable Financial Statements and the detection and prevention of fraud. Testing of internal controls provides only limited assurance over the accuracy of Financial Statements and may not prevent or detect misstatements or fraud. | Significant resources may be required to remediate any deficiency in internal controls. Any such deficiency may trigger related investigations and may result in fines being levied against individual directors or officers. Serious fraud may lead to prosecution of senior management. Any of the foregoing could adversely affect our financial results and lead to reputational damage. |

## D. Risk Factors
*continued*

Unexpected deterioration in the Group's financial position

Movements in exchange rates against the US dollar, our reporting currency, impact our reported results. The key currencies of Product Sales and costs are US dollar, Chinese renminbi, euro, Japanese yen, Swedish krona and pound sterling.

Most of our cash is invested in AAA credit-rated institutional money market funds, fixed income securities issued by government, financial and non-financial entities and collateralised and non-collateralised bank deposits. Our credit exposure is a mix of US, EU and rest of world default risk across these institutions.

We invest in many projects in an effort to develop a successful portfolio of approved products. Our Consolidated Statement of Financial Position therefore contains significant investments in intangible assets, including goodwill. Our ability to realise value on these investments depends on regulatory approvals, market acceptance, competition, and legal developments.

Our defined benefit post-retirement obligations (primarily in the UK and Sweden) can materially change in value but are largely backed by assets invested in growth and liability hedging portfolios, which hedge some of the risks inherent in liability valuations.

Although we maintain relevant insurance coverage for risks arising within the Group, we may not be able to maintain our insurance coverage at a reasonable cost or in sufficient amounts to protect us against losses.

Tax law is complex, leading to the risk of different interpretations. Revenue authorities can make conflicting claims to the profits taxed in individual countries leading to double taxation and the potential for fines and penalties. Tax laws can change following action by international bodies such as the Organisation for Economic Co-operation and Development (OECD) or individual governments.

Foreign exchange rate movements may materially adversely affect our financial condition or results of operations.

In a sustained economic downturn, such institutions may cease to trade and there can be no guarantee that we will be able to access the full value of our investments.

We expect that some of our intangible assets will become impaired in the future. Impairment losses may materially adversely affect our financial condition or results of operations.

Solvency levels could fall, leading to higher contributions if there are: falls in assets, increases in liability valuations (from falls in bond yields, increases in inflation or lower mortality), or changes in regulations. As liability valuation risks are hedged to a material level, significant collateral may need to be posted, which in extreme circumstances could lead to a short-term liquidity risk in some pension schemes and a request to the Group to provide temporary liquidity.

Uninsured losses, or those where an insurer denies coverage, could materially adversely affect our financial condition.

The resolution of tax disputes can result in incremental tax costs, a reallocation of profits or losses between jurisdictions, or even double taxation, fines and penalties. They are costly, divert management attention and may adversely affect our reputation.

If tax treaties are withdrawn or amended, or Competent Authorities are unable to reach an agreement that eliminates double taxation, this could materially adversely affect our financial position. For details of our financial risk management policies, see "Strategic Report—Financial Review—Financial risk management" on page 71 and for details of current tax disputes, see "Financial Statements—Notes to the Group Financial Statements—Note 30—Commitments, contingent liabilities and contingent assets" on pages 204 to 210 of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024.

Changes in tax regimes could result in a material impact on the Group's cash tax liabilities and tax charge, resulting in either an increase or a reduction in financial results.

## ITEM 4. INFORMATION ON THE COMPANY

### *A. History and Development of the Company*

AstraZeneca PLC was incorporated in England and Wales on June 17, 1992 under the Companies Act 1985. It is a public limited company domiciled in the UK. The Company's registered number is 2723534 and its registered office is at 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge CB2 0AA, UK (Tel: +44 (0)20 3749 5000). From February 1993 until April 1999, the Company was called Zeneca Group PLC. On April 6, 1999, the Company changed its name to AstraZeneca PLC.

The Company was formed when the pharmaceutical, agrochemical and specialty chemical businesses of Imperial Chemical Industries PLC were demerged in 1993. In 1999, the Company sold the specialty chemical business. Also in 1999, the Company merged with Astra of Sweden. In 2000, it demerged the agrochemical business and merged it with the similar business of Novartis to form a new company called Syngenta AG. In 2007, the Group acquired MedImmune, a biologics and vaccines business based in the US. In 2021, the Group acquired Alexion, a rare disease business based in the US.

In 1999, in connection with the merger between Astra and Zeneca, the Company's share capital was redenominated in US dollars. On 6 April 1999, Zeneca shares were cancelled and US dollar shares issued, credited as fully paid on the basis of one dollar share for each Zeneca share then held.

This was achieved by a reduction of capital under section 135 of the Companies Act 1985. Upon the reduction of capital becoming effective, all issued and unissued Zeneca shares were cancelled and the sum arising as a result of the share cancellation credited to a special reserve, which was converted into US dollars at the rate of exchange prevailing on the record date. This US dollar reserve was then applied in paying up, at par, newly created US dollar shares.

At the same time as the US dollar shares were issued, the Company issued 50,000 Redeemable Preference Shares for cash, at par. The Redeemable Preference Shares carry limited class voting rights, no dividend rights and are capable of redemption, at par, at the option of the Company on the giving of seven days' written notice to the registered holder of the Redeemable Preference Shares.

A total of 826 million Ordinary Shares were issued to Astra shareholders who accepted the merger offer before the final closing date, 21 May 1999. The Company received acceptances from Astra shareholders representing 99.6% of Astra's shares and the remaining 0.4% was acquired in 2000, for cash.

In 2021, in connection with the acquisition of Alexion, a total of 236 million Ordinary Shares (the majority of which were represented by new AstraZeneca ADRs) were issued to Alexion shareholders in part consideration for the acquisition.

The information (including tabular data) set forth under the headings "Strategic Report—Financial Review—Collaboration Revenue" on pages 65 to 66, "Strategic Report—Financial Review—Restructuring" on page 67, "Strategic Report—Financial Review—Acquisitions treated as Business combinations" and "—Acquisitions treated as asset acquisitions" on page 69, "Strategic Report—Financial Review—Investments, divestments and capital expenditure" on page 70, "Corporate Governance—Corporate Governance Report—Compliance with the UK Corporate Governance Code—Board Leadership and Company Purpose" on page 81 and "Additional Information—Important information for readers of this Annual Report—AstraZeneca websites" on page 236, in each case of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 is incorporated by reference. Additionally, the information set forth under the heading "Strategic Report—Financial Review" on pages 60 to 76 of AstraZeneca's "Annual Report and Form 20-F Information 2022" included as exhibit 15.1 to the Form 20-F dated February 21, 2023 is incorporated herein by reference.

The United States Securities and Exchange Commission (the "SEC") maintains a website at www.sec.gov which contains in electronic form each of the reports and other information that we have filed electronically with the SEC.

### *B. Business Overview*

The information (including graphs and tabular data) set forth under the headings "Strategic Report—AstraZeneca at a Glance" on page 5, "Strategic Report—Chair's Statement" on page 2, "Strategic Report—Chief Executive Officer's Review" on pages 3 to 4, "Strategic Report—Science can..." on page 6, "Strategic Report—Healthcare in a Changing World" on pages 7 to 9, "Strategic Report—Our Purpose, Values and Business Model" on pages 10 to 11, "Strategic Report—Our strategy and Key Performance Indicators" on pages 12 to 15, "Strategic Report—Therapy Area Review" on pages 16 to 31, "Strategic Report—Business Review" on pages 32 to 49, "Strategic Report—Task Force on Climate-related Financial Disclosures Summary Statement" on pages 51 to 53, "Strategic Report—Risk Overview—Managing risk", "—Risk Overview—Emerging risks", "—Risk Overview—Climate risk", "—Risk Overview—Cybersecurity Risk" on page 54, "Corporate Governance—Corporate Governance Report—Compliance with the UK Corporate Governance Code—Global Compliance and Group Internal Audit (GIA)" on page 83, "Corporate Governance—Corporate Governance Report—Principal Decisions—Acquisitions and collaborations to strengthen pipeline" on page 87, "Financial Statements—Notes to the Group Financial Statements—Note 1—Revenue" on pages 160 to 161, "Financial Statements—Notes to the Group Financial Statements—Note 6—Segment information" on page 167 to 169, "Additional Information—Sustainability: supplementary information" on page 230, and "Additional Information—Important information for readers of this Annual Report—Statements of competitive position, growth rates and sales" on page 236, in each case of AstraZeneca's "Annual Report and Form 20-F Information 2023" included as exhibit 15.1 to this Form 20-F dated February 20, 2024 is incorporated by reference.

**Development Pipeline as of February 8, 2024**

This section sets out AstraZeneca-sponsored or -directed trial New Molecular Entities (NMEs) and significant indications.

First major market regulatory submission date and submission status is provided for assets in Phase III or beyond. As disclosure of compound information is balanced by the business need to maintain confidentiality, information in relation to some compounds listed here has not been disclosed at this time.

Key:
PP = Partnered product

Phase I

| Compound | Mechanism | Additional Information | Area Under Investigation |
|---|---|---|---|
| **Oncology** | | | |
| AZD0305 | GPRC5D ADC | | relapsed/refractory multiple myeloma |
| **AZD0486** | **CD19-CD3 TCE** | | **R/R B-cell non-Hodgkin lymphoma** |
| AZD0486 | CD19-CD3 TCE | | B-cell acute lymphoblastic leukaemia |
| **AZD1390** | **ATM inhibitor** | | **glioblastoma** |
| AZD3470 | PRMT5 inhibitor | | classic Hodgkin lymphoma, solid tumours |
| **AZD5335** | **anti-folate receptor alpha topoisomerase 1 inhibitor ADC** | | **ovarian cancer, lung adenocarcinoma** |
| AZD5851 | GPC3 CAR-T | | hepatocellular carcinoma |
| **AZD5863** | **CLDN18.2 x CD3 bi-specific antibody (HBM7022)** | | **solid tumours** |
| AZD6422 | CLDN18.2 CAR-T | | solid tumours |
| **AZD8421** | **CDK2 inhibitor** | | **solid tumours** |
| AZD9592 | EGFR/cMET | | solid tumours |
| **AZD9829** | **CD123 TOP1i ADC** | | **acute myeloid leukemia, myelodysplastic syndromes** |
| NT-125 | autologous, fully-individualised, multi-specific TCR-T targeting neoantigens | | solid tumours |
| **NT-175** | **TGFBR2 KO armoured TCR-T targeting TP53 R175H/HLA-A*02:01** | | **solid tumours** |
| volrustomig + lenvatinib | PD-1/CTLA-4 bispecific mAb + VEGF | | advanced renal cell carcinoma |
| **CVRM** | | | |
| AZD2373 | podocyte health | | nephropathy |
| **AZD2389** | **anti-fibrotic mechanism** | | **metabolic dysfunction-associated steatohepatitis** |
| AZD4144 | inflammation modulator | | cardiorenal disease |
| **AZD5462** | **RXFP1 agonist** | (PP) | **heart failure** |
| AZD6234 | peptide | | obesity with related comorbidities |
| **AZD7503** | **ASO** | | **non-alcoholic steatohepatitis** |
| AZD9550 | GLP-1R glucagon dual agonist | | non-alcoholic steatohepatitis |
| **Respiratory & Immunology** | | | |
| AZD1163 | bispecific antibody | | rheumatoid arthritis |
| **AZD5055** | **porcupine inhibitor** | | **idiopathic pulmonary fibrosis** |
| AZD6793 | IRAK4 inhibitor | | inflammatory diseases |
| **AZD6912** | **siRNA** | | **rheumatoid arthritis** |
| AZD7798 | humanised monoclonal antibody targets T cells subset | | Crohn's disease |
| **AZD8630** | **inhaled TSLP FAb** | (PP) | **asthma** |
| **Other Medicines** | | | |
| **AZD4041** | **orexin 1 receptor antagonist** | (PP) | **opioid use disorder** |
| MEDI0618 | PAR2 antagonist mAb | Phase I/IIa | migraine |
| **MEDI1814** | **amyloid beta mAb** | (PP) | **Alzheimer's disease** |
| **Rare Disease** | | | |
| **ALXN1910** | **next generation TNSALP ERT** | | **bone metabolism** |
| ALXN1920 | kidney-targeted factor H fusion protein | | nephrology |
| **ALXN2030** | **siRNA targeting complement C3** | | **nephrology** |
| ALXN2080 | oral factor D inhibitor | | healthy volunteers |
| **Vaccine and Immune therapies** | | | |
| COVID mRNA VLP vaccine | Vaccine | | COVID-19 |

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: HyperBranch Medical Technology, Inc

Physical Address: 800-12 Capitola Drive

City: Durham State: NC Zip: 27713

Mailing Address (if different from physical address): Same as Physical Address

City: _____ State: _____ Zip: _____

Telephone: 919-433-3325 Website: www.stryker.com

Name of Designated Representative (DR): Timothy Hickey

Licensing Company Email: statelicensing1@stryker.com DR Email: tim.hickey@stryker.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 9/03/2024 | KS | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 24-255 | | Kansas State Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Stryker Corporation (parent company) | | | | |

**Provide explanation below:**

Shipped into KS without licensure; Admin Fine; See attached Summary Order.

Cathy Hurley
Original Signature (electronic, copies or stamps not accepted)

16 JULY 2024
Date

Discipline KS BoP
Case# 24-255
Admin Fine

K-TRACS

KANSAS STATE BOARD OF PHARMACY
800 SW Jackson St., Ste 1414
Topeka, KS 66612-1244

FIRST-CLASS MAIL
AUTO
$000.59
ZIP 66606
041M12264558

LEGAL

Stryker Corporation
1941 Stryker Way
Portage MI 49002

HVD-SAB 49002

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

September 3, 2024

Howmedica Osteonics Corporation
dba Stryker Spine
2 Pearl Ct
Allendale NJ 07401

RE: Case No. 24-255

To whom it may concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $25,000. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

cc:
see next page

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

cc:

Stryker Corporation
6300 S Sprinkle Rd
Portage MI 49002

Stryker Corporation
1941 Stryker Way
Portage MI 49002

Stryker Corporation
5900 Optical Ct
San Jose CA 95138

Stryker Corporation
Stryker Communications, Inc.
571 Silveron Blvd
Flower Mound TX 75028

Mako Surgical Corp
3365 Enterprise Ave
Weston FL 33331

BEFORE THE KANSAS STATE BOARD OF PHARMACY

| | | |
|---|---|---|
| In the Matter of | ) | |
| | ) | Case No. 24-255 |
| Howmedica Osteonics Corporation | ) | |
| dba Styker Spine (Allendale, NJ) | ) | |
| Registration # 4-122812 | ) | |
| | ) | |
| Stryker Corpiration (Portage, MI) | ) | |
| Registration # 5-122838 | ) | |
| Registration # 4-122878 | ) | |
| | ) | |
| Stryker Corporation (San Jose, CA) | ) | |
| Registration # 5-122884 | ) | |
| Registration # 4-122899 | ) | |
| | ) | |
| Stryker Corporation (Flower Mound, TX) | ) | |
| Registration # 5-122879 | ) | |
| Stryker Communications, Inc. | ) | |
| Registration # 4-122883 | ) | |
| | ) | |
| Mako Surgical Corp (Weston, FL) | ) | |
| Registration # 5-122773 | ) | |
| Registration # 4-122772 | ) | |

**SUMMARY ORDER**

NOW, on this 3rd day of September 2024, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Stryker Corporation ("Applicant"), for application for registration as a manufacturer and a wholesale distributor in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

## FINDINGS OF FACT

1. On April 9, 2024, the Board received Applicant's application for registration as a non-resident manufacturer in the State of Kansas for the manufacturing facility "Howmedica Osteonics Corporation dba Styker Spine" located at 2 Pearl Court, Allendale, New Jersey ("Applicant's NJ Manufacturer Application").

   a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months." The form directs that if the applicant answered "yes," the applicant should provide the specific drugs and/or devices sent in, the dates of shipment, and the locations they were sent in Kansas."

   b. Applicant provided requested copies of shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 166 unique days from October 4, 2022 to October 31, 2023.

2. On April 11, 2024, the Board received Applicant's application for registration as a non-resident wholesale distributor in the State of Kansas for the distribution facility "Stryker Corporation" located at 6300 S Sprinkle Road, Portage, Michigan ("Applicant's MI Distributor Application").

   a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

   b. On June 12, 2024, Applicant provided requested copies of shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 231

unique days from May 24, 2023 to May 23, 2024.

3. On April 19, 2024, the Board received Applicant's application for registration as a non-resident manufacturer in the State of Kansas for the manufacturing facility "Stryker Corporation" located at 1941 Stryker Way, Portage, Michigan ("Applicant's MI Manufacturer Application").

a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

b. Applicant provided requested copies of shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 115 unique days from October 7, 2022 to October 3, 2023.

4. On April 19 and 23, 2024, the Board received Applicant's application for registration as a non-resident manufacturer in the State of Kansas ("Applicant's CA Manufacturer Application") and Applicant's application for registration as a non-resident wholesale distributor ("Applicant's CA Distributor Application") for the facility "Stryker Corporation" located at 5900 Optical Court, San Jose, California.

a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

b. Applicant provided requested copies of shipping records for products shipped into Kansas from January 3, 2023 to March 3, 2024.

5. On April 19, 2024, the Board received Applicant's application for registration as a non-resident wholesale distributor in the State of Kansas for the distribution facility "Stryker

Corporation" located at 571 Silveron Blvd, Flower Mound, Texas ("Applicant's TX Distributor Application").

a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

b. Applicant provided requested copies of shipping records for products shipped into Kansas from January 4, 2023 to March 6, 2024.

6. On April 19, 2024, the Board received Applicant's application for registration as a non-resident manufacturer in the State of Kansas for the manufacturing facility "Stryker Communications, Inc." located at 571 Silveron Blvd, Flower Mound, Texas ("Applicant's TX Manufacturer Application").

a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

b. Applicant provided requested copies of shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 116 unique days from January 11, 2023 to March 6, 2024.

7. On April 1, 2024, the Board received Applicant's application for registration as a non-resident wholesale distributor in the State of Kansas for the distribution facility "Mako Surgical Corp" located at 3365 Enterprise Ave, Weston, Florida ("Applicant's FL Distributor Application").

a. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

b. Applicant provided requested copies of shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 132 unique days from August 31, 2022 to August 31, 2023.

8. On April 1, 2024, the Board received Applicant's application for registration as a non-resident manufacturer in the State of Kansas for the manufacturing facility "Mako Surgical Corp" located at 3365 Enterprise Ave, Weston, Florida ("Applicant's FL Manufacturer Application"). Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months."

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against the application of any manufacturer or wholesale distributor upon a finding that the applicant has violated the pharmacy act of the state of Kansas or any regulation adopted by the Board.

3. Pursuant to K.S.A. 65-1643(c), it shall be unlawful for any person to distribute at wholesale any drugs or devices without first obtaining a registration from the Board.

4. Pursuant to K.S.A. 65-1643(g), it shall be unlawful for any person to manufacture any drugs or devices without first obtaining a registration from the Board.

5. Applicant's act of shipping into Kansas as a non-resident wholesale distributor from five unique facilities prior to being registered as a wholesale distributor is a violation of K.S.A. 65-1643(c) and is a basis to take action against Applicant's NJ Distributor Application, Applicant's MI Distributor Application, Applicant's TX Distributor Application, Applicant's CA Distributor

Application, and Applicant's FL Distributor Application pursuant to K.S.A. 65-1627(f).

6. Applicant's act of operating as a non-resident manufacturer in Kansas from five unique facilities prior to being registered as a manufacturer is a violation of K.S.A. 65-1643(g) and is a basis to take action against Applicant's NJ Manufacturer Application, Applicant's MI Manufacturer Application, Applicant's TX Manufacturer Application, Applicant's CA Manufacturer Application, and Applicant's FL Manufacturer Application pursuant to K.S.A. 65-1627(f)(6).

## ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's NJ Distributor Application, Applicant's MI Distributor Application, Applicant's TX Distributor Application, Applicant's CA Distributor Application, Applicant's FL Distributor Application, Applicant's NJ Manufacturer Application, Applicant's MI Manufacturer Application, Applicant's TX Manufacturer Application, Applicant's CA Manufacturer Application, and Applicant's FL Manufacturer Application are hereby GRANTED but Applicant is ordered to pay a fine to the Board in the amount of $25,000. Applicant has 30 days from the date of this order to pay the fine and the registrations shall be issued upon receipt.

## NOTICES

Respondent is hereby notified as follows:

1. Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Respondent, costs of the proceedings shall be charged to Respondent.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

9/1/2024
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 3rd day of September 2024, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Howmedica Osteonics Corporation
dba Stryker Spine
2 Pearl Ct
Allendale NJ 07401

Stryker Corporation
6300 S Sprinkle Rd
Portage MI 49002

Stryker Corporation
1941 Stryker Way
Portage MI 49002

Stryker Corporation
5900 Optical Ct
San Jose CA 95138

Stryker Corporation
Stryker Communications, Inc.
571 Silveron Blvd
Flower Mound TX 75028

Mako Surgical Corp
3365 Enterprise Ave
Weston FL 33331

Kansas Board of Pharmacy Staff

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Not applicable - Devices only; no pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware

Parent Company (if any): Stryker Corporation (SYK)

Corporation Name: HyperBranch Medical Technology, Inc

Mailing Address: 800-12 Capitola Dr

City: Durham State: NC Zip: 27713

Telephone: 214-287-4694 Email: viju.menon@stryker.com

Contact Person Name: Viju Menon

| Date of SEC Registration: 1979 | SEC Registration Number: 001-13149 | Stock Exchange Symbol: SYK |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Hyperbranch Medical Technology, Inc

Facility Name

Timothy Hickey

Print Name of Authorized Person Submitting Application

Timothy Hickey

Original signature of Authorized Person (copies or stamps not accepted)

16 JULY 2024

Date

| Board Use Only | Date Received: 12/17/24 | Amount: $1000 ck 1086 |
|---|---|---|

FDA U.S. FOOD & DRUG ADMINISTRATION

FDA Home[1] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search  Back To Search Results

**Establishment:**
HYPERBRANCH MEDICAL TECHNOLOGY INC
800 CAPITOLA DR STE 12
Durham, NC 27713
**Registration Number:** 3005920920
**FEI Number*:** 3005920920
**Status:** Active
**Date Of Registration Status:** 2025

**Owner/Operator:**
STRYKER CORP[6]
1901 Romence Pkwy
Portage, MI US 49002
**Owner/Operator Number:** 1811755[7]

**Official Correspondent:**
Rob Naslund
800-12 Capitola Drive
Durham, NC 27713
**Phone:** 919-4333332

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1811755&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentTyp
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1811755&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentTyp

Page Last Updated: 12/02/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1811755&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentTyp
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1811755&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentTyp

**HyperBranch Medical Technology, Inc.**
**Officer List**

| Name | Role | Percent Owned |
|---|---|---|
| Menon, Viju | Officer | 0% |
| Pierce, J. Andrew | Officer | 0% |

| | | |
|---|---|---|
| **Ownership** | Stryker Corporation | 100% |

**HyperBranch Medical Technology, Inc.**
**Ownership List with Percent Owned**

| | |
|---|---|
| Stryker Corporation | 100% |

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HYPERBRANCH MEDICAL TECHNOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYPERBRANCH MEDICAL TECHNOLOGY, INC." WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 2003.

Jeffrey W. Bullock, Secretary of State

3632292 8300

SR# 20241778540

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203378439

Date: 05-01-24

Per NC statute 90-85.22. Device and medical equipment permits, if a pharmaceutical manufacturer is registered with the FDA, then a permit is not required:

6015 Farrington Road
Suite 201
Chapel Hill, NC 27517

*Mon - Thu 8:30 - 5:00*
*Fri 8:30 - 4:30*
tel - (919) 246-1050
fax - (919) 246-1056

www.ncbop.org

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## How do I determine if I need to obtain a DME permit?

If you are dispensing medical supplies to patients in NC you are required to have a permit. Please read the following definitions to see if you meet any of the qualifications. If you meet any of the definitions below you can obtain an application here. Make sure to read the *Procedure Sheet* for obtaining a permit (which preceeds the actual application.)

**NOTE: Make sure to familiarize yourself with all rules and regulations concerning the DME permit. It is your responsibility to be in compliance. Below are examples of a few laws and rules to refer to. Additional Laws/Rules can be found here.**

**§ 90-85.22. Device and medical equipment permits.**

(a) Devices. - Each place, whether located in this State or out-of-state, where devices are dispensed or delivered to the user in this State shall register annually with the Board on a form provided by the Board and obtain a device permit. A business that has a current pharmacy permit does not have to register and obtain a device permit. Records of devices dispensed in pharmacies or other places shall be kept in accordance with rules adopted by the Board.

(b) Medical Equipment. - Each place, whether located in this State or out-of-state, that delivers medical equipment to the user of the equipment in this State shall register annually with the Board on a form provided by the Board and obtain a medical equipment permit. A business that has a current pharmacy permit or a current device permit does not have to register and obtain a medical equipment permit. Medical equipment shall be delivered only in accordance with requirements established by rules adopted by the Board.

(c) This section shall not apply to either of the following:

(1) A pharmaceutical manufacturer registered with the Food and Drug Administration.

(2) A wholly owned subsidiary of a pharmaceutical manufacturer registered with the Food and Drug Administration. (1981 (Reg. Sess., 1982), c. 1188, s. 1; 1993 (Reg. Sess., 1994), c. 692, s. 1; 2001-339, s. 1.)

https://www.ncbop.org/dmedefinitions.htm

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: | |
|---|---|---|
| Aon Risk Services Central, Inc.<br>MSC#17382<br>Aon<br>PO Box 1447<br>Lincolnshire IL 60069 USA | PHONE (A/C. No. Ext): (866) 283-7122 | FAX (A/C. No.): (800) 363-0105 |
| | E-MAIL ADDRESS: | |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Stryker Corporation & Subsidiaries<br>1941 Stryker Way<br>Portage MI 49002 USA | INSURER A: Old Republic Insurance Company | 24147 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** 570109467865 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | MWZY31876424 | 11/01/2024 | 11/01/2025 | EACH OCCURRENCE | $1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $100,000 |
| | | | | | | | MED EXP (Any one person) | Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $3,000,000 |
| | OTHER: | | | | | | | |
| A | AUTOMOBILE LIABILITY | | | MWTB 318760 24 | 11/01/2024 | 11/01/2025 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY ( Per person) | |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | X Phys Dmge-Self Insd | | | | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | |
| | DED RETENTION | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | MWC31875924 | 11/01/2024 | 11/01/2025 | X PER STATUTE OTH-ER | |
| | AOS | | | | | | | |
| A | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N | N/A | | MWXS31876124 | 11/01/2024 | 11/01/2025 | E.L. EACH ACCIDENT | $1,000,000 |
| | (Mandatory in NH) | | | Excess WC - MI | | | E.L. DISEASE-EA EMPLOYEE | $1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | SIR applies per policy terms & conditions | | | E.L. DISEASE-POLICY LIMIT | $1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FOR INFORMATIONAL PURPOSES ONLY

**CERTIFICATE HOLDER**

Stryker Corporation & Subsidiaries
1941 Stryker Way
Portage MI 49002 USA

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

Holder Identifier :

Certificate No : 570109467865

©1988-2015 ACORD CORPORATION. All rights reserved.

**Nevada Section 2: History of Company**

**Qualifiers:**

3: Applicant does not manufacture/distribute pharmaceuticals.

4: Applicant does not manufacture/distribute controlled substances.

# Timothy P. Hickey

[redacted]

**Education**

August 1988-May 1993

University of Southern Mississippi
118 College Dr, Hattiesburg, MS 39406
**Master of Science, Polymer Science**

August 1983-May 1988

Marquette University
1250 W Wisconsin Ave, Milwaukee, WI 53233
**Bachelor of Science, Chemistry**

**Professional experience**

October 2018 - Present

Stryker Corp

800 Capitola Drive Suite 12, Durham, NC 27713

**Principal Scientist**

May 2004 – September 2018

HyperBranch Medical Technology, Inc.

800 Capitola Drive Suite 12, Durham, NC 27713
**Product Development Manager**

Feb 2002 – April 2004

Closure Medical, Corp. Raleigh, NC
**Manager, R&D Synthesis**

Feb 1998 – Feb 2002

Closure Medical, Corp. Raleigh, NC
**Senior Polymer Scientist**

Feb 1994 – Feb 1998

Closure Medical, Corp. Raleigh, NC
**Polymer Scientist**

Dec 1992 – Feb 1994

Rexnord, Corp. Milwaukee, WI
**Polymer Chemist**

800-12 Capitola
Hickey

Y

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Hyperbranch Medical Technology, Inc. MDEG License # (if applicable) not applicable

Physical Address 800-12 Capitola Drive

City Durham State NC Zip 27713

Mailing Address (if different from physical address) same as physical address

City _____ State _____ Zip _____

Telephone 919-433-3325 Website www.stryker.com

Licensing Company Email statelicensing1@stryker.com

**Section 2: Personal Information**

First Timothy Middle Patrick Last Hickey

Alias(es, nicknames, name changes, etc.) Not applicable

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Raleigh State NC Zip 27614

Telephone [redacted] Email statelicensing1@stryker.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Southern Mississippi | | 08/88-05/93 | |
| Address | City | State | Zip |
| 118 College Dr | Hattiesburg | MS | 39406 |
| Diploma/Degree obtained, if any | | | |
| MS Polymer Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Marquette University | | 08/83-05/88 | |
| Address | City | State | Zip |
| PO Box 1881 | Milwaukee | WI | 53201 |
| Diploma/Degree obtained, if any | | | |
| BS Chemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Whitefish Bay High School | | 09/79-06/83 | |
| Address | City | State | Zip |
| 1200 E Fairmount Ave | Whitefish Bay | WI | 53217 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 5/2011 - Present | [redacted] | Raleigh | NC | 27614 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Hyperbranch Medical Technology, Inc. | | | 5/2004 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 800-12 Capitola Drive | | Durham | NC | 27713 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 919-433-3325 | Principal Scientist | | 40,000+ | |
| **Description of Duties** | | | | |
| See attached resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

# Timothy P. Hickey

[redacted]

**Education**

August 1988-May 1993

University of Southern Mississippi
118 College Dr, Hattiesburg, MS 39406
**Master of Science, Polymer Science**

August 1983-May 1988

Marquette University
1250 W Wisconsin Ave, Milwaukee, WI 53233
**Bachelor of Science, Chemistry**

**Professional experience**

October 2018 - Present

Stryker Corp

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**Manager, R&D Synthesis**

Feb 1998 – Feb 2002

Closure Medical, Corp. Raleigh, NC
**Senior Polymer Scientist**

Feb 1994 – Feb 1998

Closure Medical, Corp. Raleigh, NC
**Polymer Scientist**

Dec 1992 – Feb 1994

Rexnord, Corp. Milwaukee, WI
**Polymer Chemist**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | ✓ | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 2 **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 5/30/2017 | 4/5/2018 | NC | Raleigh | Wake |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 17CR209915 | Raleigh Police/Wake Count District Court |

| Reason/Charge |
|---|
| DUI |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Timothy Hickey | Not applicable |

| Name of Business/Industry/Entity |
|---|
| Not applicable |

**Provide explanation below:**

DUI
1 year suspended drivers license and 20 hours community service

Timothy Hickey
**Original Signature** (electronic, copies or stamps not accepted)

11-27-2024
**Date**

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
NC DIVISION OF MOTOR VEHICLES
3118 MAIL SERVICE CNTR RALEIGH, N.C. 27699-3118
(919) 715-7000

ROY COOPER
GOVERNOR

JAMES H. TROGDON, III
SECRETARY

04/06/2018

TIMOTHY PATRICK HICKEY
[redacted]

OFFICIAL NOTICE

CUSTOMER NO. 000005125031

WE REGRET TO INFORM YOU THAT YOUR NORTH CAROLINA DRIVING PRIVILEGE HAS BEEN SCHEDULED FOR SUSPENSION IN ACCORDANCE WITH GENERAL STATUTE 20-17(2) & 20-19(c1) FOR 1 OFFENSE OF DRIVING WHILE IMPAIRED.

EFFECTIVE DATE: 12:01 A.M., 04/05/2018
SCHEDULED SUSPENSION END DATE: 04/05/2019

REQUIREMENTS:

PRIOR TO THE EFFECTIVE DATE OF THIS ORDER, PLEASE MAIL ALL NORTH CAROLINA DRIVER LICENSES IN YOUR POSSESSION TO THE DMV. UNFORTUNATELY, FAILURE TO TURN IN YOUR DRIVER LICENSE MAY RESULT IN AN ADDITIONAL $50.00 SERVICE FEE. IT IS UNLAWFUL TO DRIVE DURING THE SUSPENSION PERIOD.

HEARING PROVISIONS:

A HEARING IS NOT AUTHORIZED BY STATUTE.

REINSTATEMENT PROCEDURES:

A RESTORATION FEE OF $130.00 AND THE APPROPRIATE LICENSE FEES ARE NEEDED AND HAVE TO BE PAID AT THE TIME YOUR DRIVING PRIVILEGE IS REINSTATED.

PRIOR TO REINSTATEMENT, THE NCDMV HAS TO RECEIVE AN APPROVED FORM 508 FROM NC DWI SERVICES AS PROOF OF COMPLETION OF THE REQUIRED SUBSTANCE ABUSE ASSESSMENT & RECOMMENDED EDUCATION/TREATMENT. YOU MAY OBTAIN A LIST OF PROVIDERS BY CALLING (919)733-0566 OR AT WWW.NCDWISERVICES.COM.

AT THE TIME OF ISSUANCE OF YOUR DRIVER LICENSE, PLEASE PRESENT PROPER IDENTIFICATION AND PROOF OF AGE. IF YOU OWN OR OPERATE A MOTOR VEHICLE, PLEASE PRESENT PROOF OF LIABILITY INSURANCE COVERAGE.

THIS ORDER IS IN ADDITION TO AND DOES NOT SUPERSEDE ANY PRIOR ORDER ISSUED BY THE DMV. IF ADDITIONAL INFORMATION CONCERNING THIS ORDER IS NEEDED, PLEASE CONTACT A REPRESENTATIVE OF THE DIVISION AT(919)715-7000.

DIRECTOR OF PROCESSING SERVICES

# STATE OF NORTH CAROLINA

WAKE County

File No. 17CR 209915

In The General Court Of Justice
District Court Division

**IN THE MATTER OF**

Name And Address
TIMOTHY PATRICK HICKEY
[redacted]
NC 27614

## REVOCATION ORDER WHEN PERSON PRESENT

G.S. 20-16.5

## FINDINGS FOR PROBABLE CAUSE

The undersigned judicial official finds probable cause to believe that:

1. A law enforcement officer had reasonable grounds to believe that the above-named person committed an offense subject to the implied-consent provisions of G.S. 20-16.2;
2. The above-named person has been charged with that offense as provided in G.S. 20-16.2(a);
3. Both the law enforcement officer and the chemical analyst(s) complied with the provisions of G.S. 20-16.2 and 20-139.1 in requiring the above-named person's submission to or procuring a chemical analysis; and
4. The above-named person:
   - ☐ a. willfully refused to submit to a chemical analysis.
   - ☒ b. had an alcohol concentration of 0.08 or more at any relevant time after the driving.
   - ☐ c. had an alcohol concentration of 0.04 or more at any relevant time after the driving of a commercial motor vehicle.
   - ☐ d. had any alcohol concentration at any relevant time after the driving, and at the time of the offense, was under 21 years of age.
5. ☐ The above-named person has one or more pending offenses in the following county(ies) _____ for which the person's drivers license had been or is revoked under G.S. 20-16.5.

## ORDER

It is ORDERED that the above-named person's **drivers license or privilege to drive be revoked**. The above-named person is prohibited from operating a motor vehicle on the highways of North Carolina during the period of revocation. The revocation remains in effect **at least thirty (30) days** from:

- ☒ 1. this date
- ☐ 2. the date he/she surrenders his/her drivers license or privilege to drive to the Court, or demonstrates that he/she is not currently licensed to drive.
- ☐ 3. *(check this option if Findings For Probable Cause No. 5 above is checked)* the date he/she surrenders his/her drivers license or privilege to drive to the Court, or demonstrates that he/she is not currently licensed to drive **and** indefinitely until a final judgment, including appeals, has been entered for the current offense and for all pending offenses for which his/her drivers license or privilege to drive had been or is revoked under G.S. 20-16.5.

**The above-named person's privilege to drive in North Carolina is revoked and will remain revoked until the person has actually surrendered his/her license for the period specified above and has paid a $100 fee to the Clerk of Superior Court.**

I informed the above-named person of his/her rights to a hearing and gave him/her a copy of this Order.

| Date | Name Of Judicial Official (Type Or Print) | Signature Of Judicial Official |
|---|---|---|
| //05/30/2017 | UNDERWOOD | UNDERWOOD |

**NOTE:** *See reverse for supplemental findings and order, and for disposition of license.*

☐ Judge ☒ Magistrate ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

## NOTICE

If at the time of this Order you have only a temporary driving certificate, you must surrender the certificate, and then you also must surrender your license card immediately when you later receive it in the mail from DMV.

If at the time of this Revocation you were not licensed to drive by the North Carolina Division of Motor Vehicles and did not have a valid drivers license from another state, an additional $50 restoration fee must be paid to the Division of Motor Vehicles before you can drive again in North Carolina.This fee must be paid even though you are a resident of another state.

You have a right to a hearing to contest the validity of this Revocation before a magistrate or judge. To do so, a written request must be made within ten (10) days of the effective date of the revocation. A hearing request form is available from the office of the Clerk of Superior Court or magistrate. Your license will remain revoked and you are not authorized to drive pending the hearing. If you do request a hearing but fail to appear, you forfeit the right to a hearing.

If your license is revoked under Paragraph 1 or 2 of this Order, at the end of the revocation period you are still prohibited from driving until you have paid a fee of $100 to the Clerk of Superior Court.

If your license is revoked under Paragraph 3 of this Order, that revocation remains in effect at least thirty (30) days and until a final judgment, including appeals, is entered for this current offense and for all pending offenses for which your license has been or is revoked under G.S. 20-16.5. At the end of the revocation period you are still prohibited from driving until you have paid a fee of $100 to the Clerk of Superior Court. This fee is in addition to any fee you have paid or are to pay in connection with any other pending offense for which your drivers license has been revoked under G.S. 20-16.5.

The $100 fee may be paid at any time, **even prior to the end of the period of revocation**, between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday. Payment in person must be made in cash or by certified check, cashier's check or money order. Payment by mail must be made by certified check, cashier's check or money order, payable to the Clerk of Superior Court. If you wish to have your drivers license returned to you by mail, please enclose a stamped, self-addressed envelope with your payment.

**IT IS UNLAWFUL FOR YOU TO DRIVE A MOTOR VEHICLE IN THE STATE OF NORTH CAROLINA UNTIL YOU ARE AUTHORIZED TO DO SO. THE DIVISION OF MOTOR VEHICLES MAY ALSO DISQUALIFY YOU FROM OPERATING A COMMERCIAL MOTOR VEHICLE UNDER G.S. 20-17.4.**


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## SUPPLEMENTAL FINDINGS AND ORDER

It is further found that the person named herein appeared before the undersigned judicial official at _____ ☐AM ☐PM on this _____ day of _____, _____, and,

☐ 1. surrendered his/her drivers license to the Court.
☐ 2. was validly licensed but unable to locate his/her license card and filed an affidavit which constituted surrender of the drivers license.
☐ 3. demonstrated he/she was not currently authorized to drive in North Carolina.

It is ORDERED that this Revocation of the drivers license of the person named herein:

☐ 1. remains in effect for at least thirty (30) days from the above date and until payment of a $100 fee has been made to the Clerk of Superior Court.
☐ 2. *(check this option if Findings For Probable Cause No. 5 on reverse side is checked)* is indefinite and remains in effect for at least thirty (30) days from the above date and until a final judgment, including appeals, has been entered for the current offense and for all pending offenses for which his/her drivers license had been or is revoked under G.S. 20-16.5, and until payment of a $100 fee to the Clerk of Superior Court.

| *Date* | *Signature Of Judicial Official* |
|---|---|
| *Name Of Judicial Official (Type Or Print)* | ☐ *Judge* ☐ *Magistrate* ☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court* |

It is further found that a Pick-Up Order was issued for the license of the person named herein, and the person on the _____ day of _____, _____:

☐ 1. surrendered his/her license to the officer serving the Pick-Up Order.
☐ 2. demonstrated to the officer serving the Pick-Up Order that he/she was not currently authorized to drive in North Carolina.

It is ORDERED that this Revocation:

☐ 1. remains in effect for at least thirty (30) days from the above date and until payment of a $100 fee to the Clerk of Superior Court.
☐ 2. *(check this option if Findings For Probable Cause No. 5 on reverse side is checked)* is indefinite and remains in effect for at least thirty (30) days from the above date and until a final judgment, including appeals, has been entered for the current offense and for all pending offenses for which his/her drivers license had been or is revoked under G.S. 20-16.5, and until payment of a $100 fee to the Clerk of Superior Court.

| *Date* | *Signature* | ☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court* |
|---|---|---|

## DISPOSITION OF LICENSE OR PRIVILEGE

☐ 1. Drivers license of person named herein returned to him/her, and receipt by him/her is acknowledged below.
☐ 2. At the licensee's request, license returned to him/her by mail. License mailed on the date shown below.
☐ 3. License mailed to Division of Motor Vehicles on date shown below, since the person named herein is not eligible to use the license for the following reason:

☐ 4. Limited driving privilege withheld and record forwarded to _____ County.
☐ 5. Other: _____

| *Date* | *Signature* |
|---|---|
| *Date License Mailed* | ☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court* |

## ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of my license.

| *Date* | *Signature Of Licensee* |
|---|---|
| *Date $100 Fee Paid* | *Signature* ☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court* |


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C 3495635-4

In The General Court Of Justice District Court Division

## MAGISTRATE'S ORDER - MISDEMEANOR ONLY

The named defendant has been arrested without a warrant and there is probable cause for the defendant's detention on the stated charges. This Magistrate's Order is issued upon information furnished under oath by the named officer. A copy of this Order has been delivered to the defendant.

Signature Of Magistrate/Deputy/Assistant/CSC

Date 5-30-17

## COURT USE ONLY

District Attorney

Attorney For Defendant At Time Of Trial Or Plea

☐ Appointed ☐ Retained ☐ Waived

PRIOR CONVICTIONS: No./Level: 0 ☐ I (0) ☐ II (1-4) ☐ III (5+)

PLEA: ☐ guilty/resp. ☐ no contest ☐ guilty/resp. ☐ no contest ☐ not guilty/resp.

VERDICT/FINDING: ☐ guilty/resp. ☐ guilty/resp. ☐ not guilty/resp.

MISD. CLASS: ☐ A1 ☐ 1 ☐ 2 ☐ 3 ☐ V/D

MISD. CLASS: ☐ A1 ☐ 1 ☐ 2 ☐ 3

☐ pay _____ days served. ☐ The Court finds that a

**JUDGMENT:** The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict/finding, it is ORDERED that the defendant:

costs and a fine/penalty of $ _____. ☐ be imprisoned for a term of _____ days in custody of the sheriff. Pretrial credit _____

☐ longer ☐ shorter period of probation than specified in G.S. 15A-1343.2(d) is necessary. ☐ Execution of sentence is suspended and the defendant is placed on unsupervised probation for _____ months, subject to the regular conditions of probation and the following: ☐ (1) pay costs and a fine/penalty of $ _____; ☐ (2) not operate a motor vehicle until properly licensed by DMV; ☐ (3) complete _____ hours of community service within _____ days and pay the fee; ☐ (4) Other: _____

☐ It is ORDERED that this: ☐ Judgment is continued upon payment of costs. ☐ case be consolidated for judgment with _____

☐ ☐ sentence is to run at expiration of the sentence in _____. ☐ The Court finds just cause to waive costs as ordered on attached ☐ AOC-CR-618. ☐ Other: _____

☐ **COMMITMENT:** It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

☐ The defendant in open court, gives notice of appeal to the Superior Court. ☐ The current pretrial release order is modified as follows: _____

Signature Of District Court Judge

Date

I certify that this Judgment is a true copy.

Signature Of Deputy/Assistant/CSC

Date

AOC-CR-500, Rev. 12/13, © 2013 Administrative Office of the Courts

File No. 17CR209915

## NORTH CAROLINA UNIFORM CITATION

Defendant Is To Appear In District Court

RALEIGH N.C.

| Day Of Week | Month | Day | Year | Time |
|---|---|---|---|---|
| FRIDAY | 6 | 16 | 17 | 2.00 ☐ AM ☑ PM |

☐ DL ☐ DCI ☐ Other | # Of Chgs 1 | Interpreter Needed ☐ SP ☐ OTS ☐ ASL

## THE STATE OF NORTH CAROLINA VS.

Name Of Defendant: TIMOTHY PATRICK HICKEY

Address: [redacted]

City: RALEIGH | State: NC | Zip: 27614

Drivers License No.: [redacted] | State | CDL | Class

[redacted] State: NC

| Vehicle Type | Trailer Type | CMV | Haz. Mat. | Make | Year |
|---|---|---|---|---|---|
| P | | | | KIA | 10 |

Name And Telephone No. Of Defendant's Employer

Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)

**ACKNOWLEDGMENT/NONRESIDENT PERSONAL RECOGNIZANCE FOR APPEARANCE**

I acknowledge receipt of this Citation ☐ and I promise to appear in the named court at the time and place designated herein to answer the charge(s). I understand that my failure to appear or to dispose of this Citation by other acceptable legal means, such as waiver, will result in my operator's license issued by my state of residence being suspended until I have done so. Also, I may go before a magistrate and make bail in lieu of my personal recognizance.

Date: 05/29/17 | Signature Of Defendant: COPY GIVEN

## DEPARTMENTAL USE ONLY

| Officer | No. | Troop | District |
|---|---|---|---|
| E. HEFLIN | 3494 | | |

SHP Code: ☐ N.C. Patrol ☑ RALEIGH Police/Sheriff

| Area | Wea. | Vis. | Traffic | Accident | Speed |
|---|---|---|---|---|---|
| R | O | C | L | | |

On Highway No./Street: FALLS RIVER AVE ☐ Injury Or Serious Injury ☐ Passenger(s) Under 18

In Vicinity/City Of: RALEIGH | At/Near Intersection: SUMMERTON DR

| Wit. | Chemical Analyst | |
|---|---|---|
| N/A | E. HEFLIN | ☐ _____ AC ☐ Refused |

DEFENDANT'S COPY (SEE IMPORTANT NOTICE ON REVERSE)

STATE OF NORTH CAROLINA WAKE County

The undersigned officer has probable cause to believe that on or about MONDAY 5:30 (a.) (p.) m., the 29 day of MAY 2017, in the named county, the named defendant did unlawfully and willfully operate a (motor) vehicle on a (street or highway) (public vehicular area)

☐ ☐ 1. At a speed of _____ MPH in a _____ MPH ☐ zone. G.S. 20-141
77. ☐ work zone. G.S. 20-141(j2). 88. ☐ school zone. G.S. 20-141.1.

☐ 2. In forward motion without having the provided seat belt properly fastened about the defendant's body. G.S. 20-135.2A.

☐ 3. By transporting a passenger of less than 16 years of age without having the passenger in a (weight appropriate child passenger restraint system) (seat belt). G.S. 20-137.1.

☐ 4. By transporting a child of less than five years of age and less than 40 pounds in weight without the child being secured in the rear seat, when the vehicle was equipped with an active passenger-side front air bag and the vehicle had a rear seat. G.S. 20-137.1(a1).

☑ 5. While subject to an impairing substance. G.S. 20-138.1.

☐ 6. Without being licensed as a driver by the Division of Motor Vehicles of North Carolina. G.S. 20-7(a)

☐ 7. While the defendant's drivers license ☐ was revoked. G.S. 20-28(a).
33. ☐ was revoked and was originally revoked for an impaired driving revocation. G.S. 20-28(a).

☐ 8. While displaying an expired registration plate on the vehicle knowing the same to be expired. G.S. 20-111(2).

☐ 9. Without (displaying thereon a current approved inspection certificate) (having a current electronic inspection authorization for the vehicle), such vehicle requiring inspection in North Carolina. G.S. 20-183.8. Month Expired: _____

☐ 10. By failing to see before (starting) (stopping) (turning from a direct line) that such movement could be made in safety. G.S. 20-154.

☐ 11. By failing to stop at a duly erected (stop sign) (flashing red light). G.S. 20-158(b)(1), (b)(3).

☐ 12. By entering an intersection while a traffic signal was emitting a steady red circular light for traffic in defendant's direction of travel. G.S. 20-158(b)(2).

☐ 13. Without having in full force and effect the financial responsibility required by G.S. 20-313. The defendant was the owner of the motor vehicle that was (registered) (required to be registered) in this State. G.S. 20-313

☐ 14. (Possess an open container of) (Consume) an alcoholic beverage in the passenger area of a motor vehicle. G.S. 20-138.7(a1). [**NOTE:** *Strike "operate a (motor) vehicle" and "(public vehicular area)" above.*]

☐ 15. Without decreasing speed as necessary to avoid colliding with a (vehicle) (person). G.S. 20-141(m).

☐ ☐ 16. _____

☐ ☐ 17. And on or about the date and time shown above in the named county, the named defendant did unlawfully and willfully operate a (motor) vehicle on a (street or highway) (public vehicular area)

Date: 05/29/17 | Signature Of Officer

0463

I, Timothy Hickey, **certify that as the MDEG Administrator for**

Hyperbranch Medical Technology, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. TDH Have a high school diploma or its equivalent;
2. TDH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TDH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TDH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Timothy Hickey
Print Name (First, Last)

T Lothy Hickey
Original Signature (electronic, copies or stamps not accepted)

11-27-2024
Date

| Board Use Only | Date Received: |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Designated Representative Application**
Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Hyperbranch Medical Technology, Inc
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 800-12 Capitola Drive
City Durham State NC Zip 27713
Mailing Address (if different from physical address) Same as physical address
City _____ State _____ Zip _____
Telephone 919-433-3325 Website www.stryker.com
Licensing Company Email statelicensing1@stryker.com

**Section 2: Personal Information**

First Timothy Middle Patrick Last Hickey
Alias(es, nicknames, name changes, etc.) Not applicable
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted]
City RALEIGH State NC Zip 27614
Telephone [redacted] Email tim.hickey@stryker.com
Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Marquette University | | 1983-1988 | |
| **Address** | **City** | **State** | **Zip** |
| PO Box 1881 | Milwaukee | WI | 53201 |
| **Diploma/Degree obtained, if any** | | | |
| BS Chemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| UNIVERSTY OF SOUTHERN MISSISSIPPI | | 09/1988-05/1993 | |
| **Address** | **City** | **State** | **Zip** |
| 118 College Drive | Hattiesburg | MS | 39406 |
| **Diploma/Degree obtained, if any** | | | |
| MS Polymer Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Whitefish Bay High School | | 09/1979 - 06/1983 | |
| **Address** | **City** | **State** | **Zip** |
| 1200 E Fairmount Ave | Whitefish Bay | WI | 53217 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/2012 - CuR | [redacted] | Raleigh | NC | 27614 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Hyperbranch Medical Technology | | | 5/2004-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 800-12 Capitola Drive | | Durham | NC | 27713 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 919-433-3325 | Principal Scientist | | 40,000+ | |
| **Description of Duties** | | | | |
| See attached resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | ✓ | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*: Not applicable**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 5/30/2017 | 4/5/2018 | NC | Raleigh | Wake |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 17CR209915 | Raleigh Police/Wake Count District Court |

| Reason/Charge |
|---|
| DUI |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Timothy Hickey | Not Apllicable |

| Name of Business/Industry/Entity |
|---|
| Not Apllicable |

**Provide explanation below:**

DUI
1 year suspended drivers license and 20 hours community service

Timothy Hickey
Original Signature (electronic, copies or stamps not accepted)

12-03-2024
Date

Timothy Hickey

I, TIMOTHY HICKEY, **certify that as the designated representative for**

HYPERBRANCH MEDICAL TECHNOLOGY INC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. TDH I am at least 21 years of age;
3. TDH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TDH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TDH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TDH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TDH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Timothy Hickey

Print Name (First, Last)

Timothy Hickey

Original Signature (electronic, copies or stamps not accepted)

16 July 2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Timothy Hickey
Print Name (First, Last)

Timothy Hickey 17 July 2024
Original Signature (electronic, copies or stamps not accepted) Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NORTH CAROLINA, ss. County of DURHAM

I, TIMOTHY HICKEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Timothy Hickey 17 July 2024
**Original Signature** **Date**

Subscribed and Sworn to before me this 17 day of July 2024

Belinda Breytenbach
**Notary Public Signature**

Belinda Breytenbach
Notary Public
Wake County
North Carolina
My Commission Expires 8/13/2028

HBMT Employee Contractor List
30 January 2023

| Last Name | First Name | Status |
|---|---|---|
| Bell | Tamika | Employee |
| Bray | Mark | Employee |
| Breytenbach | Belinda | Employee |
| Cajigal | Jarosadin | Employee |
| Carnahan | Michael | Employee |
| Clover | Brendon | Employee |
| Cohoon | Makenzee | Employee |
| D'Alessio | Keith | Employee |
| Dansereau | Olivia | Employee |
| Deleon Hernandez | Juan | Employee |
| Dempsey | Michael | Employee |
| DeSeamus | Amanda | Employee |
| Dooley | Deborah | Employee |
| Ferman | Yanci | Employee |
| Hickey | Tim | Employee |
| Hutchison | Alexia | Employee |
| Kearney | Tammy | Employee |
| Langworthy | Daryl | Employee |
| Long | Karen | Employee |
| Mangelsdorf | Austin | Employee |
| Mohney | Robert | Employee |
| Naslund | Rob | Employee |
| Parekh | Trupti | Employee |
| Schultz | Kyle | Employee |
| Short | Jamayl | Employee |
| Sobczak | Robert | Employee |
| Tengela | Wivine | Employee |
| Tunney | Jim | Employee |
| Woodlief | Alex | Employee |
| Wyble | Nate | Employee |
| Lewis | Danny | Contractor |
| Taylor | Rena | Contractor |
| Stanley | Gerald | Contractor |
| Cameron | Anita | Contractor |
| Wells | Jazmine | Contractor |
| Raja | Praba | Contractor |
| Goss | Shonica | Contractor |
| Yarborough | Patrice | Contractor |
| Savage | Brad | Contractor |
| Patel | Kajal | Contractor |
| Owens | Thara | Contractor |
| Sutton | Sarah | Contractor |
| Baker | Michael | Contractor |

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2023

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number: 001-13149

stryker

**STRYKER CORPORATION**
(Exact name of registrant as specified in its charter)

| Michigan | 38-1239739 |
|---|---|
| (State of incorporation) | (I.R.S. Employer Identification No.) |
| 1941 Stryker Way, Portage, Michigan | 49002 |
| (Address of principal executive offices) | (Zip Code) |

(269) 385-2600
(Registrant's telephone number, including area code)

**Securities registered pursuant to Section 12(b) of the Act:**

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Common Stock, $.10 Par Value | SYK | New York Stock Exchange |
| 0.250% Notes due 2024 | SYK24A | New York Stock Exchange |
| 2.125% Notes due 2027 | SYK27 | New York Stock Exchange |
| 3.375% Notes due 2028 | SYK28 | New York Stock Exchange |
| 0.750% Notes due 2029 | SYK29 | New York Stock Exchange |
| 2.625% Notes due 2030 | SYK30 | New York Stock Exchange |
| 1.000% Notes due 2031 | SYK31 | New York Stock Exchange |

**Securities registered pursuant to Section 12(g) of the Act: None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities and Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

| | | | | | |
|---|---|---|---|---|---|
| Large accelerated filer | ☒ | Accelerated filer | ☐ | Emerging growth company | ☐ |
| Non-accelerated filer | ☐ | Small reporting company | ☐ | | |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting stock held by non-affiliates of the registrant was approximately $109,722,902,589 at June 30, 2023. There were 380,264,036 shares outstanding of the registrant's common stock, $0.10 par value, on January 31, 2024.

**DOCUMENTS INCORPORATED BY REFERENCE**

Portions of the proxy statement to be filed with the U.S. Securities and Exchange Commission relating to the 2024 Annual Meeting of Shareholders (the 2024 proxy statement) are incorporated by reference into Part III.

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## PART I

### ITEM 1. BUSINESS.

Stryker Corporation (Stryker or the Company) is a global leader in medical technologies and, together with our customers, we are driven to make healthcare better. We offer innovative products and services in MedSurg, Neurotechnology, Orthopaedics and Spine that help improve patient and healthcare outcomes. Alongside our customers around the world, we impact more than 150 million patients annually.

Our core values guide our behaviors and actions and are fundamental to how we execute our mission.

**Mission**

Together with our customers, we are driven to make healthcare better.

**Values**

| Integrity | Accountability | People | Performance |
|---|---|---|---|
| We do what's right | We do what we say | We grow talent | We deliver |

Stryker was incorporated in Michigan in 1946 as the successor company to a business founded in 1941 by Dr. Homer H. Stryker, a prominent orthopaedic surgeon and inventor of several medical products. Our products are sold in approximately 75 countries through company-owned subsidiaries and branches as well as third-party dealers and distributors, and include surgical equipment and surgical navigation systems; endoscopic and communications systems; patient handling, emergency medical equipment and intensive care disposable products; clinical communication and workflow solutions; neurosurgical and neurovascular devices; implants used in joint replacement and trauma surgeries; Mako Robotic-Arm Assisted technology; spinal devices; as well as other products used in a variety of medical specialties. Most of our products are marketed directly to doctors, hospitals and other healthcare facilities.

As used herein, and except where the context otherwise requires, "Stryker," "we," "us," and "our" refer to Stryker Corporation and its consolidated subsidiaries.

#### Business Segments and Geographic Information

We segregate our operations into two reportable business segments: (i) MedSurg and Neurotechnology and (ii) Orthopaedics and Spine. Financial information regarding our reportable business segments and certain geographic information is included under "Consolidated Results of Operations" in Item 7 of this report and Note 14 to our Consolidated Financial Statements.

***Net Sales by Reportable Segment***

| | 2023 | | 2022 | | 2021 | |
|---|---|---|---|---|---|---|
| MedSurg and Neurotechnology | $ 11,836 | 58 % | $ 10,611 | 58 % | $ 9,538 | 56 % |
| Orthopaedics and Spine | 8,662 | 42 | 7,838 | 42 | 7,570 | 44 |
| Total | $ 20,498 | 100 % | $ 18,449 | 100 % | $ 17,108 | 100 % |

#### MedSurg and Neurotechnology

MedSurg products include surgical equipment, patient and caregiver safety technologies, and navigation systems (Instruments), endoscopic and communications systems and reprocessed and remanufactured medical devices (Endoscopy), and patient handling, emergency medical equipment, intensive care disposable products and clinical communication and workflow solutions (Medical). Neurotechnology includes neurosurgical, neurovascular and craniomaxillofacial implant products. Our neurotechnology offering includes products used for minimally invasive endovascular procedures; a comprehensive line of products for traditional brain and open skull based surgical procedures; orthobiologic and biosurgery products, including synthetic bone grafts and vertebral augmentation products (Neuro Cranial); and minimally invasive products for the treatment of acute ischemic and hemorrhagic stroke (Neurovascular). The craniomaxillofacial implant offering includes cranial, maxillofacial and chest wall devices as well as dural substitutes and sealants.

We are one of five leading global competitors in Instruments; the other four being Zimmer Biomet Holdings, Inc. (Zimmer), Medtronic plc (Medtronic), Johnson & Johnson and ConMed Linvatec, Inc. (a subsidiary of CONMED Corporation). We are one of seven leading global competitors in Endoscopy; the other six being Karl Storz GmbH & Co., Olympus Optical Co. Ltd., Smith & Nephew plc (Smith & Nephew), ConMed Linvatec, Arthrex, Inc. and STERIS plc. We are one of five leading global competitors in Medical; the other four being Baxter International Inc., Zoll Medical Corporation, Medline Industries and Ferno-Washington, Inc. We are one of five leading global competitors in Neurotechnology; the other four being Medtronic, Johnson & Johnson, Terumo Corporation and Penumbra, Inc.

***Composition of MedSurg and Neurotechnology Net Sales***

| | 2023 | | 2022 | | 2021 | |
|---|---|---|---|---|---|---|
| Instruments | $ 2,589 | 22 % | $ 2,279 | 21 % | $ 2,111 | 22 % |
| Endoscopy | 3,033 | 26 | 2,725 | 26 | 2,418 | 25 |
| Medical | 3,459 | 29 | 3,031 | 29 | 2,607 | 27 |
| Neurovascular | 1,226 | 10 | 1,200 | 11 | 1,188 | 13 |
| Neuro Cranial | 1,549 | 13 | 1,376 | 13 | 1,214 | 13 |
| Total | $ 11,836 | 100 % | $ 10,611 | 100 % | $ 9,538 | 100 % |

In 2023 Instruments launched the Neptune S, which is the only constantly closed low-fluid waste management system on the market. Instruments also saw continued momentum from the launch of the System 9 total joint power tool.

Endoscopy expanded its product offering with the launch of the 4K 1788 Camera platform that features several enhancements for a broader range of clinical applications and specialties, including urology, neurology and ear, nose and throat. In addition, 1788 can be used to visualize indocyanine green and Cytalux.

Medical launched the Xpedition powered stair chair, designed with an integrated workflow for first responders, maintaining the same storage footprint as Stryker's Stair-PRO and enhanced user interface for ease of use. Xpedition allows caregivers to safely and ergonomically move patients over a variety of terrains.

Neurovascular completed the acquisition of Cerus Endovascular Limited (Cerus), a leader in the design and development of neurointerventional devices for the treatment of intracranial aneurysms. The acquisition of Cerus is highly complementary to our Neurovascular business and strengthens our hemorrhagic portfolio globally. Neurovascular also launched the Target Tetra coil in the United States, Japan, Korea and Europe, Middle East, Africa for the treatment of small aneurysms and the Vecta 46 Intermediate Catheter in the United States, Japan and Korea.

### Orthopaedics and Spine

Orthopaedics products consist primarily of implants used in total joint replacements, such as hip, knee and shoulder, and trauma and extremities surgeries. We bring patients and physicians advanced implant designs and specialized instrumentation that make orthopaedic surgery and recovery simpler, faster and more effective. We support surgeons with the technology and services they need as they develop new surgical techniques. The Mako Robotic-Arm Assisted Surgical System was designed to help surgeons provide patients with a personalized surgical experience based on their specific diagnosis and anatomy. The Mako System currently offers three applications supporting Partial Knee, Total Hip and Total Knee procedures. Mako is the only robotic-arm assisted technology enabled by 3D CT-based pre-operative planning and, with AccuStop™ haptic technology, Mako provides surgeons the ability to know more about their patients' anatomy so they can cut less in bone preparation and implant placement with intra-operative haptic guidance.

Our spinal implant offering includes cervical and thoracolumbar systems that include fixation, minimally invasive and interbody systems used in spinal injury, complex spine and degenerative therapies. Our spine enabling technologies portfolio includes best in class imaging solutions, image-guided surgical technology, patient specific implants and digital health solutions supporting surgeons and their patients throughout the continuum of care.

We are one of four leading global competitors for joint replacement and trauma and extremities products and robotics; the other three being Zimmer, DePuy Synthes (a Johnson & Johnson company) and Smith & Nephew. We are one of four leading global competitors in Spine; the other three being Medtronic Sofamor Danek, Inc. (a subsidiary of Medtronic), Globus Medical, Inc. (including Nuvasive) and DePuy Synthes.

*Composition of Orthopaedics and Spine Net Sales*

| | 2023 | | 2022 | | 2021 | |
|---|---|---|---|---|---|---|
| Knees | $ 2,273 | 26 % | $ 1,997 | 25 % | $ 1,848 | 25 % |
| Hips | 1,544 | 18 | 1,413 | 18 | 1,342 | 18 |
| Trauma and Extremities | 3,147 | 36 | 2,807 | 36 | 2,664 | 35 |
| Spine | 1,189 | 14 | 1,146 | 15 | 1,167 | 15 |
| Other | 509 | 6 | 475 | 6 | 549 | 7 |
| Total | $ 8,662 | 100 % | $ 7,838 | 100 % | $ 7,570 | 100 % |

In 2023 we continued our full commercial launch of the Insignia hip stem. Insignia received approval in Japan from the Pharmaceuticals and Medical Devices Agency and clinical cases occurred in December 2023. With the addition of Japan, Insignia is now being used clinically in six countries worldwide (United States, Canada, Japan, New Zealand, Singapore and Hong Kong). We also saw our first clinical use of the Triathlon Hinge revision knee system in August 2023. The Hinge product helps restore patient mobility in challenging cases and we anticipate moving towards full commercial launch in 2024. In 2023 we celebrated the 10th anniversary of the Triathlon Tritanium Baseplate. Since its introduction in 2013, Triathlon Cementless, which includes the Triathlon Tritanium Baseplate, has delivered a decade of positive patient impact, demonstrated impressive survivorship data and has become a trusted solution for surgeons across the globe.

In 2023 we celebrated the 10-year anniversary of the Mako Surgical Corp. acquisition and the Mako SmartRobotics™ technology. Over the past ten years, this groundbreaking technology has transformed the orthopaedics landscape, resulting in tremendous patient impact for surgeons and their patients. Additionally, we reached the milestone of 1 million Mako SmartRobotics™ procedures performed globally.

### Raw Materials and Inventory

Raw materials essential to our business are generally readily available from multiple sources; however, certain of our raw materials are currently sourced from single suppliers. Substantially all products we manufacture are stocked in inventory, while certain MedSurg products are assembled to order.

### Patents and Trademarks

Patents and trademarks are significant to our business to the extent that a product or an attribute of a product represents a unique design or process. Patent protection of such products restricts competitors from duplicating these unique designs and features. We seek to obtain patent protection on our products whenever appropriate for protecting our competitive advantage. On December 31, 2023 we owned approximately 5,200 United States patents and approximately 7,700 patents in other countries.

### Seasonality

Our business is generally not seasonal in nature; however, the number of orthopaedic implant surgeries is typically lower in the summer months, and sales of capital equipment are generally higher in the fourth quarter.

### Competition

In each of our product lines we compete with local and global companies. The development of innovative products is important to our success in all areas of our business. Competition in research involving the development and improvement of new and existing products and processes is particularly significant. The competitive environment requires substantial investments in continuing research and maintaining sales forces.

We believe our commitment to innovation, quality and service and our reputation differentiates us in the highly competitive product categories in which we operate and enables us to compete effectively. We believe that our competitive position in the future will depend to a large degree on our ability to develop new products and make improvements to existing products.

### Regulation

Our businesses are subject to varying degrees of governmental regulation in the countries in which we operate, and the general trend is toward increasingly stringent regulation. We are required to comply with the unique regulatory requirements of each country in which we market and sell our products.

In the United States the Medical Device Amendments of 1976 to the Federal Food, Drug and Cosmetic Act and its subsequent amendments and the regulations issued and proposed thereunder provide for federal regulation by the United States Food and Drug Administration (FDA) of the design, manufacture and marketing of medical devices, including most of our products. In addition, state licensing requirements often apply to certain of our business operations and products. On the federal level, many of our new products fall into FDA classifications that require notification submitted as a 510(k) and review by the FDA before we begin marketing them. Certain of our products require extensive clinical testing, consisting of safety and efficacy studies, followed by pre-market approval applications for specific surgical indications. Certain of our products also fall under other FDA classifications, such as drugs and Human Cells, Tissues, and Cellular and Tissue-Based Products.

The FDA's Quality System regulations set forth standards for our product design and manufacturing processes, require the maintenance of certain records and provide for inspections of our facilities by the FDA. There are also certain requirements of

state, local and foreign governments that must be complied with in the manufacture and marketing of our products.

The European Union enacted the European Union Medical Device Regulation in May 2017 with an original effective date of May 2021, which imposes stricter requirements for the marketing and sale of medical devices, including in the areas of clinical evaluation requirements, quality systems, labeling and post-market surveillance. Extended transition timelines were published in 2023 which range from May 2026 through December 2028 depending on the type of device and our implementation is on track to meet these timelines.

Initiatives to limit the growth of general healthcare expenses and hospital costs are ongoing in the markets we do business. These initiatives are sponsored by government agencies, legislative bodies and the private sector and include price regulation and competitive pricing. It is not possible to predict at this time the long-term impact of such cost containment measures on our future business. In addition, business practices in the healthcare industry are scrutinized, particularly in the United States, by federal and state government agencies. The resulting investigations and prosecutions carry the risk of significant civil and criminal penalties.

**Environment**

We are subject to various rules and regulation in the United States and internationally related to the protection of human health and the environment. Our operations involve the use of substances regulated under environmental laws, primarily in manufacturing and sterilization processes. We believe our policies, practices and procedures are properly designed to comply, in all material respects, with applicable environmental laws and regulations. We do not expect compliance with these requirements to have a material effect on purchases of property, plant and equipment, cash flows, net earnings or competitive position.

**Employees**

On December 31, 2023 we had approximately 52,000 employees globally, with approximately 27,000 employees in the United States. Our talented employees are an integral reason for our standing as a global leader in medical technologies where, together with our customers, we are driven to make healthcare better. Our company values of integrity, accountability, people and performance are a key component of that mission. Our people, as one of our core values, continue to be a key focus.

Our success depends on our ability to attract the best talent. To do so, we continue to focus on creating and maintaining a great workplace. We believe in attracting the right people, maintaining and building employee engagement and developing our employees. We believe when people are able to do what they do best, they will look forward to coming to work and, in turn, will deliver great business results.

Our leadership team and Board of Directors receive regular updates on our people and culture strategy and provide feedback on our strategy and goals, including alignment to our mission and values, peer benchmarking and stakeholder feedback.

**Employee Development**

Our employee development is extensive and exists at all levels of the organization, including company-wide training on our Code of Conduct, job-related technical training and management and leadership training. Our development programs include on-the-job learning, coaching and mentoring, management and leadership development courses, team building and collaboration training and immersive experiences with expert partners.

We encourage all employees to establish development objectives, in partnership with their manager, to help employees gain the needed development experience to grow their careers.

**Employee Engagement**

An engaged workplace culture that drives performance and business outcomes is central to our mission. Listening to and learning from our employees forms the foundation of an engaging culture. More than 90% of our employees participate in our annual engagement survey, which provides a valued platform for listening and allows us to take action based on the feedback collected.

We supplement our annual engagement survey with targeted pulse surveys to gather feedback on topics relevant to the current climate. In addition, we establish forums for collecting qualitative feedback to gain insights and identify actions we can take so that employees feel included, engaged and able to achieve their full potential.

We also provide tools and resources that enable managers and teams to act on the insights we gain from our surveys and to drive employee engagement and strong business outcomes.

**Diversity, Equity and Inclusion (DE&I)**

An essential part of our culture is respecting each individual's strengths and values. Building on this foundation, we are focused on maintaining an inclusive, engaging work environment and prioritizing DE&I in keeping with our values of integrity and people. Our DE&I strategy is centered around these three commitments:

- Strengthen the diversity of our workforce
- Advance a culture of inclusion, engagement and belonging
- Maximize the power of inclusion to drive innovation and growth

We are advancing our commitments through the following actions, among others:

- Increasing access to talent through strategic partnerships and campaigns
- Growing and engaging talent with a range of opportunities to learn and develop
- Aligning our employee resource groups to focus on creating community and belonging

As of December 31, 2023 approximately 38.1% of our employees were women and 27.9% of our employees in the United States identified as racially or ethnically diverse.

**Attracting and Hiring**

We understand that every employee drives our success. We focus on attracting, identifying and selecting strong candidates who will be successful at Stryker and ensuring that each person we hire brings the talent, expertise and passion we need to continue to be successful.

**Health and Safety**

Ensuring our employees' safety is a top priority. It is a responsibility that we share throughout the company and one that has evolved to meet the needs of our workforce. Employees' safety risks vary depending on the roles they perform, so we tailor our safety efforts accordingly.

**Competitive Pay and Benefits**

Our compensation and benefits programs are designed to attract and retain top talent and to incentivize performance and alignment to our mission and values.

We offer market-competitive base pay and benefits to our employees in countries around the world. We regularly evaluate our compensation and benefit offerings and levels, using recognized outside consulting firms to ensure internal fairness and competitiveness in our offerings.

Most of our employees also have variable components to their compensation packages that reward employees based on individual, business unit and/or company-wide performance.

Our proxy statement provides more detail on the competitive compensation programs we offer.

### Information about our Executive Officers

*As of January 31, 2024*

| Name | Age | Title | First Became an Executive Officer |
|---|---|---|---|
| Kevin A. Lobo | 58 | Chair, Chief Executive Officer and President | 2011 |
| Yin C. Becker | 60 | Vice President, Chief Corporate Affairs Officer | 2016 |
| William E. Berry Jr. | 58 | Vice President, Chief Accounting Officer | 2014 |
| Glenn S. Boehnlein | 62 | Vice President, Chief Financial Officer | 2018 |
| M. Kathryn Fink | 54 | Vice President, Chief Human Resources Officer | 2016 |
| Robert S. Fletcher | 53 | Vice President, Chief Legal Officer | 2019 |
| Viju S. Menon | 56 | Group President, Global Quality and Operations | 2018 |
| J. Andrew Pierce | 50 | Group President, MedSurg and Neurotechnology | 2021 |
| Spencer S. Stiles | 47 | Group President, Orthopaedics and Spine | 2021 |

Each of our executive officers was elected by our Board of Directors to serve in the office indicated until the first meeting of the Board of Directors following the annual meeting of shareholders in 2024 or until a successor is chosen and qualified or until his or her resignation or removal. Each of our executive officers held the position above or served Stryker in various executive or administrative capacities for at least five years, except for Mr. Fletcher. Prior to joining Stryker in April 2019, Mr. Fletcher held various legal leadership roles with Johnson & Johnson for the previous 14 years, most recently as the Worldwide Vice President, Litigation.

### Available Information

Our main corporate website address is *www.stryker.com*. The information on our website is not incorporated by reference into this report. Copies of our filings with the United States Securities and Exchange Commission (SEC) are available free of charge on our website within the "Investors Relations" section as soon as reasonably practicable after having been electronically filed or furnished to the SEC. All SEC filings are also available at the SEC's website at *www.sec.gov*.

## ITEM 1A. RISK FACTORS.

This report contains statements that are not historical facts and are considered "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. These statements are based on current projections about operations, industry conditions, financial condition and liquidity. Words that identify forward-looking statements include, without limitation, words such as "may," "could," "will," "should," "possible," "plan," "predict," "forecast," "potential," "anticipate," "estimate," "expect," "project," "intend," "believe," "may impact," "on track," "goal," "strategy" and words and terms of similar substance used in connection with any discussion of future operating or financial performance, an acquisition or our businesses. In addition, any statements that refer to expectations, projections or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. Those statements are not guarantees and are subject to risks, uncertainties and assumptions that are difficult to predict. Therefore, actual results could differ materially and adversely from these forward-looking statements, historical experience or our present expectations. Some important factors that could cause our actual results to differ from our expectations in any forward-looking statements include:

- weakening of economic conditions, or the anticipation thereof, that could adversely affect the level of demand for our products;
- geopolitical risks, including from international conflicts and upcoming elections in the United States and other countries, which could, among other things, lead to increased market volatility;
- pricing pressures generally, including cost-containment measures that could adversely affect the price of or demand for our products;
- changes in foreign currency exchange markets;
- legislative and regulatory actions;
- unanticipated issues arising in connection with clinical studies and otherwise that affect approval of new products by the FDA and foreign regulatory agencies;
- inflationary pressures;
- increased interest rates or interest rate volatility;
- supply chain disruptions;
- changes in labor markets;
- changes in reimbursement levels from third-party payors;
- a significant increase in product liability claims;
- the ultimate total cost with respect to recall-related and other regulatory and quality matters;
- the impact of investigative and legal proceedings and compliance risks;
- resolution of tax audits;
- changes in tax laws and regulations;
- the impact of legislation to reform the healthcare system in the United States or other countries;
- costs to comply with medical device regulations;
- changes in financial markets;
- changes in our credit ratings;
- changes in the competitive environment;
- our ability to integrate and realize the anticipated benefits of acquisitions in full or at all or within the expected timeframes;
- our ability to realize anticipated cost savings;
- potential negative impacts resulting from climate change or other environmental, social and governance and sustainability related matters;
- the impact on our operations and financial results of any public health emergency and any related policies and actions by governments or other third parties;
- breaches or failures of our or our vendors' or customers' information technology systems or products, including by cyber-attack, data leakage, unauthorized access or theft; and
- other risks detailed in our filings with the SEC.

While we believe that the assumptions underlying such forward-looking statements are reasonable, there can be no assurance that future events or developments will not cause such statements to be inaccurate. All forward-looking statements

contained in this report are qualified in their entirety by this cautionary statement. We expressly disclaim any intention or obligation to publicly update or revise any forward-looking statement to reflect any change in our expectations or in events, conditions or circumstances on which those expectations may be based, or that affect the likelihood that actual results will differ from those contained in the forward-looking statements.

Our operations and financial results are subject to various risks and uncertainties discussed below that could materially and adversely affect our business, cash flows, financial condition and results of operations. Additional risks and uncertainties not currently known to us or that we currently deem not to be material or that could apply to any company may also materially and adversely affect our business, cash flows, financial condition or results of operations. If any of the risks discussed below or other risks actually occur or continue to occur, our business, financial condition, operating results or cash flows could be materially adversely affected. Accordingly, you should carefully consider the following risk factors, as well as other information contained in or incorporated by reference in this report.

## BUSINESS AND OPERATIONAL RISKS

**We use a variety of raw materials, components, devices and third-party services in our global supply chains, production and distribution processes; significant shortages, price increases or unavailability of third-party services have in the past increased, and could in the future increase, our operating costs and could require significant capital expenditures or adversely impact the competitive position of our products:** Our reliance on certain suppliers to secure raw materials, components and finished devices, and on certain third-party service providers, such as sterilization service providers, exposes us to product shortages and unanticipated increases in prices, whether due to inflationary pressure, regulatory changes, litigation exposure, geopolitical tensions or otherwise. For example, in the past we experienced limited product availability due to an electronic components shortage in certain product lines. If a similar shortage occurs in the future with respect to other raw materials or components, we may not be able to obtain them from our suppliers on a timely basis, or at all, or identify alternative suppliers. In addition, several raw materials, components, finished devices and services are procured from a sole source due to the quality considerations, unique intellectual property considerations or constraints associated with regulatory requirements. If sole-source suppliers or service providers are unable or unwilling to deliver these materials or services as a result of financial difficulties, acquisition by a third party, natural disasters or otherwise, we may not be able to manufacture or have available one or more products during such period of unavailability and our business could suffer. In certain cases, we may not be able to establish additional or replacement suppliers for such materials or service providers for such services in a timely or cost-effective manner, often as a result of FDA and other regulations that require, among other things, validation of materials, components and services prior to their use in or with our products. In certain instances we have been unable to meet demand due to supply chain challenges, which has led to loss of sales. Although the impacts have not been material to date, an inability to meet demand due to supply chain challenges in the future could materially adversely impact our reputation, the competitive position of our products and our business. Any of the foregoing risks could have a material adverse impact on our profitability and results of operations.

In addition, since 2022 the market has experienced increasing inflationary pressures in part due to global supply chain disruptions, labor shortages and other impacts following the COVID-19 pandemic. We expect these inflationary pressures will continue. Inflation in the United States and in many of the countries where we conduct business has resulted in, and may continue to result in, higher interest rates and increased capital, energy, shipping and labor costs, weakening or strengthening exchange rates against the United States Dollar and other similar effects. We have experienced, and may continue to experience, inflationary increases in manufacturing costs and operating expenses, as well as negative impacts from weakening or strengthening exchange rates against the United States Dollar. Although we have been able to pass certain cost increases on to our customers, we have not been able to pass along all cost increases and we cannot guarantee that we will be able to do so in the future. Inflation, higher interest rates or interest rate volatility may also cause our customers to reduce or delay orders for our products and services. Any of the foregoing could have a material adverse impact on our sales, profitability and results of operations.

**We are subject to pricing pressures as a result of cost containment measures in the United States and other countries and other factors:** Initiatives to limit the growth of general healthcare expenses and hospital costs are ongoing in the markets in which we do business. These initiatives are sponsored by government agencies, legislative bodies and the private sector and include price regulation and competitive pricing. For example, China has implemented a volume-based procurement process designed to decrease prices for medical devices and other products. This has already impacted our joint replacement and spine businesses on a national level, and our trauma and certain neurovascular products on a provincial level, and we expect further adoption of volume-based procurement provincially or nationally in China in 2024. Pricing pressure has also increased due to continued consolidation among healthcare providers, trends toward managed care, the shift toward governments becoming the primary payers of healthcare expenses, reduction in reimbursement levels and medical procedure volumes and government laws and regulations relating to sales and promotion, reimbursement and pricing generally. We have also reduced prices for certain products due to increased competition and if we further reduce prices, we could become less profitable. In addition, due to healthcare industry consolidation in recent years, competition to provide goods and services to industry participants has become, and may continue to become, more intense, and this consolidation has produced, and may continue to produce, larger enterprises with more bargaining power. Pricing pressures related to any of the foregoing or other factors have impacted and could in the future impact our results of operations and profitability.

**We operate in a highly competitive industry in which competition in the development and improvement of new and existing products is significant:** The markets in which we compete are highly competitive, and a significant element of our strategy is to increase revenue growth by focusing on innovation and new product development. New business models, products and surgical procedures are introduced on an ongoing basis and our present or future products could be rendered obsolete or uneconomical by internal or external technological advances, as we continue to innovate to address physician and patient needs, or by our existing competitors and new market entrants. Our existing competitors and new market entrants may respond more quickly to or integrate new or emerging technologies such as robotics, artificial intelligence and machine learning in their product offerings, undertake more extensive marketing campaigns, have greater access to clinical information to support ongoing product position in the market, have greater financial, marketing and other resources or be more successful in attracting potential customers, employees and strategic partners. There can be no assurance that any products now in development, or that we may seek to develop in the future, will achieve technological feasibility, obtain regulatory approval or gain market acceptance. If we are unable to develop and launch

new products, our ability to maintain or expand our market position in the markets in which we participate may be negatively impacted.

**We may be unable to maintain adequate working relationships with healthcare professionals:** We seek to maintain close working relationships with respected physicians and medical personnel in healthcare organizations, such as hospitals and universities, who assist in product research and development. We rely on these professionals to assist us in the development and improvement of proprietary products. If we are unable to maintain these relationships due to regulatory restrictions, hospital access restrictions for non-patients or for other reasons, our ability to develop, market and sell new and improved products could be adversely affected. For example, China's National Health Commission has launched an anti-corruption campaign focused on investigating government officials and individuals employed by state-owned entities and public institutions in the healthcare sector, which has resulted in us seeing some limitations to physician and surgeon access. Although this has not had a material impact on our business, if other jurisdictions were to take this approach, our business could be adversely impacted.

**We rely on indirect distribution channels and major distributors that are independent of Stryker:** In many markets we rely on indirect distribution channels to market, distribute and sell our products. These indirect channels often are the main point of contact for the healthcare professionals and healthcare organization customers who buy and use our products. Our ability to continue to market, distribute and sell our products may be at risk if the indirect channels become insolvent, choose to sell competitive products, choose to stop selling medical technology, fail to adhere to Stryker requirements or are subject to new or additional government regulation.

**We are subject to risks associated with our extensive global operations:** We develop, manufacture and distribute our products globally. Our global operations are subject to risks and costs related to, among other things, changes in reimbursement; changes in regulatory requirements (such as the staggered phase-in period for manufacturers to comply with the European Union Medical Device Regulation (MDR) through December 2028); differing local product preferences and product requirements; diminished protection of intellectual property in some countries; tariffs and other trade protection measures, as well as increasing localization and protectionism policies in certain jurisdictions; international trade disputes and import or export requirements; difficulty in staffing and managing foreign operations; introduction of new internal business structures and programs; political and economic instability; current or potential geopolitical conflicts, such as the tensions between China and Taiwan and the wars in Ukraine and the Middle East, and related sanctions and other developments; disruptions of transportation, including port closures, increased border controls or border closures or reduced transportation availability, due to military conflicts, a global pandemic of contagious diseases like COVID-19 or otherwise; increased energy or transportation costs; fluctuations in currency exchange rates and financial markets; and increased security threats to our supply chain. Many of these risks are rapidly evolving and subject to an accelerating pace of change. Our business could be adversely impacted if we are unable to successfully manage these and other risks of global operations in an increasingly volatile environment. In addition, in many countries, the laws and regulations applicable to us or our industry are evolving, and we have in certain cases become subject to divergent and conflicting laws and regulations across our operations, which could increase risk over time.

**We may be unable to capitalize on previous or future acquisitions:** In addition to internally developed products, we invest in new products and technologies through acquisitions, including our acquisition of Cerus in 2023. Such investments are inherently risky, and we cannot guarantee that any acquisition will be successful or will not have a material unfavorable impact on us. The risks include the activities required and resources allocated to integrate new businesses, diversion of management time that could adversely affect management's ability to focus on other projects, the inability to realize the expected benefits, savings or synergies from the acquisition, the loss of key personnel, litigation resulting from the acquisition and exposure to unexpected liabilities of acquired companies. Certain acquisitions are subject to antitrust and competition laws, and antitrust scrutiny by regulatory agencies and changes to the regulatory approval process in the United States and foreign jurisdictions may cause approvals to take longer than anticipated to obtain, not be obtained at all, or contain burdensome conditions, which may jeopardize, delay or reduce the anticipated benefits of acquisitions to us and could impede the execution of our business strategy. In addition, we cannot be certain that the businesses we acquire will become or remain profitable.

**We, our business partners or our third-party vendors could experience a material failure or breach of a key information technology system, network, process or site:** We rely extensively on information technology (IT) systems to conduct business. In addition, we rely on networks and services, including internet sites, cloud and software-as-a-service solutions, data hosting and processing facilities and tools and other hardware, software (including open-source software) and technical applications and platforms, some of which are managed, hosted, provided and/or used by third parties or their vendors, to assist in conducting our business. Numerous and evolving cybersecurity threats have posed, and will continue to pose, risks to the security of our IT systems, networks and product offerings, as well as the confidentiality, availability and integrity of our data. Some of our products and services, and information technology systems, contain or use open-source software, which poses particular risks, including potential security vulnerabilities, licensing compliance issues and quality issues. We, our customers and third-party hosting services have experienced, and expect to continue to experience, security breaches of, or unauthorized access to, products or systems. While such breaches or unauthorized access have not been material to date, we cannot guarantee that any future breach or unauthorized access will not be material and any breach or unauthorized access could impact the use of such products and systems and the security of information stored therein. Although we have made investments and expect to continue to make investments seeking to address these threats, including monitoring of networks and systems, use of artificial intelligence, hiring of experts, employee training and security policies for employees and third-party providers, the techniques used in these attacks change frequently and may be difficult to detect for periods of time and we may face difficulties in anticipating and implementing adequate preventative measures.

When cybersecurity incidents occur, we follow our incident response protocols and address them in accordance with applicable governmental regulations and other legal requirements. Our response to these incidents and our investments to protect our product offerings and information technology infrastructure and data may not shield us from significant losses and potential liability or prevent any future interruption or breach of our systems. Moreover, given the increasing complexity and sophistication of the techniques used by threat actors to obtain unauthorized access or disable or degrade systems, a cyberattack could occur and persist for an extended period of time before being detected, and we may not anticipate these acts or mitigate them adequately or timely, which may compound damages before the incident is discovered or remediated. The extent of a particular cyber incident and the steps that we may need to take to investigate the incident may

not be immediately clear, and it may take a significant amount of time before such investigation can be completed and full and reliable information about the incident is known. New regulations may require us to disclose information about a material cybersecurity incident before it has been resolved or fully investigated. Additionally, as threats continue to evolve and increase, and as the regulatory environment related to information security, data collection and use, and privacy becomes increasingly rigorous, we may be required to devote significant additional resources to modify and enhance our security controls and to identify and remediate any security vulnerabilities, which could adversely impact our net income. In addition, a significant number of our employees working remotely has exposed us, and may continue to expose us, to greater risks related to cybersecurity and cyber-liability. If our IT systems are damaged or cease to function properly, the networks or service providers we rely upon fail to function properly, or we or one of our third-party providers suffer a loss or disclosure of our business or stakeholder information due to any number of causes ranging from catastrophic events or power outages to improper data handling or security breaches or unauthorized access and our business continuity plans do not effectively address these failures on a timely basis, we may be exposed to reputational, competitive and business harm as well as litigation and regulatory action.

**An inability to successfully manage the implementation of our new commercial global enterprise resource planning (ERP) system could adversely affect our operations and operating results:** We are in the process of implementing a new commercial ERP system. This system will replace many of our existing operating and financial systems. The implementation is a major undertaking, both financially and from a management and personnel perspective. Any material disruptions, delays or deficiencies in the design and implementation of our new ERP system could adversely affect our ability to process orders, ship products, provide services and customer support, send invoices and track payments, fulfill contractual obligations or otherwise operate our business.

**We may be unable to attract, develop and retain executives and key employees:** Our sales, technical and other key personnel play an integral role in the development, marketing and selling of new and existing products. Our future performance also depends in large part on the continued services of our senior management. If we are unable to recruit, hire, develop and retain a talented, competitive work force in our highly competitive industry, or if we are unable to plan effective succession for the future, we may not be able to meet our strategic business objectives. Inflationary pressures, labor demand and shortages and other macroeconomic factors have increased and could further increase the cost of labor and could harm our ability to recruit, hire and retain talented employees. In addition, increased unionization could negatively impact our labor costs and ability to create an engaging, connected culture, which could adversely affect our ability to recruit, hire, develop and retain a talented, competitive workforce. Further, if we are unable to maintain competitive and equitable compensation and benefit programs, including incentive programs which reward financial and operational performance, our ability to recruit, hire, engage, motivate and retain talent could be negatively affected. Additionally, if we are unable to maintain an inclusive culture that aligns our diverse workforce with our mission and values, it could adversely impact our ability to recruit, hire, develop and retain key talent. Further, our remote and hybrid work practices, ability to provide flexible and alternative work arrangements, and our practices relating to corporate responsibility may not meet the needs or expectations of our employees, including senior management or other key employees, which could negatively impact our ability to attract and retain highly skilled employees, or may harm our culture and/or decrease employee engagement, which could adversely impact our ability to recruit, hire, develop and retain a talented, competitive workforce.

Effective succession planning is also important to our long-term success. Failure to ensure effective transfer of knowledge and smooth transitions involving executives and other key employees could hinder our strategic planning and execution. Changes in our management team may be disruptive to our business, and any failure to successfully integrate key new hires or promoted employees could adversely affect our business and results of operations. The loss of the services of any of our senior management or other key personnel, or our inability to attract highly qualified senior management and other key personnel, could harm our business. Our ability to execute our business strategy could be impaired if we are unable to replace such persons timely. In addition, recent legal and regulatory changes affect our ability to enforce post-termination obligations from certain employees with respect to non-competition, non-solicitation and protection of confidential information. This may negatively impact our ability to retain employees and protect our information and relationships with customers and other third parties.

**Interruption of manufacturing operations could adversely affect our business:** We and our suppliers have manufacturing and supply sites all over the world. However, the manufacturing of certain of our product lines is concentrated in one or more plants or geographic regions. We have principal manufacturing and distribution facilities in the United States in Arizona, California, Florida, Illinois, Indiana, Michigan, Minnesota, New Jersey, Puerto Rico, Tennessee, Texas, Utah, Virginia and Washington, and outside the United States in China, France, Germany, Ireland, Mexico, the Netherlands, Poland, Switzerland and Turkey. Damage to our facilities, to our suppliers' or service providers' facilities, or to our central distribution centers as a result of natural disasters, fires, explosions or otherwise, as well as issues in our manufacturing arising from a failure to follow specific internal protocols and procedures, compliance concerns relating to the quality systems regulation, equipment breakdown or malfunction, IT system failures or cybersecurity incidents, environmental hazard incidents or changes to environmental regulations or other factors, could adversely affect the availability of our products. In the event of an interruption in manufacturing, we may be unable to move quickly to alternate means of producing and distributing affected products to meet customer demand. In the event of a significant interruption, we may experience lengthy delays in resuming production or distribution of affected products due to the need for regulatory approvals, and we may experience loss of market share, additional expense and harm to our reputation.

**Our insurance program may not be adequate to cover future losses:** We maintain third-party insurance to cover our exposure to certain property and casualty losses and are self-insured for claims and expenses related to other property and casualty losses, including product liability, intellectual property infringement and enforcement, environmental, and cybersecurity and data privacy losses. We manage a portion of our exposure to self-insured losses through a wholly-owned captive insurance company. Insurance coverage limits provided by third-party insurers and/or our captive insurance company may not be sufficient to fully cover certain losses we may experience.

**We have experienced, and may continue to experience, a significant and unpredictable need to adjust our operations as market demand for certain of our products has shifted and continues to shift or as may be mandated by governmental authorities:** Some of our products are particularly sensitive to reductions in elective medical procedures. Elective medical procedures were suspended or reduced at various times during the COVID-19 pandemic in many of the markets where our products are marketed and sold, which negatively affected

our business, cash flows, financial condition and results of operations. It is not possible to predict whether elective medical procedures will again be suspended or reduced in the future and, to the extent individuals and customers are required to delay or cancel elective procedures, our business, cash flows, financial condition and results of operations could be negatively affected. Further, our customers have experienced, and could continue to experience, staffing shortages that may result in decreased demand for our products, which could negatively affect our business and financial results.

In addition, during the COVID-19 pandemic our products in certain divisions, such as Medical, experienced higher demand as our customers were focused on treating COVID-19 patients and preparing for future public health emergencies. Unpredictable increases in demand for certain of our products have exceeded in the past, and could exceed in the future, our capacity to meet such demand timely, which could adversely affect our customer relationships and result in negative publicity. In this regard, the accelerated development and production of products and services to address medical and other requirements could increase the risk of regulatory enforcement actions, product defects or related claims or reputational harm.

**Pandemics and public health emergencies, and the fear thereof, have in the past materially adversely affected and could in the future materially adversely affect, our operations, supply chain, manufacturing, product distribution, customers and other business activities:** In connection with COVID-19, governmental authorities and private enterprises implemented, and may in the future implement in connection with another pandemic or public health emergency (or in response to the fear thereof), measures, such as travel bans and restrictions, quarantines, shelter-in-place orders and shutdowns. Our customers, global suppliers, distributors and manufacturing facilities have in the past been, and could in the future be, materially affected by restrictive measures implemented in response to a pandemic or public health emergency, which has in the past caused and could in the future cause them to be unable to hire and retain employees, distribute or use our products or provide required services. We have as a result experienced, and could in the future experience, delays in, or the suspension of, our manufacturing operations, sales activities, research and product development activities, regulatory work streams, clinical development programs and other important commercial functions, which may result in our inability to satisfy consumer demand for our products in a timely manner or at all and which could harm our reputation, future sales and profitability. The extent of any future pandemic or public health emergency's effect on our business and industry will depend on, among other things, the severity of the disease, the successful development, distribution and acceptance of vaccines for diseases, future resurgences and/or the spread of disease variants, all of which are uncertain and difficult to predict. The COVID-19 pandemic materially impacted us, and any future pandemic or public health emergency could materially impact us and would heighten many of the other risks described in this report.

## LEGAL AND REGULATORY RISKS

**Current economic and political conditions make tax rules in jurisdictions subject to significant change:** Our future results of operations could be affected by changes in the effective tax rate as a result of changes in tax laws, regulations and judicial rulings. We are continuing to evaluate the impact of tax reform in the countries in which we operate as new guidance is published and new regulations are adopted. In addition, further changes in the tax laws could arise, including as a result of the base erosion and profit shifting project undertaken by the Organisation for Economic Cooperation and Development (OECD). The OECD, which represents a coalition of member countries, has put forth two proposed frameworks—Pillar One and Pillar Two—that revise the existing profit allocation and nexus rules and ensure a minimal level of taxation, respectively. On December 12, 2022, the European Union member states agreed to implement the Inclusive Framework's global corporate minimum tax rate of 15%, and various countries (both within and outside the European Union) have enacted new laws implementing Pillar Two or have proposed legislation. The OECD continues to release additional guidance on the two-pillar framework, with widespread implementation anticipated by 2024. These changes, and any additional contemplated changes, could increase tax expense.

**We could be negatively impacted by future changes in the allocation of income to each of the income tax jurisdictions in which we operate:** We operate in multiple income tax jurisdictions both in the United States and internationally. Accordingly, our management must determine the appropriate allocation of income to each jurisdiction based on current interpretations of complex income tax regulations. Income tax authorities regularly perform audits of our income tax filings. Income tax audits associated with the allocation of income and other complex issues, including inventory transfer pricing and cost sharing, product royalty and foreign branch arrangements, may require an extended period to resolve and may result in significant income tax adjustments.

**The impact of healthcare reform legislation on our business remains uncertain:** Several markets where we sell our products are making efforts to expand access to health care or health insurance coverage while decreasing costs. These efforts may have a direct or unintended negative impact on access to medical technology and could have a significant effect on our business. We cannot predict what healthcare programs and regulations could ultimately be implemented at the federal or state level or the effect that any future legislation or regulation in the United States may have on our business. Similarly, we cannot predict the impact that healthcare reform legislation in other countries where we sell our products may have on our business.

**We are subject to extensive governmental regulation relating to the classification, manufacturing, sterilization, licensing, labeling, marketing and sale of our products:** The classification, manufacturing, sterilization, licensing, labeling, marketing and sale of our products are subject to extensive and evolving regulations and rigorous regulatory enforcement by the FDA, state governments, European Union and other governmental authorities in the United States and internationally. These governmental authorities may impose additional requirements or limits on the methods, procedures or agents we use to manufacture and sterilize our products, which could have a negative impact on our business. In addition, the process of obtaining licenses, regulatory clearances and/or approvals to market and sell our products can be costly and time consuming and the clearances and/or approvals might not be granted timely. We have ongoing responsibilities under the laws and regulations applicable to the manufacturing of products within our facilities and those contracted by third parties that are subject to periodic inspections by the FDA, state Boards of Pharmacy and other governmental authorities to determine compliance with the quality system, medical device reporting regulations and other requirements. We incur significant costs to comply with regulations, including the MDR. If we fail to comply with applicable regulatory requirements, we may be subject to a range of sanctions, including substantial fines, warning letters that require corrective action, product seizures, recalls, import restrictions, the suspension of product manufacturing or sales, revocation of approvals, exclusion from future participation in government healthcare programs, substantial fines and criminal prosecution.

**We are subject to federal, state and foreign healthcare regulations, including anti-bribery, anti-corruption, anti-kickback and false claims laws, globally and could face substantial penalties if we fail to comply with such regulations and laws:** The relationships that we, and third parties that market and/or sell our products, have with healthcare professionals, such as physicians, hospitals, healthcare organizations and others, are subject to scrutiny under various state and federal laws often referred to collectively as healthcare fraud and abuse laws. In addition, the United States and foreign government regulators have increased the enforcement of the Foreign Corrupt Practices Act (FCPA) and other anti-bribery and anti-kickback laws. We also must comply with a variety of other laws that impose extensive tracking and reporting related to all transfers of value provided to certain healthcare professionals and others. These laws and regulations are broad in scope and are subject to evolving interpretation and we have in the past been, and in the future could be, required to incur substantial costs to investigate, audit and monitor compliance or to alter our practices. Violations or alleged violations of these laws could result in litigation and we may be subject to criminal or civil penalties and sanctions, including substantial fines, imprisonment of current or former employees and exclusion from participation in governmental healthcare programs. In 2013 and 2018 we settled claims brought by the SEC related to the FCPA. Pursuant to these settlements, we paid fines and penalties and retained an independent compliance consultant. We continue to implement recommendations that resulted from the independent compliance consultant's review of our commercial practices to enhance our commercial business practices. In addition, we are currently investigating whether certain business activities in certain foreign countries violated provisions of the FCPA and have been contacted by the SEC, United States Department of Justice and certain other regulatory authorities. Although we are currently unable to predict the outcome of the investigations or the potential impact, if any, on our financial statements, the impacts could potentially be significant.

**We are subject to privacy, data protection and data security regulations and laws globally, and could face substantial penalties if we fail to comply with such regulations and laws:** We are subject to a variety of laws and regulations globally regarding privacy, data protection, and data security, including those related to the collection, storage, handling, use, disclosure, transfer and security of personally identifiable healthcare information. For example, in the United States, privacy and security regulations under the Health Insurance Portability and Accountability Act of 1996, including the expanded requirements under the Health Information Technology for Economic and Clinical Health Act of 2009, establish comprehensive standards with respect to the use and disclosure of protected health information (PHI), by covered entities, in addition to setting standards to protect the confidentiality, integrity and security of PHI. Regulators are also imposing new data privacy and security requirements, including new and greater monetary fines for privacy violations. For example, the European Union's General Data Protection Regulation (GDPR) established rules regarding the handling of personal data. Non-compliance with the GDPR may result in monetary penalties of up to 4% of total company revenue. Various U.S. states and other governmental authorities around the world have imposed or are considering similar types of laws and regulations, data breach reporting and penalties for non-compliance and increasing security requirements. These laws and regulations are broad in scope and are subject to evolving interpretation and we have in the past been, and in the future could be, required to incur substantial costs to monitor compliance or to alter our practices. As new privacy-related laws and regulations are implemented, the time and resources needed for us to comply with such laws and regulations, as well as our potential liability for non-compliance and reporting obligations in the case of data breaches, have increased and may further increase.

**We may be adversely affected by product liability claims, unfavorable court decisions or legal settlements:** We are exposed to potential product liability risks inherent in the design, manufacture and marketing of medical devices, many of which are implanted in the human body for long periods of time or indefinitely. We are currently defendants in a number of product liability matters, including those relating to our Rejuvenate and ABGII Modular-Neck hip stems, LFIT Anatomic CoCr V40 Femoral Heads and the product liability lawsuits and claims relating to Wright Medical Group N.V. (Wright) legacy hip products discussed in Note 7 to our Consolidated Financial Statements. These matters are subject to uncertainties and outcomes are not predictable. Further, the European Representative Actions Directive (the Collective Redress Directive), which became effective in 2023, mandates a class action regime in each EU member state to facilitate domestic and cross-border class actions in a wide range of areas, including product liability claims with medical devices. The Collective Redress Directive could result in additional litigation risks and significant legal expenses. In addition, we may incur significant legal expenses or reputational damage for product liability claims regardless of whether we are found to be liable.

**Intellectual property litigation and infringement claims could cause us to incur significant expenses or prevent us from selling certain of our products:** The medical device industry is characterized by extensive intellectual property litigation and, from time to time, we are the subject of claims of infringement or misappropriation. Regardless of the outcome, such claims are expensive to defend and divert management and operating personnel from other business issues. A successful claim or claims of patent or other intellectual property infringement against us could result in payment of significant monetary damages and/or royalty payments or negatively impact our ability to sell current or future products in the affected category.

**Dependence on patent and other proprietary rights and failing to protect such rights or to be successful in litigation related to such rights may impact offerings in our product portfolios:** Our long-term success largely depends on our ability to market technologically competitive products. If we fail to obtain or maintain adequate intellectual property protection, it could allow others to sell products that directly compete with proprietary features in our product portfolio. Also, our issued patents may be subject to claims challenging their validity and scope and raising other issues. In addition, currently pending or future patent applications may not result in issued patents.

MARKET RISKS

**We have exposure to exchange rate fluctuations on cross border transactions and translation of local currency results into United States Dollars:** We report our financial results in United States Dollars and approximately 25% of our net sales are denominated in foreign currencies, including the Australian Dollar, British Pound, Canadian Dollar, Euro and Japanese Yen. Cross border transactions with external parties and intercompany relationships result in increased exposure to foreign currency exchange effects. While we use derivative instruments to manage the impact of currency exchange, our hedging strategies may not be successful, and our unhedged exposures continue to be subject to currency fluctuations. In addition, the weakening or strengthening of the United States Dollar results in favorable or unfavorable translation effects when the results of our foreign locations are translated into United States Dollars.

**Additional capital that we may require in the future may not be available to us or may only be available to us on unfavorable terms, which could negatively affect our liquidity:** Our future capital requirements will depend on many factors, including operating requirements, current and future

acquisitions and the need to refinance existing debt. Our ability to issue additional debt or enter into other financing arrangements on acceptable terms could be adversely affected by our debt levels, unfavorable changes in economic conditions or uncertainties that affect the capital markets. Changes in credit ratings issued by nationally recognized credit rating agencies could also adversely affect our access to and cost of financing. Higher borrowing costs or the inability to access capital markets could adversely affect our ability to support future growth and operating requirements. In addition, we have experienced, and could in the future experience, loss of sales and profits due to delayed payments or insolvency of healthcare professionals, hospitals and other customers and suppliers facing liquidity issues due to the current macroeconomic environment, type and number of conditions being treated or for other reasons. As a result, we may be compelled to take additional measures to preserve our cash flow, including through the reduction of operating expenses or suspension of dividend payments.

ENVIRONMENTAL, SOCIAL AND GOVERNANCE RISKS

**We could be negatively impacted by corporate responsibility and sustainability-related matters:** Governments, investors, customers, employees and other stakeholders have been increasingly focused on corporate responsibility practices and disclosures, and expectations in this area continue to rapidly evolve. On occasion, we announce new initiatives, including goals, under our corporate responsibility framework. This framework is aligned with our areas of interest, which include environment and sustainability, social impact, diversity, equity and inclusion and supply chain management, among others. Implementation of these goals and initiatives involves risks and uncertainties, requires investments and depends in part on third-party performance or data that is outside our control. We cannot guarantee that we will achieve our announced corporate responsibility goals and initiatives. The criteria by which our corporate responsibility practices are assessed may change due to the quickly evolving landscape, which could result in greater regulatory requirements or expectations of us and cause us to undertake costly initiatives to satisfy such new criteria. Moreover, the increasing attention to corporate responsibility initiatives could also result in reduced demand for our products, reduced profits and increased investigations and litigation. If we are unable to satisfy evolving criteria, investors and other stakeholders may conclude that our policies and/or actions with respect to corporate responsibility matters are inadequate. If we fail or are perceived to have failed to achieve previously announced initiatives or goals, comply with corporate responsibility laws and regulations, meet evolving expectations or accurately disclose our progress, we could face legal and regulatory proceedings and our reputation, business, financial condition and results of operations could be adversely impacted.

**Physical effects of climate change or legal, regulatory or market measures intended to address climate change could adversely affect our operations and operating results:** Risks associated with climate change are subject to increasing societal, regulatory and political focus in the United States and globally. Shifts in weather patterns caused by climate change are expected to increase the frequency, severity or duration of certain adverse weather conditions and natural disasters, such as hurricanes, tornadoes, earthquakes, wildfires, droughts, extreme temperatures or flooding, which could cause more significant business and supply chain interruptions, damage to our products and facilities as well as the infrastructure of hospitals, medical care facilities and other customers, reduced workforce availability, increased costs of raw materials and components, increased liabilities and decreased revenues than what we have experienced in the past from such events. In addition, increased public concern over climate change has resulted in certain, and could result in additional, new legal or regulatory requirements designed to mitigate the effects of climate change, which could include the adoption of more stringent environmental laws and regulations or stricter enforcement of existing laws and regulations. Such developments could result in increased compliance costs and adverse impacts on raw material availability and sourcing, manufacturing operations and the distribution of our products, which could adversely affect our operations and operating results.

## ITEM 1B. UNRESOLVED STAFF COMMENTS.

None.

## ITEM 1C. CYBERSECURITY.

### RISK MANAGEMENT AND STRATEGY

We review cybersecurity risk as part of our overall enterprise risk management program. This ensures that cybersecurity risk management remains a top priority in our business strategy and operations.

### MANAGEMENT'S ROLE IN MANAGING RISK

Primary management responsibility for assessing, monitoring and managing our cybersecurity risks rests with our chief information security officer ("CISO"). Our current CISO has over 30 years of experience in information technology including over 20 years in cybersecurity and oversees a team of cybersecurity professionals with over 140 security, risk, and compliance certifications. The CISO is regularly informed about recent developments in cybersecurity, including potential threats and innovative risk management techniques.

The CISO implements and oversees processes for the regular monitoring of our information systems. We use various tools and methodologies to manage cybersecurity risk that are tested regularly. We also monitor and evaluate our cybersecurity posture and performance on an ongoing basis through regular vulnerability scans, penetration tests and threat intelligence feeds. In addition, we engage third-party consultants to conduct annual cybersecurity assessments and to conduct audits for compliance with regulatory, Sarbanes-Oxley Act, Service Organization Control Type 2 and International Organization for Standardization standards. We also engage third parties to assess our cybersecurity maturity and risk management programs.

We use a cross-departmental approach to addressing cybersecurity risk, with our cybersecurity, product security and legal teams presenting quarterly on key topics to a committee of leaders in finance, regulatory, and corporate affairs functions. This leadership committee meets quarterly to ensure that we have input and oversight from critical stakeholders into our cybersecurity program and evolving issues.

The CISO oversees a training and awareness program for employees to take part in protecting the Company against cybersecurity risks. We have implemented annual mandatory security education to help employees understand cybersecurity risks and comply with our cybersecurity policies. Additionally, we provide frequent communications around pertinent cybersecurity topics and policies to all employees. We also provide additional cybersecurity and data protection training to employees in certain roles.

As part of our cybersecurity risk management program, we also conduct cybersecurity and privacy assessments on all third parties who integrate with Stryker's data, network, systems and products. We use a combination of internal and external tools to confirm that these third parties meet our security requirements. We leverage standard industry threat model and privacy impact assessment concepts to confirm that data minimization and adequate data protections are in place. We perform supplemental reviews as necessary, commensurate with the risk associated with each vendor.

In the event of a cybersecurity incident, we have an incident response plan that includes immediate actions to mitigate the impact and long-term strategies for remediation and prevention of future incidents. The cybersecurity and product security teams routinely practice this plan with functions across the organization. We conduct tabletop exercises with senior management, during which we practice the procedures in place to ensure that potentially material cybersecurity risks and incidents are escalated to management and the Board of Directors where applicable.

**GOVERNANCE**

Cybersecurity risks are overseen by the full Board of Directors and the Audit Committee. The Audit Committee is central to the Board of Directors' oversight of cybersecurity risks and bears the primary responsibility for overseeing cybersecurity risk. The Audit Committee actively participates in strategic decisions related to cybersecurity, offering guidance and approval for major cybersecurity initiatives. This involvement ensures that cybersecurity considerations are integrated into our broader strategic objectives.

Our CISO provides comprehensive updates to the Audit Committee quarterly and the full Board of Directors at least annually. These briefings include a range of topics, including:

- Current cybersecurity landscape and emerging threats;
- Status of ongoing cybersecurity initiatives and strategies;
- Incident reports and learnings from any cybersecurity events;
- Metrics demonstrating company and industry-standard prevention of common threats; and
- Regulatory changes impacting cybersecurity requirements and strategy.

The Board of Directors is aware of the critical nature of managing risks associated with cybersecurity threats and is actively engaged in our cybersecurity risk management strategy.

**RISKS FROM CYBERSECURITY THREATS**

Although cybersecurity risks have not materially affected us, including our business strategy, results of operations or financial condition, to date, we face numerous and evolving cybersecurity threats in our business. For more information about the cybersecurity risks we face, see the risk factor entitled "We, our business partners or our third-party vendors could experience a material failure or breach of a key information technology system, network, process or site" in Item 1A. Risk Factors.

## ITEM 2. PROPERTIES.

We have approximately 28 company-owned and 294 leased locations worldwide including 43 manufacturing locations. We believe that our properties are in good operating condition and adequate for the manufacture and distribution of our products. We do not anticipate difficulty in renewing existing leases as they expire or in finding alternative facilities.

## ITEM 3. LEGAL PROCEEDINGS.

We are involved in various proceedings, legal actions and claims arising in the normal course of business, including proceedings related to product, labor and intellectual property, and the matters described in more detail in Note 7 to our Consolidated Financial Statements.

## ITEM 4. MINE SAFETY DISCLOSURES.

Not applicable.

# PART II

## ITEM 5. MARKET FOR THE REGISTRANT'S COMMON EQUITY, RELATED STOCKHOLDER MATTERS AND ISSUER PURCHASES OF EQUITY SECURITIES.

Our common stock is traded on the New York Stock Exchange under the symbol SYK.

Our Board of Directors considers payment of cash dividends at its quarterly meetings. On January 31, 2024 there were 2,501 shareholders of record of our common stock.

We did not repurchase any shares in the three months ended December 31, 2023 and the total dollar value of shares that could be acquired under our authorized repurchase program at December 31, 2023 was $1,033.

In the fourth quarter 2023 we issued 5 shares of our common stock as performance incentive awards to employees. These shares were not registered under the Securities Act of 1933 based on the conclusion that the awards were not events of sale within the meaning of Section 2(a)(3) of the Act.

The following graph compares our total returns (including reinvestment of dividends) against the Standard & Poor's (S&P) 500 Index and the S&P 500 Health Care Index. The graph assumes $100 (not in millions) invested on December 31, 2018 in our common stock and each of the indices.




| Company / Index | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|
| Stryker Corporation | $ 100.00 | $ 135.33 | $ 159.91 | $ 176.26 | $ 163.19 | $ 202.03 |
| S&P 500 Index | $ 100.00 | $ 131.49 | $ 155.68 | $ 200.37 | $ 164.08 | $ 207.21 |
| S&P 500 Health Care Index | $ 100.00 | $ 120.82 | $ 137.07 | $ 172.89 | $ 169.51 | $ 173.00 |

## ITEM 6. SELECTED FINANCIAL DATA.

| Statement of Earnings Data | 2023 | 2022 | 2021 | 2020 | 2019 |
|---|---|---|---|---|---|
| **Net sales** | **$ 20,498** | **$ 18,449** | **$ 17,108** | **$ 14,351** | **$ 14,884** |
| Cost of sales | 7,440 | 6,871 | 6,140 | 5,294 | 5,188 |
| **Gross profit** | **$ 13,058** | **$ 11,578** | **$ 10,968** | **$ 9,057** | **$ 9,696** |
| Research, development and engineering expenses | 1,388 | 1,454 | 1,235 | 984 | 971 |
| Selling, general and administrative expenses | 7,129 | 6,455 | 6,427 | 5,361 | 5,356 |
| Recall charges, net | 18 | (15) | 103 | 17 | 192 |
| Amortization of intangible assets | 635 | 627 | 619 | 472 | 464 |
| Goodwill impairment | — | 216 | — | — | — |
| Total operating expenses | $ 9,170 | $ 8,737 | $ 8,384 | $ 6,834 | $ 6,983 |
| **Operating income** | **$ 3,888** | **$ 2,841** | **$ 2,584** | **$ 2,223** | **$ 2,713** |
| Other income (expense), net | (215) | (158) | (303) | (269) | (151) |
| **Earnings before income taxes** | **$ 3,673** | **$ 2,683** | **$ 2,281** | **$ 1,954** | **$ 2,562** |
| Income taxes | 508 | 325 | 287 | 355 | 479 |
| **Net earnings** | **$ 3,165** | **$ 2,358** | **$ 1,994** | **$ 1,599** | **$ 2,083** |
| **Net earnings per share of common stock:** | | | | | |
| Basic | $ 8.34 | $ 6.23 | $ 5.29 | $ 4.26 | $ 5.57 |
| Diluted | $ 8.25 | $ 6.17 | $ 5.21 | $ 4.20 | $ 5.48 |
| **Dividends declared per share of common stock** | **$ 3.050** | **$ 2.835** | **$ 2.585** | **$ 2.355** | **$ 2.135** |
| **Balance Sheet Data** | | | | | |
| Cash, cash equivalents and current marketable securities | $ 3,053 | $ 1,928 | $ 3,019 | $ 3,024 | $ 4,425 |
| Accounts receivable, net | 3,765 | 3,565 | 3,022 | 2,701 | 2,893 |
| Inventories | 4,843 | 3,995 | 3,314 | 3,494 | 2,980 |
| Property, plant and equipment, net | 3,215 | 2,970 | 2,833 | 2,752 | 2,567 |
| **Total assets** | **$ 39,912** | **$ 36,884** | **$ 34,631** | **$ 34,330** | **$ 30,167** |
| Accounts payable | 1,517 | 1,413 | 1,129 | 810 | 675 |
| Total debt | 12,995 | 13,048 | 12,479 | 13,991 | 11,090 |
| **Shareholders' equity** | **$ 18,593** | **$ 16,616** | **$ 14,877** | **$ 13,084** | **$ 12,807** |
| **Cash Flow Data** | | | | | |
| **Net cash provided by operating activities** | **$ 3,711** | **$ 2,624** | **$ 3,263** | **$ 3,277** | **$ 2,191** |
| Purchases of property, plant and equipment | 575 | 588 | 525 | 487 | 649 |
| Depreciation | 393 | 371 | 371 | 340 | 314 |
| Acquisitions, net of cash acquired | 390 | 2,563 | 339 | 4,222 | 802 |
| Amortization of intangible assets | 635 | 627 | 619 | 472 | 464 |
| Payments of dividends | 1,139 | 1,051 | 950 | 863 | 778 |
| Repurchase of common stock | — | — | — | — | 307 |
| **Other Data** | | | | | |
| Number of shareholders of record | 2,518 | 2,533 | 2,551 | 2,597 | 2,636 |
| Approximate number of employees | 52,000 | 51,000 | 46,000 | 43,000 | 40,000 |

Dollar amounts in millions except per share amounts or as otherwise specified.

## ITEM 7. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS.

### About Stryker

Stryker is a global leader in medical technologies and, together with our customers, we are driven to make healthcare better. We offer innovative products and services in MedSurg, Neurotechnology, Orthopaedics and Spine that help improve patient and healthcare outcomes. Alongside our customers around the world, we impact more than 150 million patients annually. Our goal is to achieve sales growth at the high-end of the medical technology (MedTech) industry and maintain our long-term capital allocation strategy that prioritizes: (1) Acquisitions, (2) Dividends and (3) Share repurchases.

### Macroeconomic Environment

The global economy continues to experience increased inflationary pressures in part due to global supply chain disruptions, labor shortages and other impacts of the macroeconomic environment which we anticipate will continue. Higher interest rates and capital costs, higher shipping costs, increased costs of labor, fluctuating foreign currency exchange rates and the military conflicts in Russia and Ukraine and the Middle East create additional economic challenges and uncertainties. These conditions may cause our customers to decrease or delay orders for our products and services, and the higher interest rates may impact deal mix for our capital products.

### Overview of 2023

In 2023 we achieved reported net sales growth of 11.1%. Excluding the impact of acquisitions and divestitures, sales grew 11.5% in constant currency. We reported net earnings of $3,165 and net earnings per diluted share of $8.25. Excluding the impact of certain items, we achieved adjusted net earnings[1] of $4,066 and adjusted net earnings per diluted share[1] of $10.60 representing growth of 13.5%.

We continued our capital allocation strategy by investing $390 in acquisitions and paying $1,139 in dividends to our shareholders.

In May 2023 we acquired Cerus for net cash consideration of $289 and up to $225 in future milestone payments. Cerus designs, develops and manufactures neurovascular products used for the treatment of hemorrhagic stroke. Cerus is part of our Neurovascular business within MedSurg and Neurotechnology. Refer to Note 6 to our Consolidated Financial Statements for further information.

During 2023 we made payments of $850 to extinguish the remaining balance on the $1.5 billion term loan scheduled to mature February 22, 2025.

In August 2023 we issued €500 of floating rate senior notes due November 16, 2024. The notes bear interest at a rate based on the three-month Euro Interbank Offered Rate (EURIBOR) plus 0.3%. The notes are callable at February 16, 2024, May 16, 2024 or October 16, 2024 either by us or at the option of the notes holders.

In November 2023 we repaid the outstanding €550 principal amount of 1.125% senior unsecured notes due November 30, 2023 and in December 2023 we repaid the outstanding $600 principal amount of 0.600% senior unsecured notes due December 1, 2023. We subsequently issued $600 of 4.850% senior unsecured notes due December 8, 2028 and €600 of 3.375% senior unsecured notes due December 11, 2028.

[1] Refer to "Non-GAAP Financial Measures" for a discussion of non-GAAP financial measures used in this report and a reconciliation to the most directly comparable GAAP financial measure.

### CONSOLIDATED RESULTS OF OPERATIONS

| | | | | Percent Net Sales | | | Percentage Change | |
|---|---|---|---|---|---|---|---|---|
| | 2023 | 2022 | 2021 | 2023 | 2022 | 2021 | 2023 vs. 2022 | 2022 vs. 2021 |
| **Net sales** | $ 20,498 | $ 18,449 | $ 17,108 | 100.0 % | 100.0 % | 100.0 % | 11.1 % | 7.8 % |
| Gross profit | 13,058 | 11,578 | 10,968 | 63.7 | 62.8 | 64.1 | 12.8 | 5.6 |
| Research, development and engineering expenses | 1,388 | 1,454 | 1,235 | 6.8 | 7.9 | 7.2 | (4.5) | 17.7 |
| Selling, general and administrative expenses | 7,129 | 6,455 | 6,427 | 34.8 | 35.0 | 37.6 | 10.4 | 0.4 |
| Recall charges, net | 18 | (15) | 103 | 0.1 | (0.1) | 0.6 | nm | nm |
| Amortization of intangible assets | 635 | 627 | 619 | 3.1 | 3.4 | 3.6 | 1.3 | 1.3 |
| Goodwill impairment | — | 216 | — | — | 1.2 | — | nm | nm |
| Other income (expense), net | (215) | (158) | (303) | (1.0) | (0.9) | (1.8) | 36.1 | (47.9) |
| Income taxes | 508 | 325 | 287 | nm | nm | nm | 56.3 | 13.2 |
| **Net earnings** | $ 3,165 | $ 2,358 | $ 1,994 | 15.4 % | 12.8 % | 11.7 % | 34.2 % | 18.3 % |
| **Net earnings per diluted share** | $ 8.25 | $ 6.17 | $ 5.21 | | | | 33.7 % | 18.4 % |
| **Adjusted net earnings per diluted share[1]** | $ 10.60 | $ 9.34 | $ 9.09 | | | | 13.5 % | 2.8 % |

nm - not meaningful

4P

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☑ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☑ New Wholesaler | * If making a change, provide current license number: | ☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) |
| ☐ Ownership Change* | WH N/A | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) |
| ☐ Name Change* | | ☑ Partnership (complete sections 1, 2, 3, 6, 8, 9) |
| ☐ Location Change* (in-state only) | | ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Janssen Products, LP

Physical Address: 800/850 Ridgeview Drive

City: Horsham State: PA Zip: 19044

Mailing Address (if different from physical address): Same as above address.

City: State: Zip:

Telephone: 610-651-6000 Website: https://www.janssen.com/

Name of Designated Representative (DR): Smriti Khurana

Licensing Company Email: Skhuran3@its.jnj.com DR Email: Skhuran3@its.jnj.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ☒ Manufacturer (Virtual) |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☑ Others: Legend Drugs, Vaccines | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Distributors | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: New Jersey

Parent Company (if any): Johnson & Johnson (ultimate parent)

Corporation Name: Janssen Products, LP

Mailing Address: 800/850 Ridgeview Drive

City: Horsham State: PA Zip: 19044

Telephone: 610-651-6000 Email: Skhuran3@its.jnj.com

Contact Person Name: Smriti Jonnagadda Khurana

| Date of SEC Registration: fiscal year 2023 | SEC Registration Number: 1-3215 | Stock Exchange Symbol: JNJ |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: JOM Pharmaceutical Services, Inc.

Address: 1 Cottontail Lane City: Somerset State: NJ Zip: 08873

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

N/A

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

**Section 6: Partnership**

Partnership Name: See Attachment A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

N/A

**Section 7: Sole Owner**

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification N/A<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration See Attachment B<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** N/A | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** N/A | | ✓ | | |
| • **List of all partners and their percent ownership.** See Attachment A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment D | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Janssen Products, LP

Facility Name

Smriti Jonnagadda Khurana

Print Name of Authorized Person Submitting Application

Smriti J K

Original signature of Authorized Person (copies or stamps not accepted)

09/17/2006

Date

| Board Use Only | Date Received: 9/26/24 | Amount: $1000-ck#992 |
|---|---|---|

An official website of the United States government Here's how you know

FDA

Search Result

Share Tweet Linkedin Email Print

Current through August 26, 2024

**You have searched Finished drug products**

**Search Results:** *'Janssen Products LP'*

**Back to Search Page**

Keyword Search RESET

Showing 1 to 16 of 16 entries Show entries

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | BALVERSA | 59676-030-56 | 3mg/1 | TABLET, FILM COATED | ORAL | NDA212018 | Janssen Products LP | 59676-030 |
| | BALVERSA | 59676-030-84 | 3mg/1 | TABLET, FILM COATED | ORAL | NDA212018 | Janssen Products LP | 59676-030 |
| | BALVERSA | 59676-040-28 | 4mg/1 | TABLET, FILM COATED | ORAL | NDA212018 | Janssen Products LP | 59676-040 |

**Attachment**

**Corporate Officer and Director Information**

**Corporate Officers:**

Kevin Hamill
*President, US Immunology*

Tyrone Brewer
*Vice President, NA Oncology*

Susan Hohenleitner
*VP & CFO of Janssen NA Finance*

**Directors:**

Austin Clayton

## Attachment A

## Partnership Information

Janssen Products, LP

Janssen Biotech, Inc. (all voting shares) – 10% (partner)
800 Ridgeview Drive
Horsham, PA 19044

Ortho Biotech Holding, LLC (all non-voting shares) – 90% (limited partner)
7500 Centurion Parkway
Jacksonville, FL 32256

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***JANSSEN PRODUCTS, LP***
*0600075933*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Partnership was registered by this office on October 12, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*C T CORPORATION SYSTEM*
*820 BEAR TAVERN ROAD*
*WEST TRENTON, NJ 08628*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of September, 2024*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6156737352*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

Pennsylvania
Department of Health

*Pennsylvania Department of Health*

# Drug, Device and Cosmetic Program

Version 4.0.0

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

**Janssen Products, LP** 800 Ridgeview Drive; Horsham, PA 19044
Certificate(s): **9500000021** issued: 02/01/2012 expires: 2/28/2026

The entity noted above holds an active registration and/or license with the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program.

No formal probation, suspension, revocation, or formal disciplinary action has been issued directly by the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program against the aforementioned specific registration and/or license. Contact the DDC program with any further questions at (717) 787-4779 or email: ra-ddc@pa.gov

Back to DD&C Home



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Assembly Version 4.0.0.0

Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Attachment F

List of Employees

**Designated Representative:**

Smriti Khurana
*Vice President Solid Tumor US Sales and Marketing*
[redacted]

## Attachment C

## Regarding the Surety Bond

Janssen Products, LP is a wholly-owned subsidiary of a publicly-held company, Johnson & Johnson. Therefore, a surety bond is not required.

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**Washington, D.C. 20549**

# FORM 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the fiscal year ended December 31, 2023**
**or**

☐ **Transition Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**
**for the transition period from to**

**Commission file number 1-3215**

# Johnson & Johnson

**(Exact name of registrant as specified in its charter)**

| **New Jersey** | **22-1024240** |
|---|---|
| **(State of incorporation)** | **(I.R.S. Employer Identification No.)** |
| **One Johnson & Johnson Plaza**<br>**New Brunswick, New Jersey** | **08933** |
| **(Address of principal executive offices)** | **(Zip Code)** |

**One Johnson & Johnson Plaza**
**New Brunswick, New Jersey 08933**
**(Address of principal executive offices)**
**Registrant's telephone number, including area code: (732) 524-0400**

**SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT**

| Title of each class | Trading Symbol | Name of each exchange on which registered |
|---|---|---|
| Common Stock, Par Value $1.00 | JNJ | New York Stock Exchange |
| 0.650% Notes Due May 2024 | JNJ24C | New York Stock Exchange |
| 5.50% Notes Due November 2024 | JNJ24BP | New York Stock Exchange |
| 1.150% Notes Due November 2028 | JNJ28 | New York Stock Exchange |
| 1.650% Notes Due May 2035 | JNJ35 | New York Stock Exchange |

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or emerging growth company. See the definitions of "large accelerated filer," "accelerated filer", "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

| | | | |
|---|---|---|---|
| Large accelerated filer | ☑ | Accelerated filer | ☐ |
| Non-accelerated filer | ☐ | Smaller reporting company | ☐ |
| Emerging growth company | ☐ | | |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☑ No ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the Common Stock held by non-affiliates computed by reference to the price at which the Common Stock was last sold as of the last business day of the registrant's most recently completed second fiscal quarter was approximately $430 billion.

On February 9, 2024, there were 2,408,767,228 shares of Common Stock outstanding.

**DOCUMENTS INCORPORATED BY REFERENCE**

Part III: Portions of the registrant's proxy statement for its 2024 annual meeting of shareholders filed within 120 days after the close of the registrant's fiscal year (the "Proxy Statement"), are incorporated by reference to this report on Form 10-K (this "Report").

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## Cautionary note regarding forward-looking statements

This Annual Report on Form 10-K and Johnson & Johnson's other publicly available documents contain "forward-looking statements" within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. Management and representatives of Johnson & Johnson and its subsidiaries (the Company) also may from time to time make forward-looking statements. Forward-looking statements do not relate strictly to historical or current facts and reflect management's assumptions, views, plans, objectives and projections about the future. Forward-looking statements may be identified by the use of words such as "plans," "expects," "will," "anticipates," "estimates" and other words of similar meaning in conjunction with, among other things: discussions of future operations; expected operating results and financial performance; impact of planned acquisitions and dispositions; impact and timing of restructuring initiatives, including associated cost savings and other benefits; the Company's strategy for growth; product development activities; regulatory approvals; market position and expenditures.

Because forward-looking statements are based on current beliefs, expectations and assumptions regarding future events, they are subject to uncertainties, risks and changes that are difficult to predict and many of which are outside of the Company's control. Investors should realize that if underlying assumptions prove inaccurate, or known or unknown risks or uncertainties materialize, the Company's actual results and financial condition could vary materially from expectations and projections expressed or implied in its forward-looking statements. Investors are therefore cautioned not to rely on these forward-looking statements. Risks and uncertainties include, but are not limited to:

***Risks related to product development, market success and competition***

- Challenges and uncertainties inherent in innovation and development of new and improved products and technologies on which the Company's continued growth and success depend, including uncertainty of clinical outcomes, additional analysis of existing clinical data, obtaining regulatory approvals, health plan coverage and customer access, and initial and continued commercial success;
- Challenges to the Company's ability to obtain and protect adequate patent and other intellectual property rights for new and existing products and technologies in the United States and other important markets;
- The impact of patent expirations, typically followed by the introduction of competing generic, biosimilar or other products and resulting revenue and market share losses;
- Increasingly aggressive and frequent challenges to the Company's patents by competitors and others seeking to launch competing generic, biosimilar or other products and increased receptivity of courts, the United States Patent and Trademark Office and other decision makers to such challenges, potentially resulting in loss of market exclusivity and rapid decline in sales for the relevant product sooner than expected;
- Competition in research and development of new and improved products, processes and technologies, which can result in product and process obsolescence;
- Competition to reach agreement with third parties for collaboration, licensing, development and marketing agreements for products and technologies;
- Competition based on cost-effectiveness, product performance, technological advances and patents attained by competitors; and
- Allegations that the Company's products infringe the patents and other intellectual property rights of third parties, which could adversely affect the Company's ability to sell the products in question and require the payment of money damages and future royalties.

***Risks related to product liability, litigation and regulatory activity***

- Product efficacy or safety concerns, whether or not based on scientific evidence, potentially resulting in product withdrawals, recalls, regulatory action on the part of the United States Food and Drug Administration (U.S. FDA) (or international counterparts), declining sales, reputational damage, increased litigation expense and share price impact;
- The impact, including declining sales and reputational damage, of significant litigation or government action adverse to the Company, including product liability claims and allegations related to pharmaceutical marketing practices and contracting strategies;
- The impact of an adverse judgment or settlement and the adequacy of reserves related to legal proceedings, including patent litigation, product liability, personal injury claims, securities class actions, government investigations, employment and other legal proceedings;

- Increased scrutiny of the healthcare industry by government agencies and state attorneys general resulting in investigations and prosecutions, which carry the risk of significant civil and criminal penalties, including, but not limited to, debarment from government business;
- Failure to meet compliance obligations in compliance agreements with governments or government agencies, which could result in significant sanctions;
- Potential changes to applicable laws and regulations affecting United States and international operations, including relating to: approval of new products; licensing and patent rights; sales and promotion of healthcare products; access to, and reimbursement and pricing for, healthcare products and services; environmental protection; and sourcing of raw materials;
- Compliance with local regulations and laws that may restrict the Company's ability to manufacture or sell its products in relevant markets, including requirements to comply with medical device reporting regulations and other requirements such as the European Union's Medical Devices Regulation;
- Changes in domestic and international tax laws and regulations, increasing audit scrutiny by tax authorities around the world and exposures to additional tax liabilities potentially in excess of existing reserves; and
- The issuance of new or revised accounting standards by the Financial Accounting Standards Board and regulations by the Securities and Exchange Commission.

***Risks related to the Company's strategic initiatives, healthcare market trends and the realization of benefits from the separation of the Company's Consumer Health Business***

- Pricing pressures resulting from trends toward healthcare cost containment, including the continued consolidation among healthcare providers and other market participants, trends toward managed care, the shift toward governments increasingly becoming the primary payors of healthcare expenses, significant new entrants to the healthcare markets seeking to reduce costs and government pressure on companies to voluntarily reduce costs and price increases;
- Restricted spending patterns of individual, institutional and governmental purchasers of healthcare products and services due to economic hardship and budgetary constraints;
- Challenges to the Company's ability to realize its strategy for growth including through externally sourced innovations, such as development collaborations, strategic acquisitions, licensing and marketing agreements, and the potential heightened costs of any such external arrangements due to competitive pressures;
- The potential that the expected strategic benefits and opportunities from any planned or completed acquisition or divestiture by the Company may not be realized or may take longer to realize than expected;
- The potential that the expected benefits and opportunities related to past and ongoing restructuring actions may not be realized or may take longer to realize than expected;
- The Company's ability to divest the Company's remaining ownership interest in Kenvue Inc. (Kenvue) and realize the anticipated benefits from the separation; and
- Kenvue's ability to succeed as a standalone publicly traded company.

***Risks related to economic conditions, financial markets and operating internationally***

- The risks associated with global operations on the Company and its customers and suppliers, including foreign governments in countries in which the Company operates;
- The impact of inflation and fluctuations in interest rates and currency exchange rates and the potential effect of such fluctuations on revenues, expenses and resulting margins;
- Potential changes in export/import and trade laws, regulations and policies of the United States and other countries, including any increased trade restrictions or tariffs and potential drug reimportation legislation;
- The impact on international operations from financial instability in international economies, sovereign risk, possible imposition of governmental controls and restrictive economic policies, and unstable international governments and legal systems;
- The impact of global public health crises and pandemics;

- Changes to global climate, extreme weather and natural disasters that could affect demand for the Company's products and services, cause disruptions in manufacturing and distribution networks, alter the availability of goods and services within the supply chain, and affect the overall design and integrity of the Company's products and operations;
- The impact of global or economic changes or events, including global tensions and war; and
- The impact of armed conflicts and terrorist attacks in the United States and other parts of the world, including social and economic disruptions and instability of financial and other markets.

***Risks related to supply chain and operations***

- Difficulties and delays in manufacturing, internally, through third-party providers or otherwise within the supply chain, that may lead to voluntary or involuntary business interruptions or shutdowns, product shortages, withdrawals or suspensions of products from the market, and potential regulatory action;
- Interruptions and breaches of the Company's information technology systems or those of the Company's vendors, which could result in reputational, competitive, operational or other business harm as well as financial costs and regulatory action;
- Reliance on global supply chains and production and distribution processes that are complex and subject to increasing regulatory requirements that may adversely affect supply, sourcing and pricing of materials used in the Company's products; and
- The potential that the expected benefits and opportunities related to restructuring actions may not be realized or may take longer to realize than expected, including due to any required approvals from applicable regulatory authorities.

Investors also should carefully read the risk factors described in Item 1A of this Annual Report on Form 10-K for a description of certain risks that could, among other things, cause the Company's actual results to differ materially from those expressed in its forward-looking statements. Investors should understand that it is not possible to predict or identify all such factors and should not consider the risks described above and in Item 1A to be a complete statement of all potential risks and uncertainties. The Company does not undertake to publicly update any forward-looking statement that may be made from time to time, whether as a result of new information or future events or developments.

# Part I

## Item 1. Business

### General

Johnson & Johnson and its subsidiaries (the Company) have approximately 131,900 employees worldwide engaged in the research and development, manufacture and sale of a broad range of products in the healthcare field. Johnson & Johnson is a holding company, with operating companies conducting business in virtually all countries of the world. The Company's primary focus is products related to human health and well-being. Johnson & Johnson was incorporated in the State of New Jersey in 1887.

The Executive Committee of Johnson & Johnson is the principal management group responsible for the strategic operations and allocation of the resources of the Company. This Committee oversees and coordinates the activities of the Company's two business segments: Innovative Medicine (previously referred to as Pharmaceutical) and MedTech. Within the strategic parameters provided by the Committee, senior management groups at U.S. and international operating companies are each responsible for their own strategic plans and the day-to-day operations of those companies. Each subsidiary within the business segments is, with limited exceptions, managed by residents of the country where located.

### Segments of business

Following the completion of the separation of the Consumer Health business (Kenvue) in August 2023, the Company is now organized into two business segments: Innovative Medicine and MedTech. Additional information required by this item is incorporated herein by reference to the narrative and tabular descriptions of segments and operating results under: Item 7. Management's discussion and analysis of results of operations and financial condition of this Report; and Note 17 Segments of business and geographic areas of the notes to consolidated financial statements included in Item 8 of this Report.

#### Innovative Medicine

The Innovative Medicine segment is focused on the following therapeutic areas: Immunology (e.g., rheumatoid arthritis, psoriatic arthritis, inflammatory bowel disease and psoriasis), Infectious Diseases (e.g., HIV/AIDS), Neuroscience (e.g., mood disorders, neurodegenerative disorders and schizophrenia), Oncology (e.g., prostate cancer, hematologic malignancies, lung cancer and bladder cancer), Cardiovascular and Metabolism (e.g., thrombosis, diabetes and macular degeneration) and Pulmonary Hypertension (e.g., Pulmonary Arterial Hypertension). Medicines in this segment are distributed directly to retailers, wholesalers, distributors, hospitals and healthcare professionals for prescription use. Key products in the Innovative Medicine segment include: REMICADE (infliximab), a treatment for a number of immune-mediated inflammatory diseases; SIMPONI (golimumab), a subcutaneous treatment for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis, active ankylosing spondylitis and moderately active to severely active ulcerative colitis; SIMPONI ARIA (golimumab), an intravenous treatment for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis and active ankylosing spondylitis and active polyarticular juvenile idiopathic arthritis (pJIA) in people 2 years of age and older; STELARA (ustekinumab), a treatment for adults and children with moderate to severe plaque psoriasis, for adults with active psoriatic arthritis, for adults with moderately to severely active Crohn's disease and treatment of moderately to severely active ulcerative colitis; TREMFYA (guselkumab), a treatment for adults with moderate to severe plaque psoriasis and active psoriatic arthritis; EDURANT (rilpivirine), PREZISTA (darunavir) and PREZCOBIX/REZOLSTA (darunavir/cobicistat), antiretroviral medicines for the treatment of human immunodeficiency virus (HIV) in combination with other antiretroviral products and SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir alafenamide), a once-daily single tablet regimen for the treatment of HIV; CONCERTA (methylphenidate HCl) extended-release tablets CII, a treatment for attention deficit hyperactivity disorder; INVEGA SUSTENNA/XEPLION (paliperidone palmitate), for the treatment of schizophrenia and schizoaffective disorder in adults; INVEGA TRINZA/TREVICTA (paliperidone palmitate), for the treatment of schizophrenia in patients after they have been adequately treated with INVEGA SUSTENNA for at least four months; SPRAVATO (Esketamine), a nasal spray, used along with an oral antidepressant, to treat adults with treatment-resistant depression (TRD) and depressive symptoms in adults with major depressive disorder (MDD) with suicidal thoughts or actions; CARVYKTI (ciltacabtagene autoleucel), a chimeric antigen receptor (CAR)-T-cell therapy for the treatment of patients with relapsed/refractory multiple myeloma; ZYTIGA (abiraterone

acetate), a treatment for patients with prostate cancer; ERLEADA (apalutamide), a next-generation androgen receptor inhibitor for the treatment of patients with prostate cancer; IMBRUVICA (ibrutinib), a treatment for certain B-cell malignancies, or blood cancers and chronic graft versus host disease; DARZALEX (daratumumab), a treatment for multiple myeloma; DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), a treatment for multiple myeloma and light chain (AL) Amyloidosis; XARELTO (rivaroxaban), an oral anticoagulant for the prevention of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients undergoing hip or knee replacement surgery, to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation, and for the treatment and reduction of risk of recurrence of DVT and PE to reduce the risk of major cardiovascular events in patients with coronary artery disease (CAD) and peripheral artery disease (PAD), for the treatment and secondary prevention of thromboembolism in pediatric patients, and for thromboprophylaxis in pediatric patients following the Fontan procedure; OPSUMIT (macitentan) as monotherapy or in combination, indicated for the long-term treatment of pulmonary arterial hypertension (PAH); UPTRAVI (selexipag), the only approved oral and intravenous, selective IP receptor agonist targeting a prostacyclin pathway in PAH. Many of these medicines were developed in collaboration with strategic partners or are licensed from other companies and maintain active lifecycle development programs.

### MedTech

The MedTech segment includes a broad portfolio of products used in the Interventional Solutions, Orthopaedics, Surgery and Vision categories. Interventional Solutions include electrophysiology products (Biosense Webster) to treat heart rhythm disorders, the heart recovery portfolio (Abiomed) which includes technologies to treat severe coronary artery disease requiring high-risk PCI or AMI cardiogenic shock, and Neurovascular care (Cerenovus) that treats hemorrhagic and ischemic stroke. The Orthopaedics portfolio (DePuy Synthes) includes products and enabling technologies that support Hips, Knees, Trauma, and Spine, Sports & Other. The Surgery portfolios include advanced and general surgery technologies (Ethicon), as well as solutions that focus on breast aesthetics (Mentor), and Ear, Nose and Throat (Acclarent) procedures. Johnson & Johnson Vision products include ACUVUE Brand contact lenses and TECNIS intraocular lenses for cataract surgery. These products are distributed to wholesalers, hospitals and retailers, and used predominantly in the professional fields by physicians, nurses, hospitals, eye care professionals and clinics.

## Geographic areas

Johnson & Johnson and its subsidiaries (the Company) have approximately 131,900 employees worldwide engaged in the research and development, manufacture and sale of a broad range of products in the healthcare field. The Company conducts business in virtually all countries of the world with the primary focus on products related to human health and well-being.

The products made and sold in the international business include many of those described above under Segments of Business – Innovative Medicine and MedTech. However, the principal markets, products and methods of distribution in the international business vary with the country and the culture. The products sold in international business include those developed in the U.S. and by subsidiaries abroad.

Investments and activities in some countries outside the U.S. are subject to higher risks than comparable U.S. activities because the investment and commercial climate may be influenced by financial instability in international economies, restrictive economic policies and political and legal system uncertainties.

## Raw materials

Raw materials essential to the Company's business are generally readily available from multiple sources. Where there are exceptions, the temporary unavailability of those raw materials would not likely have a material adverse effect on the financial results of the Company.

## Patents

The Company's subsidiaries have made a practice of obtaining patent protection on their products and processes where possible. They own, or are licensed under, a significant number of patents in the U.S. and other countries relating to their products, product uses, formulations and manufacturing processes, which in the aggregate are believed to be of material importance to the Company in the operation of its businesses. The Company's subsidiaries face patent challenges from third parties, including challenges seeking to manufacture and market generic and biosimilar versions of the Company's key

pharmaceutical products prior to expiration of the applicable patents covering those products. Significant legal proceedings and claims involving the Company's patent and other intellectual property are described in Note 19 Legal proceedings—Intellectual property of the Notes to Consolidated Financial Statements included in Item 8 of this Report.

Sales of the Company's largest product, STELARA (ustekinumab) accounted for approximately 12.8% of the Company's total revenues for fiscal 2023. Accordingly, the patents related to this product are believed to be material to the Company. Janssen Biotech, Inc., a wholly-owned subsidiary of Johnson & Johnson, owns patents specifically related to STELARA. The latest expiring United States composition of matter patent expired in 2023. As a result of settlements and other agreements with third parties, the Company does not anticipate the launch of a biosimilar version of STELARA before January 1, 2025 in the United States. The latest expiring European composition of matter patent (Supplementary Protection Certificate) expires in 2024.

Sales of the Company's second largest product, collectively DARZALEX (daratumumab) and DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), accounted for approximately 11.4% of the Company's total revenues for fiscal 2023. Accordingly, the patents related to this product are believed to be material to the Company. Genmab A/S owns two patent families related to DARZALEX, and Janssen Biotech, Inc. has an exclusive license to those patent families. The two patent families both expire in the United States in 2029, and in Europe, compound patent protection in select countries extends to 2031/2032. Janssen Biotech, Inc. owns a separate patent portfolio related to DARZALEX FASPRO.

## Trademarks

The Company's subsidiaries have made a practice of selling their products under trademarks and of obtaining protection for these trademarks by all available means. These trademarks are protected by registration in the U.S. and other countries where such products are marketed. The Company considers these trademarks in the aggregate to be of material importance in the operation of its businesses.

## Seasonality

Worldwide sales do not reflect any significant degree of seasonality; however, spending has typically been heavier in the fourth quarter of each year than in other quarters. This reflects increased spending decisions, principally for research and development activity.

## Competition

In all of their product lines, the Company's subsidiaries compete with companies both locally and globally. Competition exists in all product lines without regard to the number and size of the competing companies involved. Competition in research, both internally and externally sourced, involving the development and the improvement of new and existing products and processes, is particularly significant. The development of new and innovative products, as well as protecting the underlying intellectual property of the Company's product portfolio, is important to the Company's success in all areas of its business. The competitive environment requires substantial investments in continuing research.

## Environment

The Company is subject to a variety of environmental laws and regulations in the United States and other jurisdictions. The Company believes that its operations comply in all material respects with applicable environmental laws and regulations. The Company's compliance with these requirements is not expected to have a material effect upon its capital expenditures, cash flows, earnings or competitive position.

## Regulation

The Company's businesses are subject to varying degrees of governmental regulation in the countries in which operations are conducted, and the general trend is toward increasingly stringent regulation and enforcement. The Company is subject to costly and complex U.S. and foreign laws and governmental regulations and any adverse regulatory action may materially adversely affect the Company's financial condition and business operations. In the U.S., the pharmaceutical product and medical technology industries have long been subject to regulation by various federal and state agencies, primarily as to product safety, efficacy, manufacturing, advertising, labeling and safety reporting. The exercise of broad regulatory powers by the U.S. Food and Drug Administration (the U.S. FDA) continues to result in increases in the amounts of testing and documentation required for U.S. FDA approval of new drugs and devices and a corresponding increase in the expense of product introduction. Similar trends are also evident in major markets outside of the U.S.

The new medical device regulatory framework and the evolving privacy, data localization, and emerging cyber security laws and regulations around the world are examples of such increased regulation. Within the U.S., an increasing number of U.S. States have enacted comprehensive privacy laws and federal regulators (e.g., the U.S. FDA, FTC and HHS) continue to stress the intersection of health and privacy as a compliance and enforcement priority. In the EU, multiple directives and laws (including NIS2, EHDS, the Data Act, the Cyber Resilience Act, and the AI Act) are rapidly changing privacy and cybersecurity compliance requirements while introducing new enforcement risks. In addition, China has introduced broad personal information protection and data security regulations, with more anticipated, thereby increasing China's scrutiny of company compliance and data transfer practices. With other jurisdictions enacting similar privacy laws, local data protection authorities will force greater accountability on the collection, access and use of personal data in the healthcare industry. These laws can also restrict transfers of data across borders, potentially impacting how data-driven health care solutions are developed and deployed globally in a compliant manner. Moreover, as a result of the broad scale release and availability of Artificial Intelligence (AI) technologies such as generative AI, a global trend towards more comprehensive and nuanced regulation (e.g., White House's Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence; the EU AI Act) to ensure the ethical use, privacy, and security of AI is underway that includes standards for transparency, accountability, and fairness, which will require compliance developments or enhancements.

The regulatory agencies under whose purview the Company operates have administrative powers that may subject it to actions such as product withdrawals, recalls, seizure of products and other civil and criminal sanctions. In some cases, the Company's subsidiaries may deem it advisable to initiate product recalls regardless of whether it has been required or directed to.

The U.S. FDA and regulatory agencies around the globe are also increasing their enforcement activities. If the U.S. FDA were to conclude that we are not in compliance with applicable laws or regulations, or that any of our pharmaceutical products or medical technologies are ineffective or pose an unreasonable health risk, the U.S. FDA could ban such products, detain or seize adulterated or misbranded products, order a recall, repair, replacement, or refund of such products, refuse to grant pending applications for marketing authorization or require certificates of foreign governments for exports, and/or require us to notify health professionals and others that the products present unreasonable risks of substantial harm to the public health. The U.S. FDA may also assess civil or criminal penalties against us, our officers or employees and impose operating restrictions on a company-wide basis, or enjoin and/or restrain certain conduct resulting in violations of applicable law. The U.S. FDA may also recommend prosecution to the U.S. Department of Justice. Any adverse regulatory action, depending on its magnitude, may restrict us from effectively marketing and selling our products and limit our ability to obtain future clearances or approvals, and could result in a substantial modification to our business practices and operations. Equivalent enforcement mechanisms exist in different countries in which we conduct business.

The costs of human healthcare have been and continue to be a subject of study, investigation and regulation by governmental agencies and legislative bodies around the world. In the U.S., attention has been focused by states, regulatory agencies and Congress on prices, profits, overutilization and the quality and costs of healthcare generally. Laws and regulations have been enacted to require adherence to strict compliance standards and prevent fraud and abuse in the healthcare industry. There is increased focus on interactions and financial relationships between healthcare companies and healthcare providers. Various state and federal transparency laws and regulations require disclosures of payments and other transfers of value made to certain healthcare practitioners, including physicians, teaching hospitals, and certain non-physician practitioners. Federal and foreign laws governing international business practices require strict compliance with anti-bribery standards and certain prohibitions with respect to payments to any foreign government official. Payors and Pharmacy Benefit Managers (PBMs) are a potent force in the marketplace, and increased attention is being paid to the impact of PBM practices on healthcare cost and access in the U.S.

Our business has been and continues to be affected by federal and state legislation that alters the pricing, coverage, and reimbursement landscape. At the federal level, in August 2022, President Biden signed into law the Inflation Reduction Act

(IRA), which includes provisions that effectively authorize the government to establish prices for certain high-spend single-source drugs and biologics reimbursed by the Medicare program, starting in 2026 for Medicare Part D drugs and 2028 for Medicare Part B drugs. On August 29, 2023, the Centers for Medicare & Medicaid Services ("CMS") published the first "Selected Drug" list, which includes XARELTO and STELARA as well as IMBRUVICA, which is developed in collaboration and co-commercialized in the U.S. with Pharmacyclics LLC, an AbbVie company. The Selected Drug list also included other medicines targeting disease states that are prevalent in the Medicare population. There remains uncertainty, however, regarding how the federal government will establish prices for the selected products, as the IRA specifies a ceiling price but not a minimum price. In any event, we anticipate that the selected products will be subjected to a government-established price for the Medicare population.

The IRA also contains provisions that impose rebates if certain prices increase at a rate that outpaces the rate of inflation, beginning October 1, 2022, for Medicare Part D drugs and January 1, 2023, for Medicare Part B drugs. Separate IRA provisions redesign the Medicare Part D benefit in various ways, including by shifting a greater portion of costs to manufacturers within certain coverage phases and replacing the Part D coverage gap discount program with a new manufacturer discounting program. Failure to comply with IRA provisions may subject manufacturers to various penalties, including civil monetary penalties.

In July 2023, Janssen Pharmaceuticals, Inc. (Janssen) filed litigation against the U.S. Department of Health and Human Services as well as the Centers for Medicare and Medicaid Services challenging the constitutionality of the Inflation Reduction Act's (IRA) Medicare Drug Price Negotiation Program. The litigation requests a declaration that the IRA violates Janssen's rights under the First Amendment and the Fifth Amendment to the Constitution and therefore that Janssen is not subject to the IRA's mandatory pricing scheme. The impact of the IRA on our business and the broader pharmaceutical industry remains uncertain, as litigation filed by Janssen and other pharmaceutical companies remains ongoing and CMS has yet to publicly announce the maximum fair price for each of the selected drugs.

Additionally, we expect continued scrutiny on drug pricing and government price reporting from Congress, agencies, and other bodies at the federal and state levels, which may result in additional regulations or other mechanisms to increase pricing transparency and controls.

There are a number of additional bills pending in Congress and healthcare reform proposals at the state level that would affect drug pricing, including in the Medicare and Medicaid programs. This changing legal landscape has both positive and negative impacts on the U.S. healthcare industry with much remaining uncertain as to how various provisions of federal and state law, and potential modification or repeal of these laws, will ultimately affect the industry. The IRA and any other federal or state legislative change could affect the pricing and market conditions for our products.

In addition, business practices in the healthcare industry have come under increased scrutiny, particularly in the U.S., by government agencies and state attorneys general, and resulting investigations and prosecutions carry the risk of significant civil and criminal penalties. Of note is the increased enforcement activity by data protection authorities in various jurisdictions, particularly in the European Union, where significant fines have been levied on companies for data breaches, violations of privacy requirements, and unlawful cross-border data transfers. In the U.S., the Federal Trade Commission has stepped up enforcement of data privacy with several significant settlements (including settlements concerning the downstream sharing of personal information and use and disclosure of personal health data) and there have been a material increase in class-action lawsuits linked to the collection and use of biometric data and use of tracking technologies.

Further, the Company relies on global supply chains, and production and distribution processes, that are complex, and subject to increasing regulatory requirements that may affect sourcing, supply and pricing of materials used in the Company's products. These processes also are subject to complex and lengthy regulatory approvals.

# Employees and human capital management

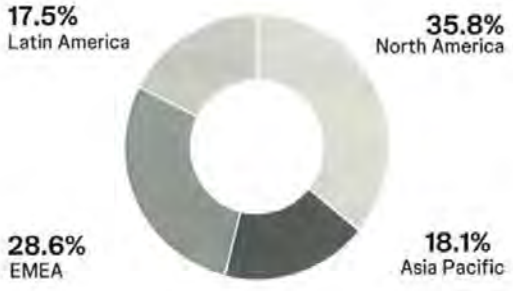
As of December 31, 2023, the number of employees was approximately:

| | 2023 |
|---|---|
| Employees[1] | 134,400 |
| Full-time equivalent (FTE) positions[2] | 131,900 |

1 "Employee" is defined as an individual working full-time or part-time, excluding fixed term employees, interns and co-op employees. Employee data may not include full population from more recently acquired companies and individuals on long-term disability are excluded. Contingent workers, contractors and subcontractors are also excluded.

2 FTE represents the total number of full-time equivalent positions and does not reflect the total number of individual employees as some work part-time.

**Employees by region (in percentages)**



## Strategy

The Company believes that its employees are critical to its continued success and are an essential element of its long-term strategy. Management is responsible for ensuring that its policies and processes reflect and reinforce the Company's desired corporate culture, including policies and processes related to strategy, risk management, and ethics and compliance. The Company's human capital management strategy is built on three fundamental focus areas:

- Attracting and recruiting the best talent
- Developing and retaining talent
- Empowering and inspiring talent

Underpinning these focus areas are ongoing efforts to cultivate and foster a culture built on diversity, equity and inclusion (DEI), innovation, health, well-being and safety, where the Company's employees are encouraged to succeed both professionally and personally while helping the Company achieve its business goals.

## Culture and employee engagement

At the Company, employees are guided by Our Credo which sets forth the Company's responsibilities to patients, consumers, customers, healthcare professionals, employees, communities and shareholders. Employees worldwide must adhere to the Company's Code of Business Conduct which sets basic requirements and serves as a foundation for the Company policies, procedures and guidelines, all of which provide additional guidance on expected employee behaviors in every market where it operates. The Company conducts global surveys that offer its employees the ability to provide feedback and valuable insight to help address potential human resources risks and identify opportunities to improve. In 2023, 94% of global employees across 76 countries participated in Our Credo Survey which was offered in 36 languages.

## Growth and development

To lead in the changing healthcare landscape, it is crucial that the Company continue to attract and retain top talent. In 2023, the Company's voluntary turnover rate was 7%. The Company believes that its employees must be equipped with the right knowledge and skills and be provided with opportunities to grow and develop in their careers. Accordingly, professional development programs and educational resources are available to all employees. The Company's objective is to foster a learning culture that helps shape each person's unique career path while creating a robust pipeline of talent to deliver on the Company's long-term strategies. In furtherance of this objective, the Company deploys a global approach to ensure development is for everyone, regardless of where they are on their career journey. To prioritize learning, the Company recently held Johnson & Johnson's first Global Learning Day. Employees were encouraged to set aside a full day to explore skill-building courses across five areas: leadership, business skills, digital upskilling, DEI, and well-being, on J&J Learn, the Company's new learning platform.

## Diversity, equity, and inclusion (DEI)

The Company is committed to workplace diversity and to cultivating, fostering, and advancing a culture of equity and inclusion. The Company's evidenced-based global enterprise Diversity, Equity and Inclusion strategy recognizes how DEI accelerates the Company's ability to meet the changing needs of the communities the Company serves in, as outlined in Our Credo. The Company's DEI Vision is: *Be yourself, change the world*. The Company's DEI Mission is: *Make diversity, equity and inclusion how we work everyday*. The Company's enterprise DEI Strategy is aligned to the DEI Vision and Mission and rests on four core pillars:

- Build a workforce of individuals with diverse backgrounds, cultures, abilities and perspectives
- Foster a culture of inclusion where every individual belongs
- Transform talent and business processes to achieve equitable opportunities for all
- Drive innovation and growth with our business to serve diverse markets around the world

The Company's DEI strategy is guided by internal and external insights, global best practices and continual employee feedback and recognizes that while diversity changes by location, inclusion is the same everywhere.

## Compensation and benefits

As part of the Company's total rewards philosophy, the Company offers competitive compensation and benefits to attract and retain top talent. The Company is committed to fairness and equitable treatment in its compensation and benefits for employees at all levels. The Company observes legal minimum wage provisions and exceeds them where possible. The Company's total rewards offerings include an array of programs to support its employees' well-being, including annual performance incentive opportunities, pension and retirement savings programs, health and welfare benefits, paid time off, leave programs, flexible work schedules and employee assistance programs. In recognition of the Company's commitment to help employees balance their personal and professional responsibilities, the Company enhanced its caregiver, bereavement, and volunteer paid leave benefits, effective July 2023.

## Health, wellness and safety

The Company's investment in employee health, well-being and safety is built on its conviction that advancing health for humanity starts with advancing the health of its employees. With the right awareness, focus, practices and tools, the Company ensures that all its employees around the world, as well as temporary contractors and visitors to the Company's sites, can work safely. The Company has continuously expanded health and well-being programs throughout the Company and across the globe, incorporating new thinking and technologies to keep its offerings best-in-class and to help employees achieve their personal health goals. The programs and practices the Company advances for total health—physical, mental, emotional and financial—ensure employee health protection for emerging health risks. The Company continues to address our employees needs through J&J Flex, a hybrid model that empowers the Company's office-based employees to find the right productivity and balance of in-person and remote work.

# Available information

The Company's main corporate website address is www.jnj.com. The Company makes its SEC filings available on the Company's website at www.investor.jnj.com/financials/sec-filings, as soon as reasonably practicable after having been electronically filed or furnished to the SEC. The Company's SEC filings are also available at the SEC's website at www.sec.gov.

Investors and the public should note that the Company also announces information at www.factsaboutourprescriptionopioids.com, www.factsabouttalc.com and www.LLTManagementInformation.com. We use these websites to communicate with investors and the public about our products, litigation and other matters. It is possible that the information we post to these websites could be deemed to be material information. Therefore, we encourage investors and others interested in the Company to review the information posted to these websites in conjunction with www.jnj.com, the Company's SEC filings, press releases, public conference calls and webcasts.

In addition, the Amended and Restated Certificate of Incorporation, By-Laws, the written charters of the Audit Committee, the Compensation & Benefits Committee, the Nominating & Corporate Governance Committee, the Regulatory Compliance & Sustainability Committee, the Science & Technology Committee and any special committee of the Board of Directors and the Company's Principles of Corporate Governance, Code of Business Conduct (for employees), Code of Business Conduct & Ethics for Members of the Board of Directors and Executive Officers, and other corporate governance materials, are available at www.investor.jnj.com/governance/corporate-governance-overview on the Company's website and will be provided without charge to any shareholder submitting a written request, as provided above. The information on www.jnj.com, www.factsaboutourprescriptionopioids.com, www.factsabouttalc.com and www.LLTManagementInformation.com is not, and will not be deemed, a part of this Report or incorporated into any other filings the Company makes with the SEC.

# Item 1A. Risk factors

An investment in the Company's common stock or debt securities involves risks and uncertainties. The Company seeks to identify, manage and mitigate risks to our business, but uncertainties and risks are difficult to predict and many are outside of the Company's control and cannot therefore be eliminated. In addition to the other information in this report and the Company's other filings with the SEC, investors should consider carefully the factors set forth below. Investors should be aware that it is not possible to predict or identify all such factors and that the following is not meant to be a complete discussion of all potential risks or uncertainties. If known or unknown risks or uncertainties materialize, the Company's business, results of operations or financial condition could be adversely affected, potentially in a material way.

## Risks related to our business, industry and operations

**The Company's businesses operate in highly competitive product markets and competitive pressures could adversely affect the Company's earnings.**

The Company faces substantial competition in its two operating segments and in all geographic markets. The Company's businesses compete with companies of all sizes on the basis of cost-effectiveness, technological innovations, intellectual property rights, product performance, real or perceived product advantages, pricing and availability and rate of reimbursement. The Company also competes with other market participants in securing rights to acquisitions, collaborations and licensing agreements with third parties. Competition for rights to product candidates and technologies may result in significant investment and acquisition costs and onerous agreement terms for the Company. Competitors' development of more effective or less costly products, and/or their ability to secure patent and other intellectual property rights and successfully market products ahead of the Company, could negatively impact sales of the Company's existing products as well as its ability to bring new products to market despite significant prior investment in the related product development. The Company may also experience operational and financial risk in connection with acquisitions if we are unable to fully identify potential risks and liabilities associated with acquired businesses or products, successfully integrate operations and employees, and successfully identify and realize synergies with existing businesses while containing acquisition-related strain on our management, operations and financial resources.

For the Company's Innovative Medicine businesses, loss of patent exclusivity for a product often is followed by a substantial reduction in sales as competitors gain regulatory approval for generic and other competing products and enter the market. Similar competition can be triggered by the loss of exclusivity for a biological product. For the Company's MedTech businesses, technological innovation, product quality, reputation and customer service are especially important to competitiveness. Development by other companies of new or improved products, processes and technologies could threaten to make the Company's products or technologies less desirable, less economical or obsolete. The Company's business and operations will be negatively impacted if we are unable to introduce new products or technological advances that are safe, more effective, more effectively marketed or otherwise outperform those of our competitors.

**Interruptions and delays in manufacturing operations could adversely affect the Company's business, sales and reputation.**

The Company's manufacturing of products requires the timely delivery of sufficient amounts of complex, high-quality components and materials. The Company's subsidiaries operate 61 manufacturing facilities as well as sourcing from thousands of suppliers around the world. The Company has in the past, and may in the future, face unanticipated interruptions and delays in manufacturing through its internal or external supply chain. Manufacturing disruptions can occur for many reasons including regulatory action, production quality deviations or safety issues, labor disputes, labor shortages, site-specific incidents (such as fires), natural disasters such as hurricanes and other severe weather events, raw material shortages, political unrest, terrorist attacks and epidemics or pandemics. Such delays and difficulties in manufacturing can result in product shortages, declines in sales and reputational impact as well as significant remediation and related costs associated with addressing the shortage.

**The Company relies on third parties to manufacture and supply certain of our products. Any failure by or loss of a third-party manufacturer or supplier could result in delays and increased costs, which may adversely affect our business.**

The Company relies on third parties to manufacture and supply certain of our raw materials, component parts and products. We depend on these third-party manufacturers to allocate to us a portion of their manufacturing capacity sufficient to meet our needs, to produce products of acceptable quality and at acceptable manufacturing yields and to deliver those products to us on a timely basis and at acceptable prices. However, we cannot guarantee that these third-party manufacturers will be able to meet our near-term or long-term manufacturing requirements, which could result in lost sales and have an adverse effect on our business.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Janssen Products, LP

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 800/850 Ridgeview Drive

City: Horsham State: PA Zip: 19044

Mailing Address (if different from physical address): Same as above address.

City: State: Zip:

Telephone: 610-651-6000 Website: https://www.janssen.com/

Licensing Company Email: Skhuran3@its.jnj.com

**Section 2: Personal Information**

First: Smriti Middle: Jonnagadda Last: Khurana

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☐ F ☐ X

Mailing Address: 800/850 Ridgeview Drive

City: Horsham State: PA Zip: 19044

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Friedrich Paulsen Schule | | 1988-1992 | |
| **Address** | **City** | **State** | **Zip** |
| Friedrich Paulsen Strasse 5 | Niebuell, Germany | NF | 25899 |
| Diploma/Degree obtained, if any | | | |
| Abitur | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| International Management School | | 1993-1996 | |
| **Address** | **City** | **State** | **Zip** |
| Eutiner Strasse 43 | Malente, Germany | | 23714 |
| Diploma/Degree obtained, if any | | | |
| Bachelors Degree in International Managemetn | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Temple University | | 1996-1997 | |
| **Address** | **City** | **State** | **Zip** |
| 1801 North Broad Street | Philadelphia | PA | 19147 |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 1/2007 - present | [redacted] | Philadelphia | PA | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Janssen Products, LP | | | 2023 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 800/850 Ridgeview Drive | Horsham | PA | 19044 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 215-266-5764 | Vice President Solid Tumor US Sales and Marketing | | 2000 |
| **Description of Duties** | Lead 300 person sales and marketing team supporting the commercialization of our cancer products in Prostate and Bladder Cancer | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Janssen | | | 2019- 2023 |
| **Business Address** | **City** | **State** | **Zip** |
| 700 Us Route 202 | Raritan | NJ | 08869 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 215-266-5764 | VP Global Prostate Commercial | | 4000 |
| **Description of Duties** | Led commercial team to support early development assets in Prostate cancer for global promotion. | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Janssen | | | 2018-2019 |
| **Business Address** | **City** | **State** | **Zip** |
| 800 Ridgeview Drive | Horsham | PA | 19044 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | Senior Director Oncology Franchise Sales and Marketing | | 8000 |
| **Description of Duties** | Led 100 person team to support the Oncology Franchise across key accounts, market acces and medical education | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Janssen | | | 2015-2018 |
| **Business Address** | **City** | **State** | **Zip** |
| 800 Ridgeview Drive | Horsham | PA | 19044 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | Director of Marketing Imbruvica | | 6000 |
| **Description of Duties** | Led Marketing team to support the US promotion ofa cancer agent that treats blood cancer | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Smriti Jonnagadda Khurana, **certify that as the designated representative for**

Janssen Products, LP,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. SJK I am at least 21 years of age;
3. SJK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SJK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SJK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SJK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SJK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Smriti Khurana

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

04/05/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Smriti Khurana

Print Name (First, Last)

Smriti J Khurana

Original Signature (electronic, copies or stamps not accepted)

09/05/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Hunterdon

I, Mary Margaret Andreoli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Smriti J. Khurana

Original Signature

09/05/2024

Date

Subscribed and Sworn to before me this 5th day of September 2024

Mary Margaret Andreoli

Notary Public Signature

MARY MARGARET ANDREOLI
Notary Public
State of New Jersey
ID # 2438799
My Commission Expires Sept. 24, 2028

(Seal)

# 4Q

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: LNHC, Inc.

Physical Address: 4020 Stirrup Creek Drive, Suite 110

City: Durham State: NC Zip: 27703

Mailing Address (if different from physical address): 4020 Stirrup Drive, Suite 110

City: Durham State: NC Zip: 27703

Telephone: 919-908-2400 Website: https://pelthos.com/

Name of Designated Representative (DR): Melvin Whitehead

Licensing Company Email: regulatory@pelthos.com DR Email: mwhitehead@pelthos.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☒ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☐ Others: | ☒ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☒ Others: 3PL |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | x |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | x |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Octavio Espinoza

11/17/24

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: No Suppliers sold, dispensed or distributed within the last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: DE

Parent Company (if any): Ligand Pharmaceuticals

Corporation Name: LNHC, Inc

Mailing Address: 4020 Stirrup Drive, Suite 110

City: Durham State: NC Zip: 27703

Telephone: 919-237-9212 Email: regulatory@pelthos.com

Contact Person Name: Melvin Whitehead

| Date of SEC Registration: 07/15/2024 | SEC Registration Number: 001-33093 | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | x |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | x |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **owning more than 10% of the business stocks/shares.** Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

LNHC, Inc.
Facility Name

Octavio Espinoza
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/17/24
Date

| Board Use Only | Date Received: 12/11/24 | Amount: $1000-Ck 9805 |
|---|---|---|

NOVAN
A Ligand Company

**Kevin Hurley**
Principal Regulatory Scientist

4020 Stirrup Creek Drive
Suite 110
Durham, NC 27703

**direct** 919.354.2984
**main** 919.485.8080
**fax** 919.237.9212
**email** khurley@novan.com
**web** www.novan.com

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**From:** edrls@fda.hhs.gov <edrls@fda.hhs.gov>
**Sent:** Thursday, November 2, 2023 12:46 PM
**To:** Kevin Hurley <khurley@novan.com>
**Subject:** Labeler Code Request Approved

## eDRLS - Electronic Drug Registration & Listing System

**Current Date: 02-NOV-2023**
**Labeler DUNS: 119105589**
**Labeler Name: LNHC, Inc.**
**Labeler Code Assigned: 83787**

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

**For CDER Direct Users:** Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be

## Description of Operations

LNHC, Inc. is a Virtual Manufacturer. LNHC's products are manufactured by a Contract Manufacturer and will be distributed to customers by their Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services, who is licensed to ship pharmaceutical products into your state. Sales records are stored at Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services.

**Contract Manufacturer Information:**
We are using the following contract manufacturers to produce our product:
Orion Corporation, Orion Pharma
Tengstrominkatu 8
Turku, FI-20360
Finland
FDA Establishment Number: 3003743938
Contact Person: Tero Narvanen
Contact Number: 358-50-966-4186

Orion Corporation, Orion Pharma
Joensuunkatu 7
Salo, FI-24100
Finland
FDA Establishment Number: 3010642517
Contact Person: Tero Narvanen
Contact Number: 358-50-966-4186

The Orion Corporation, Orion Pharm manufactures LNHC's product and packages the finished product. At no time does Orion Corporation, Orion Pharm own the product, contract with LNHC's customers, invoice, nor sell an LNHC product. LNHC's products are not Controlled Substances.

**Labeler Code: 83787**

**Third Party Logistic information:**
For distribution into the commercial supply channels, Cardinal Health dba Specialty Pharmaceutical Services acts as LNHC's Third Party Logistics (3PL) provider to manage the storage and distribution of LNHC's product to wholesalers throughout the United States.
Cardinal SPS's address is:
Cardinal Health dba Specialty Pharmaceutical Services
15 Ingram Blvd
LaVerge, TN 37086

**John M. Gay**

**From:** CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
**Sent:** Monday, November 13, 2023 11:42 AM
**To:** Z_Kevin Hurley
**Subject:** RE: [EXTERNAL] RE: Labeler Code Request Approved

Hello,

Yes, Labeler Code 83787 is active and can be used for listing human drug products.

Best regards,

**The Electronic Drug Registration and Listing Branch (rs)**
**Office of Compliance**
**Center for Drug Evaluation and Research**
**U.S. Food and Drug Administration**

**eDRLS Helpdesk:** EDRLS@fda.hhs.gov
**For more information on Drug Registration and Listing, visit us at:** http://www.fda.gov/eDRLS
**CDERDirect:** https://direct.fda.gov

FDA's acceptance of registration and listing information, inclusion of a drug in our database of drugs, or assignment of an NDC does not denote approval of the establishment or the drug or any other drugs of the establishment, nor does it mean that the drug may be legally marketed. Any representation that creates the impression that a drug is approved or is legally marketable because it appears in our database of drugs, has been assigned or displays an NDC, or the establishment has been assigned an establishment registration number or Unique Facility Identifier is misleading and constitutes misbranding (21 CFR § 207.77(b)).

FDA U.S. FOOD & DRUG ADMINISTRATION

**From:** Kevin Hurley <khurley@novan.com>
**Sent:** Thursday, November 9, 2023 6:21 PM
**To:** CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
**Subject:** [EXTERNAL] RE: Labeler Code Request Approved

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greetings – I am writing to follow up on the labeller code request and number assigned below. I followed the guidance to confirm the code by creating a new request and submitting it. I do not see any change in the CDER Direct request page after making the resubmission – can I assume that everything is now complete and the code is available to LNHC?

Many thanks for your assistance with this,

Kevin

**Company Information**

LNHC, Inc.
4020 Stirrup Creek Drive, Suite 110
Durham, NC 27703
919-908-2400
Tax ID: 93-3359646

**Officers:**

**Octavio Espinoza, Treasurer**
4020 Stirrup Creek Drive, Suite 110, Durham, NC 27703
Business Phone: 858-550-7870
[redacted]

**Andrew Reardon, Secretary**
4020 Stirrup Creek Drive, Suite 110, Durham, NC 27703
Business Phone: 858-352-4308
[redacted]

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LNHC, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LNHC, INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*







7664025 8300

SR# 20241408403

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203230179

Date: 04-11-24

# NC Dept. of Agriculture & Consumer Services

## Food & Drug Protection Division

**Firm Name:** LNHC INC

**Address:** 4020 STIRRUP CREEK DR STE 110 DURHAM, NC 27703

**License Type:** Virtual Manufacturer

**License Number:** 1905

**Status:**ActiveInGoodStanding

**Discipline:** No

**Issue Date:** 11/25/2024

**Original Issue:** 10/14/2024

**Expiration Date:** 12/31/2025

Y

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application
Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler LNHC, Inc.
Pharmacy/Wholesaler License # (if applicable)
Physical Address 4020 Stirrup Creek Drive, Suite 110
City Durham State NC Zip 27703
Mailing Address (if different from physical address) 4020 Stirrup Drive, Suite 110
City Durham State NC Zip 27703
Telephone 919-908-2400 Website https://pelthos.com/
Licensing Company Email regulatory@pelthos.com

**Section 2: Personal Information**

First Melvin Middle Gray Last Whitehead
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address 4020 Stirrup Creek Road, Suite 110
City Durham State NC Zip 27703
Telephone [redacted] Email [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | NA | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| North Carolina State University | | 08/95 - 12/98 | |
| **Address** | **City** | **State** | **Zip** |
| Campus Box 7103 | Raleigh | NC | 27695 |
| **Diploma/Degree obtained, if any** | | | |
| BS | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northern Nash High School | | 09/86 - 06/89 | |
| **Address** | **City** | **State** | **Zip** |
| 4230 Green Hills Rd | Rocky Mount | North | 27804 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/09 - 09/24 | [redacted] | Raleigh | NC | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| LNHC | | | 9/2023 - present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4020 Stirrup Creek Drive, Suite 110 | | Durham | North | 27703 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 919-237-9212 | Senior Vice President of Manufacturing Operations | | 2080 | |

Description of Duties
Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building and maintaining external partnerships, cGMP facility operation, commercial supply chain and capital asset management.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Novan Therapeutics | | | 1/2022 - 9/2023 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4020 Stirrup Creek Dr, Suite 110 | | Durham | NC | 27703 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (919) 485-8080 | SENIOR VICE PRESIDENT, OPERATIONS | | 2080 | |

Description of Duties
Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building external partnerships, deployment of Novan's technology platforms, cGMP facility process design, operational management, commercial supply chain and capital asset management.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Pharma Solutions | | | 5/2018 - 1/2022 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 120 Pharma Drive | | Morrisville | NC | 27560 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (919) 481-4855 | SITE HEAD AND GENERAL MANAGER | | 6240 | |

Description of Duties
Responsible for the strategic direction and full P&L management of analytical, process development and manufacturing operations of Catalent's RTP facility. Catalent's RTP facility performed full analytical development, release and stability

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Asklepios Biopharmaceuticals | | | 10/2017 - | |
| **Business Address** | | **City** | **State** | **Zip** |
| 20 TW Alexander Dr, Suite 110 | | Research Triangle Park | NC | 27709 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (919) 561-6210 | CHIEF OPERATING OFFICER | | 2080 | |

Description of Duties
Responsible for operations and strategic direction of the gene therapy innovator company. Duties included management of budgets, intellectual property, external manufacturing, cGMP facility and Adeno-associated virus

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | X | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** DUI **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 05/02/2016 | 4/1/2017 | NC | Morrisville | Wake |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 16CR208906-910 | | Wake County District Court | | |
| **Reason/Charge** | | | | |
| Misdemeanor | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Melvin Whitehead | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

See attached

Original Signature (electronic, copies or stamps not accepted)

20NOV2024
Date

LNHC

Arrest Incident description:

8 years ago on May 2, 2016 in North Carolina, I, Melvin G. Whitehead. was charged with a Level V DWI. (Driving While Intoxicated), in Morrisville, NC located in Wake County. Level V is the lowest level of a DWI offense in North Carolina. My blood alcohol level was 0.10% and the legal limit was 0.08%.

I plead guilty on April 18, 2017, to the misdemeanor charge in Wake County District Court overseen by Judge Louis Meyer, Case number 16CR208906-910.

It was my first and only charge of this nature. I did not serve any jail time. I paid all fines, attended all required educational training, counseling sessions and performed all required community service. My full license was reinstated in full on April 18,2018.

Name: Melvin Whitehead

Title: SVP, Manufacturing Operations

Date 24 OCT 2024

**NORTH CAROLINA DIVISION OF MOTOR VEHICLES**

**DRIVING RECORD**

**REPORT TYPE:** NON-CERTIFIED REPORT **PAGE NO:** 1
**NAME:** WHITEHEAD MELVIN GRAY **DATE:** 10-24-2024
**ADDRESS:** [redacted]
**CITY:** RALEIGH **STATE:** NC **ZIP:** [redacted] **TOTAL POINTS:** 0
[redacted]
**PRIMARY LICENSE NO:** [redacted]
**SECONDARY LICENSE NO:** **NON-RESIDENT MILITARY:** N **REAL ID:** Y
**ORG. ISS.DT:** 05-26-1987 **OS DL NO:** **OS STATE:**

***** DRIVER LICENSE STATUS:** CLS C ACTIVE ***

| CLASS | GRP | LIC TYP | ISSUE DT | EXPIR DT | CDL | DISQ | PROB | LMT PRIV | COND RESTR | STATUS |
|---|---|---|---|---|---|---|---|---|---|---|
| C | | R | 07-22-2019 | 05-26-2027 | N | N | N | N | N | ACTIVE |

**ENDORSEMENTS:**
**RESTRICTIONS:** 19 BAC .04 RESTRICTION
**CRD TRNS:** 0025298305

| OCCUR/ BEGIN DATE | CONV/ END DATE | NATURE OF RECORD OR DIVISION ACTION | POINTS |
|---|---|---|---|
| 04-18-2018 | 05-26-2019 | DUP ISS: CLS C EN: RSTR:19 BAC .04 RESTRICTION | |
| 04-18-2018 | | REST: BAC .04 EXP DT: 04-16-21 LICENSE RESTRICTION ISSUED | |
| 04-18-2018 | | REST: BAC .04 EXP DT: 04-16-21 LICENSE RESTRICTION ISSUED | |
| 04-18-2017 | 04-18-2018 | SUSP: 1 OFFENSE OF DRIVING WHILE IMPAIRED STATUTE: 20-17(2) & 20-19(c1) LIM PRIV BEG DT:04-18-2017 LIM PRIV END DT:04-18-2018 | |
| 05-03-2016 | 04-18-2017 | CONV: (625)DRIVING WHILE IMPAIRED LIM PRIV COURT: WAKE COUNTY COURT, NC COURT: AOC #: 2016CR 208906 CITATION ID: C3407057 | |
| 05-03-2016 | 06-03-2016 | SUSP: 30 DAY CIVIL REVOCATION(SUSPENSION) STATUTE: 20-16.5 LIM PRIV BEG DT:05-13-2016 LIM PRIV END DT:06-02-2016 | |
| 05-03-2016 | 05-03-2016 | CONV: (028)30 DAY CIVIL LIM PRIV COURT: WAKE COUNTY COURT, NC COURT: AOC #: 2016CR 208906 CITATION ID: C3407057 | |
| 11-23-2014 | 02-12-2015 | CONV: (202)IMPROPER EQUIPMENT - SPEEDOMETER COURT: YADKIN COUNTY COURT, NC COURT: AOC #: 2014CR 703004 CITATION ID: 01568F39 | |
| 01-07-2013 | 05-26-2019 | DUP ISS: CLS C EN: RSTR:0 NONE | |
| 07-14-2011 | 05-26-2019 | REN ISS: CLS C EN: | |

I, Melvin Whitehead, **certify that as the designated representative for**

LNHC, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MW I am at least 21 years of age;
3. MW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Melvin Whitehead
Print Name (First, Last)

MW Whitehead
Original Signature (electronic, copies or stamps not accepted)

20 Nov 2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Melvin Whitehead

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20NOV2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NORTH CAROLINA, ss. County of DURHAM

I, Melvin Whitehead, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

20NOV2024

**Date**

Subscribed and Sworn to before me this 20 day of November.

Linnell V. Compton

**Notary Public Signature**

LINNELL V COMPTON
NOTARY PUBLIC
WAKE COUNTY, NC

Expires October 2026

**(Seal)**

# MELVIN G. WHITEHEAD

[redacted]

An effective leader with over 25 years of industry experience in operational and executive leadership positions working with products across multiple modalities and dosage forms including small molecule, recombinant proteins, monoclonal antibodies, RNA, gene, and cell therapy, inhaled and nasal medical devices, and topicals. Track record of leading transformational change, developing leadership teams, managing capital, driving operational performance, and empowering professionals.

## SKILLS

- Biotechnology & Pharmaceutical Operations
- Gene & Cell Therapy Operations
- Multi-Site Operations
- P&L Management
- Operational Excellence/Lean Six Sigma
- Team & Talent Development
- Strategic & Capital Planning
- Technology Introduction and Transfer
- cGMP Quality & Production Systems
- Process Design & Validation
- FDA Interactions
- Master Planning and Construction Management

## EXPERIENCE

**2023 - PRESENT**

### SENIOR VICE PRESIDENT, OPERATIONS,

LNHC/PELTHOS THERAPEUTICS

Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building and maintaining external partnerships, cGMP facility operation, commercial supply chain and capital asset management.

Key Achievements:

- Obtained the FDA approval for ZELSUVMI™, a first in class treatment for Molluscum Contagiosum using Nitric Oxide Macromolecule technology.
- Developed and managed the launch plan for ZELSUVMI™
- Established the supply chain for ZELSUVMI™ that included strategic partnerships and building internal manufacturing capacities.
- Led the deployment of a new ERP system.

**2022 - 2023**

### SENIOR VICE PRESIDENT, OPERATIONS, NOVAN THERAPEUTICS

Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building external partnerships, deployment of Novan's technology platforms, cGMP facility process design, operational management, commercial supply chain and capital asset management.

Key Achievements:

- Led the building, commissioning, and qualification of Novan's new Nitric Oxide API facility.
- Responsible for the manufacturing, packaging and validation of Novan's lead clinical product, SB206, a topical gel for Molluscum Contagiosum.
- Partnered with technical leadership to develop the CMC sections of the New Drug Application for SB206.
- Successfully partnered with leadership to manage Novan's first FDA Pre-Approval and Bioresearch Monitoring inspections.
- Championed the investment and deployment of a new ERP system, SAP.
- Key member of the due diligence team in Novan's capital raise and partnering efforts.

**2018 – 2022**

## SITE HEAD AND GENERAL MANAGER, CATALENT PHARMA SOLUTIONS

Responsible for the strategic direction and full P&L management of analytical, process development and manufacturing operations of Catalent's RTP facility. Catalent's RTP facility performed full analytical development, release and stability capabilities for Oral & Solid Dosage, Biologics and Inhalation dosage forms, Combination Device manufacturing for Metered Dose Inhalers, Dry Powder Inhalers and Nasal Unit & Bi Dose devices.

Duties included chair the site leadership team, management of Catalent's center of excellence for analytical and inhalation technologies, deploy capital, drive key performance indicators, and improve business targets such as customer satisfaction, on time delivery, right first time, revenue, EBITDA and working capital.

Key Achievements:

- Responsible for 600+ employees
- Managed the business to the highest revenues ($150M) and profitability ($50M) in the 25-year history of the site.
- Rebuilt the site's organizational structure, pricing models, cost structures, financial forecast, and S&OP processes.
- Improved customer satisfaction metrics by 50% and clinical supply manufacturing output by 100%.
- Launched two commercial inhalation products with different technologies, Meter Dose Inhalers and Unit Dose Nasal delivery devices.
- Led capital investment ($50M) into the site to expand analytical and manufacturing capabilities.
- Managed multiple regulatory inspections with 0 observations.
- Member of Catalent's global Biologics Leadership Team.
- Member of Catalent's global Inhalation Leadership Team.

**2017 – 2018**

## CHIEF OPERATING OFFICER, ASKLEPIOS BIOPHARMACETICALS

Responsible for operations and strategic direction of the gene therapy innovator company. Duties included management of budgets, intellectual property, external manufacturing, cGMP facility and Adeno-associated virus (AAV) process design, clinical program management, talent acquisition, investor collaborations and asset management.

Key Achievements:

- Led the procurement of a 35,000 $ft^2$ US based gene therapy (AAV) process development and laboratory asset.
- Provided oversight for the design, construction, and validation of a European based cGMP gene therapy (AAV) manufacturing facility.

- Provided oversight of clinical development team for 2 Investigational New Drug applications (IND). Authored Chemistry and Manufacturing Control (CMC) sections of the INDs.
- Managed the IP portfolio representing over 200, patents and technologies licenses, for AskBio's technology platform.
- Negotiated and secured local and state governmental incentives for a future NC based manufacturing facility that would provide more than 300 positions.
- Key member of the due diligence team in AskBio's capital raise and partnering efforts.

**2003 – 2017**

## VICE PRESIDENT OPERATIONS, FUJIFILM DIOSYNTH BIOTECHNOLOGIES (DIOSYNTH WAS OWNED BY ORGANON, SCHERING-PLOUGH AND MERCK)

Responsible for operations of the biotechnology contract development and manufacturing company. Duties included oversight of commercial and clinical manufacturing and technical operations, engineering, supply chain and operational excellence.

Key Achievements:

- Responsible for 300+ employees.
- Member of Fujifilm's Global Manufacturing Excellence Council
- Member of Merck's Biologics Leadership Team.
- Member of RTP's Site Leader Team.
- Led operations integrations with acquisitions by Schering-Plough, Merck and Fujifilm.
- Implemented measures to achieve a 30% improvement in manufacturing success rate.
- Spearheaded a 50% improvement in on-time starts and a 25% increase in capacity.
- Led the implementation of single use technologies into manufacturing.
- Commercialized 7 products in 3 years and introduced 30 new products in 4 years.
- Managed multiple FDA inspections with 0 observations.
- Led the "Leave No Doubt" transformative cultural initiative.
- Championed and deployed a new Enterprise Resource Planning system (SAP) and Manufacturing Execution System (Werum).
- Developed business case and design for $40M expansion of manufacturing operations.
- Managed the design, construction, and qualification of a new $25M, 60,000 $ft^2$ process and analytical laboratory facility.
- Developed and mentored >20 people into leadership positions.
- Responsible for the deployment of best practices and network integration at Fujifilm's 3 key manufacturing sites in Texas, United Kingdom, and North Carolina.
- Developed operational, validation, quality, and technical standards.

Expression systems and technologies:

- Escherichia coli
- Saccharomyces cerevisiae
- Baculovirus (SF9 and SF21)
- Adeno Associated Virus (AAV)
- Centrifugation & Filtration
- Single Use Systems
- Pichia pastoris
- Chinese Hamster Ovary (CHO)
- Human Embryonic Kidney (HEK)
- Transgenic expression
- Chromatography

Additional roles held at Fujifilm Diosynth Biotechnologies:

- Senior Director of Manufacturing (2013-2015)
- Director of Manufacturing and Technical Operations (2012-2013)
- Director of Technical Operations (2009-2011)
- Associate Director, Technical Services (2007-2009)
- Associate Director, Validation (2005-2007)

- Manager, Quality Assurance (2003-2005)
- Senior Technical Specialist, Quality Assurance (2003)

**2001 – 2003**

### **VALIDATION ENGINEER,** VALSOURCE

Provided validation and project management services to customers in the pharmaceutical industry. Activities included master plan development, protocol and standard operating procedure development and execution for equipment, process, cleaning and computer validation projects.

Key Achievements:

- Achieved Hugh Coble award for Project Management Excellence.

Key Customers:

- Biogen, RTP, NC
- Bayer Biologics, Clayton NC
- Covance Biotechnologies, RTP, NC
- Schering-Plough. Kenilworth, NJ

**2000 – 2001**

### **VALIDATION ENGINEER,** RAYTHEON

Provided engineering services to customers including system design, specification development, commissioning test plan execution and standard operating procedure development.

Key Customers:

- Bayer Biologics, Clayton NC
- Covance Biotechnologies, RTP, NC

**1998– 2000**

### **OPERATIONS CHEMIST,** BAYER PHARMACEUTICALS

Operated solvent recovery equipment and performed in-process chemical analysis for the cGMP large scale (100,000 gallon) ethyl alcohol and acetone solvent distillation, bulk chemical, and wastewater facilities.

**1990 – 1998**

### **ENGINEER/FIELD TECHNICIAN,** LEWIS ELECTRICAL AND REFRIGERATION SYSTEMS

Designed and installed heating, venting, air conditioning (HVAC), electrical, refrigeration, plumbing and structural systems for industrial, commercial, and residential applications.

Key Projects:

- Construction of a 70-unit housing subdivision
- Design and installation of an environmental dewatering system
- Consolidation and relocation of an automotive plastics extruding operation.

## EDUCATION

**GRADUATE STUDIES, ENGINEERING,** NORTH CAROLINA STATE UNIVERSITY

**BS CHEMISTRY,** NORTH CAROLINA STATE UNIVERSITY

**ASSOCIATE IN ARTS AND SCIENCES,** NASH COMMUNITY COLLEGE

## PROFESSIONAL LICENSING

- Electrical Contracting License L# 18553 (1993)
- Plumbing Contracting License L# 20789 (1997)

## PROFESSIONAL ASSOCIATIONS

- American Management Association (AMA)
- International Society of Pharmaceutical Engineering (ISPE)
- Parental Drug Association (PDA)
- American Society of Quality (ASQ)
- BioPhorum Operations Group (BPOG)

## TRAINING

**Management**

- Fujifilm Regional Executive Development
- Schering-Plough Management Excellence Program
- Lean Six Sigma Executive Belt
- Results Based Interaction
- Fundamentals of Finance and Accounting for Nonfinancial Managers
- Communispond® Executive Presentation Skills
- Legal Aspects of Contracting
- Myers Briggs Type Indicator
- DiSC Profile Assessment
- Matrix Management
- Mindful Based Relationship Development

**Technical**

- Lean Six Sigma Green Belt
- Kepnor Tregoe Problem Analysis
- Kepnor Tregoe Program Management
- Schering Plough Supply Improvement Process

LNHC has 25 employees working on site during normal business hours.
LNHC's hours of operation are 8:30 am – 5:30pm Monday through Friday.

## LNHC Employees (Ligand) as of 5/31/2024

| Location | Employee |
|---|---|
| 4020 Stirrup Creek, NC | CHERRY, JEREMY J. |
| 4020 Stirrup Creek, NC | GARCIA PERALTA, ALEX A. |
| 4020 Stirrup Creek, NC | STANNARD, AARON M. |
| 4020 Stirrup Creek, NC | WHITEHEAD, MELVIN G. |
| 4020 Stirrup Creek, NC | CAREY, MATT T. |
| 4020 Stirrup Creek, NC | PITTMAN, STAN M. |
| 4020 Stirrup Creek, NC | GROGAN, SHAY |
| 4020 Stirrup Creek, NC | GEER, CARRI B. |
| 4020 Stirrup Creek, NC | JAIN, SHASHANK |
| 4020 Stirrup Creek, NC | PAYNE, TAMMY E. |
| 4020 Stirrup Creek, NC | PORTER, JAMES S. |
| 4020 Stirrup Creek, NC | RICCIO, DAN A. |
| 4020 Stirrup Creek, NC | TAYLOR, VICTORIA A. |
| 4020 Stirrup Creek, NC | LUSHIS, JENNIFER |
| 4020 Stirrup Creek, NC | MEINIG, BETH B. |
| 4020 Stirrup Creek, NC | GAY, JOHN M. |
| 4020 Stirrup Creek, NC | LEE, CARLY E. |
| 4020 Stirrup Creek, NC | PUN, AMPHONE K. |
| 4020 Stirrup Creek, NC | TIERNEY, DAVID M. |
| 4020 Stirrup Creek, NC | WILLIAMS, BENJAMIN E. |
| 4020 Stirrup Creek, NC | KEMERAIT, BRIAN J. |
| Home Based - Arizona | CARTWRIGHT, MARTINA M. |
| Home Based - South Carolina | MEHMETAJ, KATHERINE |
| Severed | ENLOE, CAROLYN P. |
| Severed | SAHEL, SHEETAL |
| Severed | CHUBACHI, TOMOKO |

**NC Count** **21**

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**Washington, D.C. 20549**

# FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the Fiscal Year Ended December 31, 2023

OR ☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission File No. 001-33093




## LIGAND PHARMACEUTICALS INCORPORATED

| (Exact name of registrant as specified in its charter) | | |
|---|---|---|
| **Delaware** | | **77-0160744** |
| *(State or other jurisdiction of incorporation or organization)* | | *(IRS Employer Identification No.)* |
| **555 Heritage Drive, Suite 200** | | |
| **Jupiter** | | |
| **Florida** | | **33458** |
| *(Address of Principal Executive Offices)* | | *(Zip Code)* |

**Registrant's telephone number, including area code: (858) 550-7500**

**Securities registered pursuant to Section 12(b) of the Act:**

| Title of Each Class | Trading Symbol | Name of Each Exchange on Which Registered |
|---|---|---|
| **Common Stock, par value $.001 per share** | **LGND** | **The Nasdaq Global Market** |

**Securities registered pursuant to Section 12(g) of the Act:**
**None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐
Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Securities Exchange Act of 1934. Yes ☐ No ☒
Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐
Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐
Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definition of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-accelerated Filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Exchange Act Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the Registrant's voting and non-voting stock held by non-affiliates was approximately $0.9 billion based on the last sales price of the Registrant's Common Stock on the Nasdaq Global Market of the Nasdaq Stock Market LLC on June 30, 2023. For purposes of this calculation, shares of Common Stock held by directors, officers and 10% stockholders known to the Registrant have been deemed to be owned by affiliates which should not be construed to indicate that any such person possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the Registrant or that such person is controlled by or under common control with the Registrant.

As of February 26, 2024, the Registrant had 17,705,287 shares of Common Stock outstanding.

**DOCUMENTS INCORPORATED BY REFERENCE**

Portions of the Proxy Statement for the Registrant's 2024 Annual Meeting of Stockholders to be filed with the Commission within 120 days of December 31, 2023 are incorporated by reference in Part III of this Annual Report on Form 10-K. With the exception of those portions that are specifically incorporated by reference in this Annual Report on Form 10-K, such Proxy Statement shall not be deemed filed as part of this Report or incorporated by reference herein.

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GLOSSARY OF TERMS AND ABBREVIATIONS

| Abbreviation | Definition |
|---|---|
| 2023 Notes | $750.0 million aggregate principal amount of convertible senior unsecured notes due 2023 |
| Aldeyra | Aldeyra Therapeutics, Inc. |
| Amgen | Amgen, Inc. |
| ASC | Accounting Standards Codification |
| ASU | Accounting Standards Update |
| Aziyo | Aziyo Med, LLC |
| Baxter | Baxter International, Inc. |
| BeiGene | BeiGene, Ltd. |
| BendaRx | BendaRx Corp. |
| BLA | Biologics license application |
| CASI | CASI Pharmaceuticals, Inc. |
| cGMP | Current Good Manufacturing Practice |
| Company | Ligand Pharmaceuticals Incorporated, including subsidiaries |
| Convertible Note | Senior Convertible Promissory Note |
| COPD | Chronic obstructive pulmonary disease |
| Cormatrix | Cormatrix Cardiovascular, Inc. |
| Corvus | Corvus Pharmaceuticals, Inc. |
| Credit Agreement | Credit Agreement, dated as of October 12, 2023, among Ligand Pharmaceuticals Incorporated, certain of its subsidiaries, as Guarantors (as defined therein), the Lenders (as defined therein), and Citibank, N.A., as Administrative Agent, Swingline Lender and L/C Issuer. |
| CVR | Contingent value right |
| CyDex | CyDex Pharmaceuticals, Inc. |
| Daiichi Sankyo | Daiichi Sankyo Company, Ltd. |
| Dianomi | Dianomi Therapeutics, Inc. |
| DMF | Drug Master File |
| ESG | Environmental, Social and Governance |
| ECM | Extracellular matrix |
| Eisai | Eisai Inc. |
| Elutia | Elutia Inc. |
| EPA | Environmental Protection Agency |
| ESPP | Employee Stock Purchase Plan, as amended and restated |
| EU | European Union |
| Exelixis | Exelixis, Inc. |
| FASB | Financial Accounting Standards Board |
| FDA | U.S. Food and Drug Administration |
| FSGS | Focal segmental glomerulosclerosis |
| FY 2023 | The Company's fiscal year ended December 31, 2023 |
| FY 2022 | The Company's fiscal year ended December 31, 2022 |
| FY 2021 | The Company's fiscal year ended December 31, 2021 |
| GAAP | Generally accepted accounting principles in the United States |
| GCSF | Granulocyte-colony stimulating factor |
| Gilead | Gilead Sciences, Inc. |
| HBV | Hepatitis B Virus |
| Hikma | Hikma Pharmaceuticals PLC |
| Hovione | Hovione FarmCiencia, S.A. |
| IM | Intramuscular |

| | |
|---|---|
| IND | Investigational New Drug |
| IRS | Internal Revenue Service |
| IV | Intravenous |
| Jazz | Jazz Pharmaceuticals, Inc. |
| Ligand | Ligand Pharmaceuticals Incorporated, including subsidiaries |
| LTP | Liver targeting prodrug |
| Marinus | Marinus Pharmaceuticals, Inc. |
| Melinta | Melinta Therapeutics, Inc. |
| Merck | Merck & Co., Inc. |
| Metabasis | Metabasis Therapeutics, Inc. |
| NDA | New Drug Application |
| NOLs | Net Operating Losses |
| Novan | Novan, Inc. (n/k/a NVN Liquidation, Inc.) |
| Novartis | Novartis AG |
| Nucorion | Nucorion Pharmaceuticals, Inc. |
| OmniAb | OmniAb Operations, Inc. (f/k/a OmniAb, Inc.) |
| Ono | Ono Pharmaceutical Co., Ltd. |
| Opthea | Opthea Limited |
| Orange Book | Publication identifying drug products approved by the FDA based on safety and effectiveness |
| Palvella | Palvella Therapeutics, Inc. |
| PDUFA | Prescription Drug User Fee Act |
| Pfenex | Pfenex Inc. |
| Pfizer | Pfizer, Inc. |
| Phoenix Tissue | Phoenix Tissue Repair |
| PSU | Performance stock unit |
| R&D | Research and Development |
| Revolving Credit Facility | The revolving credit facility under the Credit Agreement |
| RSU | Restricted stock unit |
| Sage | Sage Therapeutics, Inc. |
| Sanofi | Sanofi SA |
| SARM | Selective Androgen Receptor Modulator |
| SEC | Securities and Exchange Commission |
| Sedor | Sedor Pharmaceuticals, Inc., or RODES, Inc. |
| Seelos | Seelos Therapeutics, Inc. |
| Selexis | Selexis, SA |
| Sermonix | Sermonix Pharmaceuticals, LLC |
| SII | Serum Institute of India |
| SQ Innovation | SQ Innovation, Inc. |
| Sunshine Lake Pharma | Sunshine Lake Pharma Co., Ltd. |
| Takeda | Takeda Pharmaceuticals Company Limited |
| Tax Act | The Tax Cuts and Jobs Act |
| Teva | Teva Pharmaceuticals USA, Inc., Teva Pharmaceutical Industries Ltd. and Actavis, LLC |
| Travere | Travere Inc. |
| TR-Beta | Thyroid hormone receptor beta |
| Vernalis | Vernalis plc |
| Verona | Verona Pharma plc |
| Viking | Viking Therapeutics |

| | |
|---|---|
| Xi'an Xintong | Xi'an Xintong Medicine Research |
| Zydus Cadila | Zydus Cadila Healthcare, Ltd |

*Cautionary Note Regarding Forward-Looking Statements:*

*You should read the following report together with the more detailed information regarding our company, our common stock and our financial statements and notes to those statements appearing elsewhere in this document.*

*This report contains forward-looking statements that involve a number of risks and uncertainties. Although our forward-looking statements reflect the good faith judgment of our management, these statements can only be based on facts and factors currently known by us. Consequently, these forward-looking statements are inherently subject to risks and uncertainties, and actual results and outcomes may differ materially from results and outcomes discussed in the forward-looking statements.*

*Forward-looking statements can be identified by the use of forward-looking words such as "believes," "expects," "may," "will," "plan," "intends," "estimates," "would," "continue," "seeks," "pro forma," or "anticipates," or other similar words (including their use in the negative), or by discussions of future matters such as those related to our future results of operations and financial position, royalties and milestones under license agreements, Captisol material sales, product development, and product regulatory filings and approvals, and the timing thereof, Ligand's status as a high-growth company, as well as other statements that are not historical. You should be aware that the occurrence of any of the events discussed under the caption "Risk Factors" could negatively affect our results of operations and financial condition and the trading price of our stock.*

*The cautionary statements made in this report are intended to be applicable to all related forward-looking statements wherever they may appear in this report. We urge you not to place undue reliance on these forward-looking statements, which speak only as of the date of this report. Except as required by law, we assume no obligation to update our forward-looking statements, even if new information becomes available in the future. This caution is made under the safe harbor provisions of Section 21E of the Securities Exchange Act of 1934, as amended.*

References to "Ligand Pharmaceuticals Incorporated," "Ligand," the "Company," "we," "our" and "us" include Ligand Pharmaceuticals Incorporated and our wholly-owned subsidiaries.

**Partner Information**

Information regarding partnered products and programs comes from information publicly released by our partners and licensees.

**Trademarks**

This Annual Report on Form 10-K includes trademarks, trade names and service marks owned by us. Ligand®, BEPro™, Captisol®, CyDex®, LTP®, LTP Technology®, NITRICIL™, and ZELSUVMI™ are protected under applicable intellectual property laws and are our property. All other trademarks, trade names and service marks including, but not limited to Pelican Expression Technology®, PeliCRM®, Pfenex Expression Technology®, OmniAb® Kyprolis®, Evomela®, Veklury®, Livogiva®, Bonteo®, Zulresso®, Rylaze®, VAXNEUVANCE™, Pneumosil®, Minnebro®, Baxdela®, Nexterone®, Noxafil®, Duavee®, FILSPARI® and are the property of their respective owners. Solely for convenience, trademarks, trade names and service marks referred to in this report may appear without the ®, ™ or ℠ symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to such trademarks, trade names and service marks. Use or display by us of other parties' trademarks, trade dress or products is not intended to and does not imply a relationship with, or endorsement or sponsorship of, us by the trademark or trade dress owners.

## Item 1. Business

### Overview

We are a biopharmaceutical company enabling scientific advancement through supporting the clinical development of high-value medicines. Ligand does this by providing financing, licensing our technologies or both. Our business model seeks to generate value for stockholders by creating a diversified portfolio of biopharmaceutical product revenue streams that are supported by an efficient and low corporate cost structure. Our goal is to offer investors an opportunity to participate in the promise of the biotech industry in a profitable and diversified manner. Our business model focuses on funding programs in mid- to late-stage drug development in return for economic rights, purchasing royalty rights in development stage or commercial biopharmaceutical products and licensing our technology to help partners discover and develop medicines. We partner with other pharmaceutical companies to leverage what they do best (late-stage development, regulatory management and commercialization) in order to generate our revenue. Our Captisol platform technology is a chemically modified cyclodextrin with a structure designed to optimize the solubility and stability of drugs. We have established multiple alliances, licenses and other business relationships with the world's leading biopharmaceutical companies including Amgen, Merck, Pfizer, Jazz, Takeda, Gilead Sciences and Baxter International.

Our revenue consists of three primary elements: royalties from commercialized products, sales of our Captisol material to partners, and contract revenue from license fees and milestones payments.

### Strategy and Execution

We are a biopharmaceutical royalty aggregator, focused on investing in differentiated late-stage assets and operating royalty-generating, infrastructure-light platform technologies. Since our transition to this business model in 2007, we have deployed over $1 billion of capital to build our diverse portfolio. Following the spin-offs of our OmniAb antibody discovery business in November 2022 and the Pelican Expression Technology subsidiary in September 2023, our strategy is to continue to expand our pipeline by aggregating royalty rights in mid- to late-stage development and commercial biopharma products, while maintaining a lean infrastructure and high-margin business.

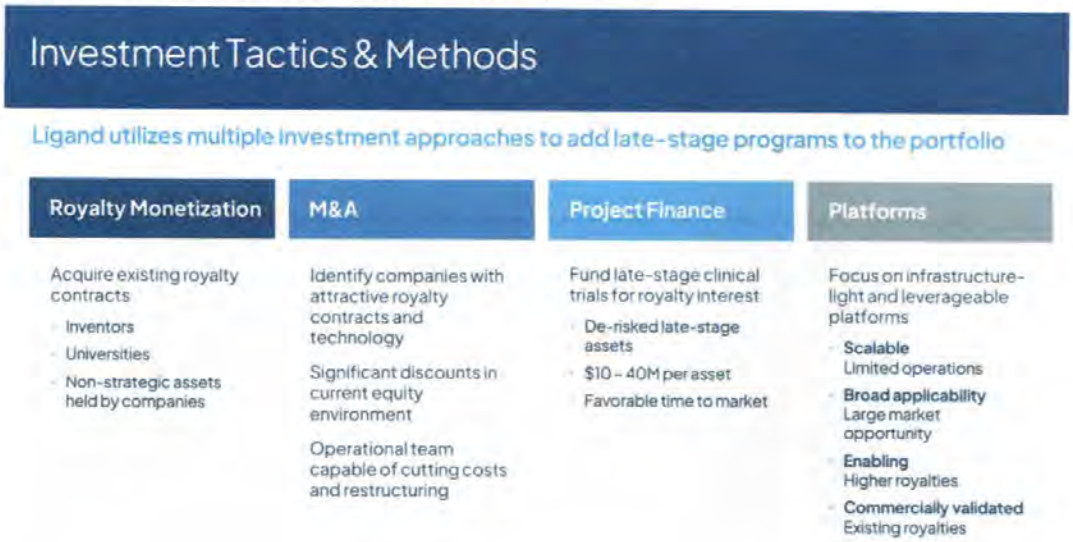
Our business model is highly differentiated from a traditional biotechnology company in several key ways. First, we have limited infrastructure requirements, enabling us to maintain relative high operating margins. Second, we can enable development over a broad range of therapeutic areas and can be strategic and balanced about the size of our investments to achieve a highly diversified portfolio. Third, our business model mitigates the high volatility associated with building a business around a single or small number of assets. With this approach, we have the ability to mitigate the impact of binary clinical outcomes in the biopharmaceutical industry, thereby facilitating cash flows that are more predictable. Finally, we can target the size of our investments to achieve appropriate risk management across the portfolio.

As an organization, we bring a highly experienced team and financial strength to execute on our strategy. There is high demand for capital and low availability of structured capital in the segment of the biopharmaceutical market in which we operate, creating significant deal flow opportunity for Ligand. Unlike open-market equity investing, many of our investments take place under Confidential Disclosure Agreements (CDAs), allowing us access to in-depth, advantageous diligence materials. Our flexible investment structures are designed to mitigate risks, and also help accommodate different transaction structures based on our partners' goals. We believe our business model is highly scalable and has significant growth potential. We have assembled a talented, long-tenured team with deep industry relationships, investment experience and industry knowledge.

From a more tactical perspective, we execute our strategy using four key approaches: royalty monetization, M&A, project finance, and platform investments. With royalty monetization, we purchase rights on existing royalty contracts that are owned by inventors, academic institutions or companies. There are advantages of royalty investing as a model since royalties 1) have minimal infrastructure, 2) are non-dilutive and 3) their cash flows are often protected in bankruptcy. In M&A investments, we acquire companies with valuable assets or partnerships and realize the value of those assets by restructuring operations and/or partnering the assets. Ligand has a history of doing this successfully with deals such as:

- Pharmacopeia acquisition in 2008 which yielded Travere's Filspari
- Metabasis acquisition in 2010 which contributed to the creation of Viking Therapeutics
- Vernalis acquisition in 2018 which yielded Verona's ensifentrine
- Pfenex acquisition in 2020 which yielded four of our major commercial programs – Vaxneuvance, Rylaze, Pneumosil, and Teriparatide as well as our equity interest in Primrose Bio
- Novan acquisition in 2023 which yielded Zelsuvmi

Project finance involves the provision of development capital to fund late-stage clinical programs in return for royalty contracts that we negotiate, creating royalties on the future sales of those products. Finally, with platform technology acquisitions, we look for platforms with high operating margins and existing licensing contracts and acquire these targets. The ideal platform will provide new royalties by operating those platforms, and it will be scalable and have broad applicability. Our Captisol business is an excellent example of a successful platform technology investment.




We have a specific set of criteria we use to assess potential investments. The first criteria is time to cash flow, as we seek products that are within a few years of regulatory approval and commercialization. Typically, this means we invest in Phase 3 assets, although we also evaluate opportunities to invest in Phase 2 assets. In terms of an asset's clinical profile, we are looking for strong data supporting both efficacy and safety, and products which will ultimately deliver significant value to patients and to the healthcare system. We also look for strong market exclusivity, which can be achieved through intellectual property and/or regulatory protections. Structural alignment with our counterparty and the marketer is also a key criteria of the investments we make. Ultimately, we look for assets with favorable risk-reward profiles, which have above average probability of technical and regulatory success and can be commercialized effectively.




**Technologies**

Through a combination of research and acquisitions, we have created a partnered portfolio with a wide variety of underlying technologies. This diversification provides the added benefits of exposure to a wider breadth of scientific innovation, more licensing opportunities and lower impact of individual patent expiry.

***Captisol Technology***

Captisol is a patent-protected, chemically modified cyclodextrin with a structure designed to optimize the solubility and stability of drugs. This unique technology has enabled several FDA-approved products, including Gilead's Veklury, Amgen's Kyprolis, Baxter International's Nexterone, Acrotech Biopharma's and CASI Pharmaceuticals' Evomela, Melinta Therapeutics' Baxdela and Sage Therapeutics' Zulresso. There are many Captisol-enabled products currently in various stages of development. We maintain a broad global patent portfolio for Captisol with the latest expiration date in 2035. Other patent applications covering methods of making Captisol, if issued, extend to 2041.

In addition to solid Captisol powder, we offer our partners access to cGMP manufactured aqueous Captisol concentrate. This product offering was established in 2017 to reduce cycle time and increase Captisol production capacity for large-volume drug products. We maintain both Type IV and Type V drug master files (DMFs) with the FDA. These DMFs contain manufacturing and safety information relating to Captisol that our licensees can reference when developing Captisol-enabled drugs. We also have active DMFs in Japan, China and Canada. In 2023, royalties on commercial products using Captisol comprised over half of our total royalty revenue.

***HepDirect, LTP and BEPro Technology Platform***

The HepDirect and LTP platforms are our proprietary liver-targeting prodrug technologies that can deliver many different chemical classes of drugs to the liver by using a chemical modification that renders an active pharmaceutical ingredient (API) biologically inactive until cleaved by a liver-specific enzyme. These technologies may improve the efficacy and/or safety of certain drugs and can be applied to marketed or new drug products to treat liver diseases or diseases caused by hemostasis imbalance of circulating molecules controlled by the liver.

The BEPro technology platform is a next generation prodrug technology distinct from HepDirect and LTP prodrug technologies, expanding use to non-liver related diseases. BEPro is specifically applicable to nucleotides and nucleotide analogs for the development of compounds with improved product profiles. Ligand has demonstrated benefits in cell penetration and oral, intravenous and inhaled pharmacokinetics with BEPro-enabled nucleotide analogs.

***SUREtechnology Platform (owned by Selexis)***

We acquired economic rights to various SURE*technology* Platform programs from Selexis. The SURE*technology* Platform, developed and owned by Selexis, is a novel technology that improves the way that cells are utilized in the development and manufacturing of recombinant proteins and drugs.

***Pelican Expression Technology (owned by Primrose Bio, of which Ligand owns 49.9%)***

The Pelican Expression Technology platform is a robust, validated, cost-effective and scalable platform for recombinant protein production, and is especially well suited for complex, large-scale proteins. Global manufacturers have demonstrated consistent success with the platform and the technology is currently outlicensed for multiple commercial and development-stage programs. The versatility of the platform has been demonstrated in the production of enzymes, peptides, antibody derivatives and engineered non-natural proteins. The platform contributes significant value to biopharmaceutical development programs by shortening timelines and reducing costs associated with research and development through commercial manufacturing of therapeutics and vaccines. Given pharmaceutical industry trends toward large molecules with increased structural complexities, the Pelican Expression Technology platform is well positioned to meet these growing needs as one of the most comprehensive and broadly available, commercially validated protein production platforms in the industry.

**2023 Investment Highlights**

In September 2023, we announced the sale of our Pelican business, inclusive of the Pelican Expression Technology platform, and a merger of Pelican with Primordial Genetics to form a new company, Primrose Bio. As part of the investment, Ligand retained the existing commercial royalties related to the Pelican Expression Technology platform and owns 49.9% of Primrose Bio. We also entered into a purchase and sale agreement with Primrose, whereby we invested $15 million in exchange for a portion of the economic rights from the two existing contracts of Primordial Genetics and an economic interest in potential future revenues generated from the Pelican business. Ligand retains the pre-spin royalty rights from the Pelican Expression Technology, including economic rights to Jazz's RYLAZE, Merck's VAXNEUVANCE and V116 vaccines, Alvogen's Teriparatide, Serum Institute of India's Pneumosil and MenFive vaccines, among others. We had originally acquired the Pelican business through the acquisition of Pfenex in 2020. After incubating this technology for three years, we now have five commercial royalty streams from the platform, and with the spinoff and merger, we retain a significant equity stake. We consider the acquisition of Pfenex and spin-off of Pelican Technology Holdings, Inc. to be a very successful transaction and expect these assets will continue to generate significant revenues for the Company.

In October 2023, we announced an investment of $30 million to acquire a 13% portion of the royalties and milestones owed to Ovid Therapeutics related to the potential approval and commercialization of soticlestat. Soticlestat is a Phase 3, first-in-class, novel mechanism of action molecule being studied by Takeda in two rare pediatric epilepsies: Lennox-Gastaut syndrome (LGS) and Dravet syndrome. Takeda is one of the world's leading pharmaceutical companies in neurology and rare diseases. LGS and Dravet are two very difficult treat conditions, with high unmet clinical needs despite having a few products that have been recently approved. Takeda has stated it anticipates regulatory filings for soticlestat in its fiscal year 2024. If regulatory approval is granted, commercialization and royalties to Ligand could begin a year later.

In November 2023, we closed a $20 million acquisition of Tolerance Therapeutics, a holding company owned by the inventors of TZIELD (teplizumab). TZIELD is the first disease-modifying therapy approved to treat patients with type-1 diabetes (T1D). It is a CD3-directed antibody indicated to delay the onset of stage-3 T1D in adults and in children aged eight years and older with stage-2 T1D. TZIELD was granted breakthrough therapy designation by the FDA in 2019 and was approved by the FDA in November 2022. TZIELD is marketed by Sanofi following its $2.9 billion acquisition of Provention Bio in 2023. Sanofi recently announced new data from the TZIELD PROTECT Phase 3 trial, which showed TZIELD's potential to slow the progression of stage 3 T1D in newly diagnosed children and adolescents. These findings were published in the *New England Journal of Medicine*. Sanofi has a robust history in the diabetes space. Sanofi has been featuring TZIELD as one of their key launches with significant blockbuster potential. Ligand is owed a royalty of less than 1% on worldwide net sales of TZIELD.

**Novan Acquisition**

In September 2023, the bankruptcy court approved a $12.2 million bid from Ligand to purchase certain assets of Novan, Inc., including berdazimer gel, all assets related to the NITRICIL™ technology platform and the rights to one commercial stage asset. Prior to Novan's bankruptcy, we had a royalty interest in berdazimer topical gel, 10.3%. Berdazimer topical gel, 10.3% was approved by the FDA in January 2024, with a brand name of ZELSUVMI.

ZELSUVMI™ (berdazimer) topical gel, 10.3% is a first-in-class topical medication for the treatment of molluscum contagiosum in adults and pediatric patients one year of age or older. The FDA approved ZELSUVMI as the novel drug for the treatment of molluscum infections. ZELSUVMI is the first and only topical prescription medication that can be applied by patients, parents, or caregivers at home, outside of a physician's office, or other medical setting to treat this highly contagious viral skin infection.

As we incubate this newly acquired business, the Novan team is actively preparing for commercialization. Consistent with our business model, we are engaging with potential commercial partners to maximize the value for Ligand shareholders through a strategic transaction.

## Commercial and Clinical Stage Partnered Portfolio

We have a large portfolio of assets currently generating royalties and future potential revenue-generating programs, including over 85 fully-funded by our partners.

### Royalties on Commercial Products

The following table provides an overview of our current portfolio of royalties:

| Product | Partner | Therapeutic Area | Royalty Rate | 2023 Royalty Revenue (in millions) | Estimated 2023 Product Revenue (in millions) |
|---|---|---|---|---|---|
| Kyprolis | Amgen/Ono/Beigene | Cancer | 1.5% - 3.0% | $35.6 | $1,503.1 |
| Rylaze | Jazz | Cancer | Low single digit | $13.5 | $397.5 |
| Teriparatide | Alvogen | Women's Health | 25%-40%[1] | $11.1 | $37.2 |
| Evomela | Acrotech/CASI | Cancer | 20% | $10.2 | $51.0 |
| Vaxneuvance | Merck | Infectious Disease | Low single digit | $4.1 | $653.9 |
| Pneumosil | Serum Institute | Infectious Disease | Low single digit | $4.5 | $198.5 |
| Filspari | Travere | IgA Nephropathy | 9% | $2.7 | $29.5 |
| Nexterone | Baxter | Cardiovascular | Low single digit | $1.5 | $50.9 |
| Other | Various | Various | Various | $0.7 | $23.6 |

(1) We receive tiered profit sharing of 25% on quarterly profits less than $3.75 million, 35% on quarterly profits greater than $3.75 million but less than $7.5 million and 40% on quarterly profits greater than $7.5 million. If therapeutic equivalence is achieved, quarterly profit changes to 50% of quarterly profits.

### Key Partnered Commercial Programs

The following programs represent important revenue-generating components of our current portfolio. For information about the royalties owed to us for certain of these programs, see "Royalties" later in this business section.

***Kyprolis (Amgen, Ono, BeiGene)***

We supply Captisol to Amgen for use with Kyprolis (carfilzomib) and granted Amgen an exclusive product-specific license under our patent rights with respect to Captisol. Kyprolis is formulated with Ligand's Captisol technology and is approved in the United States for the following:

- In combination with dexamethasone, lenalidomide plus dexamethasone, daratumumab plus dexamethasone, or daratumumab and hyaluronidase-fihj and dexamethasone, or isatuximab and dexamethasone for the treatment of patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy.
- As a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy.

Our agreement with Amgen may be terminated by either party in the event of material breach or bankruptcy, or unilaterally by Amgen with prior written notice, subject to certain surviving obligations. Absent early termination, the agreement will terminate upon expiration of the obligation to pay royalties. Under this agreement, we are entitled to receive revenue from clinical and commercial Captisol material sales and royalties on annual net sales of Kyprolis based on our patents and applications relating to the Captisol component of Kyprolis which are not expected to expire until 2033.

***Rylaze (Jazz Pharmaceuticals)***

In July 2021, Jazz announced the U.S. launch of RYLAZE (asparaginase erwinia chrysanthemi (recombinant)-rywn), previously referred to as JZP458. RYLAZE, which was approved by the FDA in June 2021, is a recombinant erwinia

asparaginase used as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) in adult and pediatric patients one month or older who have developed hypersensitivity to E. coli-derived asparaginase. In September 2023, Jazz announced that the European Commission (EC) had granted marketing authorization for RYLAZE, to be marketed as Enrylaze®. Jazz began a rolling launch in the second half of 2023. Additionally, Jazz is utilizing our technology for the development of PF745 (JZP341), a long-acting Erwinia asparaginase for the treatment of ALL and other hematological malignancies. Jazz has worldwide rights to develop and commercialize PF745.

Ligand is eligible to receive up to $152 million in milestone payments and tiered low-single digit royalties based on worldwide net sales of any products resulting from this collaboration, including Rylaze

***Filspari (Travere)***

In early 2012, Ligand licensed the world-wide rights to sparsentan to Travere Therapeutics. Travere recently received FDA accelerated approval for FILSPARI (sparsentan) for the treatment of immunoglobulin A nephropathy (IgAN). FILSPARI is the first and only dual endothelin and angiotensin II receptor antagonist in development for rare kidney diseases and is the first non-immunosuppressive treatment indicated for IgAN. Travere anticipates a review opinion by the Committee for Medicinal Products for Human Use (CHMP) on the potential approval for sparsentan for the treatment of IgAN in Europe in the first quarter of 2024. Additionally, Travere is on track to submit a supplemental New Drug Application (sNDA) for the conversion of the existing U.S. accelerated approval in IgAN to full approval.

Travere also completed regulatory engagement on focal segmental glomerulosclerosis (FSGS) in which the FDA communicated that the Phase 3 DUPLEX study results alone are not sufficient to support an sNDA submission for an FSGS indication for sparsentan. As a result, Travere plans to conduct additional analyses of FSGS data with plans to re-engage the FDA in 2024, and implemented a strategic reorganization in the fourth quarter of 2023 to focus near-term resources on the ongoing FILSPARI launch in IgAN.

Under our license agreement with Travere, we are entitled to receive over $50 million in potential milestone payments, as well as a 9% royalty on any future worldwide sales.

***Teriparatide Injection Product (PF708) (Alvogen/Adalvo)***

We acquired the teriparatide injection product with the acquisition of Pfenex in October 2020. Teriparatide injection is a drug indicated for various uses including the treatment of osteoporosis in certain patients at high risk for fracture. Teriparatide injection was developed using our Pelican Expression Technology and was approved by the FDA in 2019 in accordance with the 505(b)(2) regulatory pathway, with FORTEO as the reference product. Our commercialization partner, Alvogen, launched the product in June 2020 in the United States.

Our partner, Alvogen, has exclusively licensed the rights to commercialize and manufacture the teriparatide injection product in the United States, while Adalvo has the rights to commercialize in the EU, certain countries in the Middle East and North Africa (MENA), and the rest of world (ROW) territories (the latter defined as all countries outside of the EU, U.S. and MENA, excluding Mainland China, Hong Kong, Singapore, Malaysia and Thailand). In August 2020, marketing authorization throughout the EU was received under the trade name Livogiva and in December 2020 in Saudi Arabia under the name Bonteo. In December of 2022, we terminated a license agreement with Beijing Kangchen Biological Technology Co., Ltd. (Kangchen) thereby regaining the right to commercialize PF708 in Mainland China, Hong Kong, Singapore, Malaysia and Thailand along with a non-exclusive right to conduct development activities in such countries with respect to PF708.

In accordance with our agreements with Alvogen, we are eligible to receive tiered gross profit sharing of between 25% and 40% of quarterly profits prior to an "A" therapeutic equivalence designation, which increases to a flat 50% if an "A" rating is achieved.

In accordance with our EU, MENA and ROW agreements with Adalvo, we may be eligible to receive additional upfront and milestone payments of $1.5 million and may also be eligible to receive up to 60% of gross profit derived from product sales and regional license fees, if approved, depending on geography, cost of goods sold and sublicense fees.

***Evomela (Acrotech and CASI)***

We supply Captisol to, and receive royalties from, Acrotech Biopharma for sales of Evomela in the U.S., and CASI Pharmaceuticals for sales in China. Evomela received marketing approval by the NMPA in August of 2019. It is the only approved and commercially available melphalan product in China. Evomela is a Captisol-enabled melphalan IV formulation which is approved by the FDA for use in two indications:

- a high-dose conditioning treatment prior to autologous stem cell transplantation (ASCT) in patients with multiple myeloma; and
- for the palliative treatment of patients with multiple myeloma for whom oral therapy is not appropriate.

Evomela has been granted Orphan Designation by the FDA for use as a high-dose conditioning regimen for patients with multiple myeloma undergoing ASCT. The Evomela formulation avoids the use of propylene glycol, which has been reported to cause renal and cardiac side-effects that limit the ability to deliver higher quantities of therapeutic compounds. The use of the Captisol technology to reformulate melphalan is anticipated to allow for longer administration durations and slower infusion rates, potentially enabling clinicians to safely achieve a higher dose intensity of pre-transplant chemotherapy.

Under the terms of the license agreement, Acrotech Biopharma has marketing rights worldwide excluding China and CASI Pharmaceuticals has rights to market in China. We are eligible to receive over $50 million in potential milestone payments, royalties on global net sales of the Captisol-enabled melphalan product and revenue from Captisol material sales. Acrotech and CASI's obligation to pay royalties will expire at the end of the life of the relevant patents or when a competing product is launched, whichever is earlier, but in no event before ten years after the commercial launch. Our patents and applications relating to the Captisol component of melphalan are not expected to expire until 2033. As described herein, we have entered into a settlement agreement with Teva and Acrotech Biopharma (the holder of the NDA for Evomela) which will allow Teva to market a generic version of Evomela in the United States in 2026, or earlier under certain circumstances. Absent early termination, the agreement will terminate upon expiration of the obligation to pay royalties. The agreement may be terminated by either party for an uncured material breach or unilaterally by Acrotech and CASI by prior written notice.

***VAXNEUVANCE (Merck)***

VAXNEUVANCE, a 15-valent pneumococcal conjugate vaccine, also known as V114, was approved in the U.S. in July of 2021 for the prevention of invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 22F, 23F and 33F in adults 18 years of age and older, and subsequently in children 6 weeks through 17 years of age in June of 2022. VAXNEUVANCE was also approved in Europe in October 2022 for the prevention of invasive disease and pneumonia caused by Streptococcus pneumoniae in individuals 18 years and older and in infants, children and adolescents from 6 weeks to less than 18 years of age. VAXNEUVANCE utilizes CRM197 vaccine carrier protein, which is produced using the patent-protected Pelican Expression Technology™ platform. We are entitled to low single digit royalties derived from net sales of Vaxneuvance.

In December 2023, Merck announced the FDA accepted for priority review a new BLA for V116, Merck's investigational 21-valent pneumococcal conjugate vaccine specifically designed to help prevent invasive pneumococcal disease and pneumococcal pneumonia in adults. The FDA grants priority review to medicines and vaccines that, if approved, would provide a significant improvement in the safety or effectiveness of the treatment or prevention of a serious condition. The FDA has set a PDUFA date, or target action date, of June 17, 2024. If approved, Ligand is entitled to a royalty on worldwide net sales.

***Pneumosil (Serum Institute of India, SII)***

SII began commercialization of its 10-valent pneumococcal conjugate vaccine, Pneumosil, which is produced using CRM197 made in the Pelican Expression Technology platform, in the second quarter of 2020. Pneumosil is designed primarily to help fight against pneumococcal pneumonia among children, with an advantage of targeting the most prevalent serotypes of the bacterium causing serious illness in developing countries. Pneumosil achieved WHO Prequalification in December 2019, allowing the product to be procured by United Nations agencies and Gavi, the Vaccine Alliance, and subsequently achieved Indian Marketing Authorization in July 2020, and SII announced commercial launch of the product in India in December 2020.

***TZIELD (Sanofi)***

We acquired a royalty of less than 1% on net sales of TZIELD through our acquisition of Tolerance Therapeutics in the fourth quarter of 2023. TZIELD is the first disease-modifying therapy to be approved in type 1 diabetes ("T1D"). It is a CD3-directed antibody indicated to delay the onset of Stage 3 T1D in adults and children aged 8 years and older with Stage 2 T1D. TZIELD was granted Breakthrough Therapy Designation in 2019 and was approved by the FDA in November 2022. TZIELD is marketed by Sanofi, following its acquisition of Provention Bio, Inc., the developer of TZIELD, in 2023 for $2.9 billion. Sanofi recently announced new data from TZIELD's PROTECT Phase 3 trial which showed TZIELD's potential to slow the progression of Stage 3 T1D in newly diagnosed children and adolescents. TZIELD met the study's primary endpoint, significantly slowing the decline of C-peptide levels, compared to placebo. Under our agreement with Tolerance, we are entitled to receive royalties through December 1, 2032.

***Nexterone (Baxter)***

We have a license agreement with Baxter, related to Baxter's Nexterone, a Captisol-enabled formulation of amiodarone, which is marketed in the United States and Canada. We supply Captisol to Baxter for use in accordance with the terms of the license agreement under a separate supply agreement. Under the terms of the license agreement, we will continue to earn milestone payments, royalties, and revenue from Captisol material sales. We will earn royalties on net sales of Nexterone through early 2033.

***Veklury (Gilead)***

4R

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Wholesaler Application
### Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>■ Ownership Change*<br>■ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 01522 | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Solventum US LLC

Physical Address: 2111 McGaw Avenue

City: Irvine State: CA Zip: 92614-0908

Mailing Address (if different from physical address): 2510 Conway Avenue, ATTN. Fatoumatta Njie, Bldg. 275-5W-06

City: St. Paul State: MN Zip: 55144

Telephone: 651-733-1110 Website: NA

Name of Designated Representative (DR): Linda Michelle Kotewa

Licensing Company Email: NA DR Email: mkotewa@solventum.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ■ Others: Prescription and non-prescription drugs. | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware

Parent Company (if any): NA

Corporation Name: Solventum US LLC

Mailing Address: 2510 Conway Avenue, ATTN. Fatoumatta Njie, Bldg. 275-5W-06

City: St. Paul State: MN Zip: 55144

Telephone: 612-438-9703 Email: fnjie@solventum.com

Contact Person Name: Fatoumatta Njie

| Date of SEC Registration: 02/20/2024 | SEC Registration Number: 0001964738 | Stock Exchange Symbol: SOLV |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Solventum US LLC

Facility Name

Linda Michelle Kotewa

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/8/2024

Date

| Board Use Only | Date Received: 10/21/24 | Amount: $1000-chk #02 10.21 |
|---|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
Solventum US LLC
2111 McGaw Avenue
Irvine, CA 92614
**Status:** Active; Awaiting Assignment Of Registration Number
**Date Of Registration Status:** 2025

**Owner/Operator:**
Solventum US LLC[6]
12930 IH 10 West
San Antonio, TX US 78249
**Owner/Operator Number:** 10091183[7]

**Official Correspondent:**
Jeffery J Schorr
12930 IH 10 West
San Antonio, TX 78249
**Phone:** 210-2556721

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 10/21/2024

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Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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USA.gov

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U.S. Department of **Health & Human Services**

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solventum

2510 Conway Avenue
Bldg. 275-5W-06
St. Paul, MN 55144-1000 U.S.A.

Company Division Management

Bryan Hanson – CEO
Remote - Tallahassee, FL 32301 USA
[redacted]

Chris Barry – EVP and Group President, Medical Surgical
Remote – Denver, CO 80201 USA
[redacted]

Wayde McMillian – CFO
Remote - Hartford, CT 06101 USA
[redacted]

Karim Mansour – President, Dental Solutions
1 PARVIS DE L'INNOVATION | CS 20203 | CERGY PONTOISE CEDEX | Val-d'Oise | 95006
01W2FD00 Val-d'Oise 95006 France
[redacted]

Michael Spears – SVP, Regulatory Affairs and Quality Assurance
Remote – Columbia, SC 29201
[redacted]

Jessica Joanne Whelan - Vice President, Manufacturing | Dental Solutions
Remote – 2510 Conway Avenue, Bldg. 275-52-06, Saint Paul, MN 55144 USA
[redacted]

Jeffery John Schorr – Senior Regulatory Affairs Manager
2510 Conway Avenue, Bldg. 275-52-06, Saint Paul, MN 55144 USA
[redacted]

Linda Michelle Kotewa – Plant Director, Dental Solutions
2111 McGaw Avenue, Irvine, CA 92614 USA
[redacted]

State of Incorporation: Delaware
3M Company owns 19.9% of Solventum shares.

*3M Health Care, to include 3M Company, 3M Unitek, 3M ESPE, et al is in the process of becoming Solventum. During the transition, you may see one or more names and brands on licensure, establishment registrations, labeling, and other documentation.*

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLVENTUM CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLVENTUM CORPORATION" WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*







7253837 8300

SR# 20242415492

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203551028

Date: 05-24-24

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH
## FOOD AND DRUG BRANCH

## MEDICAL DEVICE MANUFACTURING LICENSE

Solventum US LLC
DBA: Solventum Corporation
2111 McGaw Ave
Irvine, CA 92614

**LICENSE NUMBER: 123101**
**EXPIRATION DATE: 9/17/2026**

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

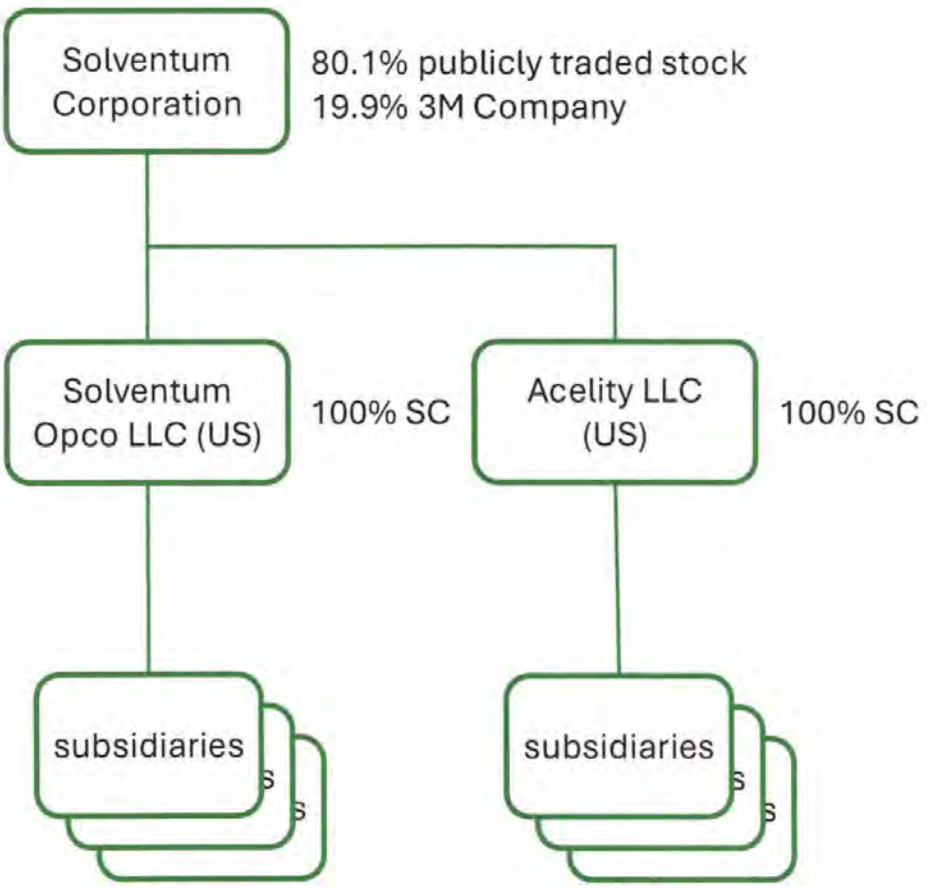


Printed: 9/18/2024

OSP 07 102308

# Solventum Corporation

Solventum Corporation (SOLV) is a publicly traded healthcare company. Its US entities are wholly owned subsidiaries. Currently, 3M Company owns a 19.9% share of the company with the remainder as publicly traded stock shares.




solventum

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## Solventum Employees - Irvine Facility

| Last Name | First Initial | [redacted] | | | [redacted] | | | [redacted] | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Acosta | J | | Chave | G | | Garcia | A | | Kim | R |
| Afamasaga | S | | Chen | T | | Garcia | L | | Kimball | N |
| Aguilera | A | | Chiriba | N | | Garcia | L | | Knott | J |
| Alfaro | C | | Chitam | N | | Garcia | V | | Kokoru | J |
| Alfaro | K | | Chung | C | | Georgi | T | | Kokoru | J |
| Alonso | E | | Ciccotti | R | | Giang | H | | Kol | K |
| Alvarado | N | | Clevela | P | | Gonzal | A | | Kopp | E |
| Alvarez | J | | Coco | S | | Gonzal | Y | | Kosek | C |
| Ambur | G | | Corder | J | | Goods | P | | Kotewa | L |
| Anderson | E | | Cortez | V | | Groom | T | | Kue | J |
| Andrade | R | | Cueva | D | | Guadar | M | | Kuo | J |
| Antunez | L | | Cueva | J | | Guadar | N | | Kuo | L |
| Arcelay | M | | Dam | L | | Guey | J | | Lam | C |
| Arrazola | J | | Dam | T | | Habte | T | | Lam | N |
| Arzate | J | | Dang | J | | Heang | H | | Lara | B |
| Avery | K | | Dao | M | | Herrer | J | | Lara | S |
| Avila Sotelo | V | | Datana | R | | Hill | N | | Larson | K |
| Avila | A | | Del | E | | Ho | B | | Larson | R |
| Awad | A | | Delacr | M | | Ho | K | | Lavoie | H |
| Azpeitia | J | | Deo | N | | Hoang | A | | Le | H |
| Balvuena | L | | Diaz | R | | Hoang | H | | Le | J |
| Bejarano | I | | Diep | H | | Hoang | Q | | Le | T |
| Bello | J | | Do | D | | Hoover | M | | Le | T |
| Bennett | R | | Do | K | | Hrdlick | R | | Le | T |
| Bennett | T | | Do | L | | Htaik | N | | Lee | C |
| Bernabe | Y | | Domin | J | | Hua | H | | Lee | H |
| Bin | M | | Dorado | H | | Huynh | J | | Leon | M |
| Boland | P | | Duong | H | | Huynh | P | | Lopez | D |
| Bonilla | L | | Duong | L | | Ibarra | H | | Love | S |
| Botello Ramirez | K | | Duong | M | | Im | P | | Lu | P |
| Brito-Villegas | E | | Duong | N | | Islas | O | | Luong | H |
| Bui | H | | Dzend | M | | Jackso | W | | Ly | T |
| Burke | M | | Echeve | E | | Jao | A | | Macias | H |
| Caluag | D | | Esteba | J | | Jasper | J | | Maldon | H |
| Camarillo | M | | Esteba | M | | Jimene | B | | Man | D |
| Canueto | S | | Fadeel | R | | Jimene | L | | Marian | C |
| Cao | D | | Fang | L | | Joyce | M | | Martine | M |
| Cao | H | | Flick | A | | Juarez | B | | Martine | O |
| Carolei | F | | Fruzyn | E | | Keller | K | | Martine | R |
| Casupanan | D | | Galind | C | | Keo | P | | Marufy | A |
| Ceja | R | | Garcia | A | | Khong | T | | Mathen | H |
| Cetto | O | | Garcia | A | | Khourn | L | | Melend | D |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Minjares | A | | Khuu | L | | Ung | V | | |
| Muniz | F | | Kien | H | | Van | G | | |
| Najera | M | | Kim | H | | Villa | J | | |
| Naranjo | A | | Men | S | | Villalba | E | | |
| Neubert | T | | Menov | J | | Vo | B | | |
| Ngo | J | | Ruiz | K | | Vo | T | | |
| Ngo | Q | | Ruiz | R | | Vu | A | | |
| Ngo | S | | Sabino | A | | Vu | G | | |
| Ngu | S | | Sajan | M | | Vu | H | | |
| Nguyen Pham | N | | Salas | B | | Vu | V | | |
| Nguyen | A | | Salaza | I | | Vuong | V | | |
| Nguyen | C | | Saleng | W | | Wanta | T | | |
| Nguyen | C | | Sanch | F | | Whisle | D | | |
| Nguyen | D | | Santos | K | | Wiebel | S | | |
| Nguyen | D | | Seeker | J | | Wilcox | R | | |
| Nguyen | D | | Serrato | L | | Wongc | U | | |
| Nguyen | D | | Sessio | T | | Worsh | M | | |
| Nguyen | F | | Sheng | K | | Yang | S | | |
| Nguyen | H | | Shojaei | A | | Yoth | T | | |
| Nguyen | H | | Silva | A | | Young | P | | |
| Nguyen | H | | Smith | J | | Yourell | A | | |
| Nguyen | H | | Snoym | S | | Zamor | C | | |
| Nguyen | H | | Solis | C | | Zoe | M | | |
| Nguyen | H | | Soria | B | | Zueck | J | | |
| Nguyen | H | | Sukha | V | | | | | |
| Nguyen | J | | Sulgavi | U | | | | | |
| Nguyen | J | | Tapia | T | | | | | |
| Nguyen | J | | Tell | S | | | | | |
| Nguyen | J | | Temple | M | | | | | |
| Nguyen | K | | Thao | S | | | | | |
| Nguyen | K | | Thy | T | | | | | |
| Nguyen | L | | Time | I | | | | | |
| Nguyen | L | | Toe | M | | | | | |
| Nguyen | L | | Toki | J | | | | | |
| Nguyen | M | | Tran | A | | | | | |
| Nguyen | M | | Tran | A | | | | | |
| Nguyen | N | | Tran | B | | | | | |
| Nguyen | N | | Tran | H | | | | | |
| Nguyen | N | | Tran | P | | | | | |
| Nguyen | S | | Tran | T | | | | | |
| Nguyen | S | | Tran | T | | | | | |
| Nguyen | S | | Tran | T | | | | | |
| Nguyen | T | | Trinh | H | | | | | |
| Nguyen | T | | Trinh | H | | | | | |
| Van | V | | Umu | D | | | | | |

As filed with the Securities and Exchange Commission on February 20, 2024.

File No. 001-

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# FORM 10

**GENERAL FORM FOR REGISTRATION OF SECURITIES**
**Pursuant to Section 12(b) or (g) of**
**the Securities Exchange Act of 1934**

# Solventum Corporation

**(Exact name of Registrant as specified in its charter)**

| | |
|---|---|
| **Delaware** | **92-2008841** |
| (State or other jurisdiction of incorporation or organization) | (I.R.S. employer identification number) |
| **3M Center, St. Paul, Minnesota** | **55144** |
| (Address of principal executive offices) | (Zip code) |

**(651) 733-1110**

(Registrant's telephone number, including area code)

**Securities to be registered pursuant to Section 12(b) of the Act:**

| Title of Each Class to be so Registered | Name of Each Exchange on which Each Class Is to be Registered |
|---|---|
| **Common stock, par value $0.01 per share** | |

**Securities to be registered pursuant to Section 12(g) of the Act: None**

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

| | | | |
|---|---|---|---|
| Large accelerated filer | ☐ | Accelerated filer | ☐ |
| Non-accelerated filer | ☒ | Smaller reporting company | ☐ |
| | | Emerging growth company | ☐ |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transaction period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**3M HEALTH CARE COMPANY**

**INFORMATION REQUIRED IN REGISTRATION STATEMENT**
**CROSS-REFERENCE SHEET BETWEEN INFORMATION STATEMENT AND ITEMS OF FORM 10**

Certain information required to be included herein is incorporated by reference to specifically identified portions of the body of the information statement filed herewith as Exhibit 99.1. None of the information contained in the information statement shall be incorporated by reference herein or deemed to be a part hereof unless such information is specifically incorporated by reference.

**Item 1.** ***Business.***

The information required by this item is contained under the sections of the information statement entitled "Information Statement Summary," "Risk Factors," "Cautionary Note Regarding Forward-Looking Statements," "The Separation and Distribution," "Management's Discussion and Analysis of Financial Condition and Results of Operations," "Business," "Certain Relationships and Related Party Transactions" and "Where You Can Find More Information." Those sections are incorporated herein by reference.

**Item 1A.** ***Risk Factors.***

The information required by this item is contained under the section of the information statement entitled "Risk Factors." That section is incorporated herein by reference.

**Item 2.** ***Financial Information.***

The information required by this item is contained under the sections of the information statement entitled "Capitalization," "Unaudited Pro Forma Condensed Combined Financial Information," "Summary Historical and Unaudited Pro Forma Financial Information," "Management's Discussion and Analysis of Financial Condition and Results of Operations," and "Index to Combined Financial Statements" and the financial statements referenced therein. Those sections are incorporated herein by reference.

**Item 3.** ***Properties.***

The information required by this item is contained under the section of the information statement entitled "Business — Properties." That section is incorporated herein by reference.

**Item 4.** ***Security Ownership of Certain Beneficial Owners and Management.***

The information required by this item is contained under the section of the information statement entitled "Security Ownership of Certain Beneficial Owners and Management." That section is incorporated herein by reference.

**Item 5.** ***Directors and Executive Officers.***

The information required by this item is contained under the sections of the information statement entitled "Management" and "Directors." Those sections are incorporated herein by reference.

**Item 6.** ***Executive Compensation.***

The information required by this item is contained under the section of the information statement entitled "Executive Compensation." That section is incorporated herein by reference.

**Item 7.** ***Certain Relationships and Related Transactions.***

The information required by this item is contained under the sections of the information statement entitled "Management," "Directors" and "Certain Relationships and Related Party Transactions." Those sections are incorporated herein by reference.

**Item 8.** ***Legal Proceedings.***

The information required by this item is contained under the section of the information statement entitled "Business—Legal Proceedings." That section is incorporated herein by reference.

**Item 9.** ***Market Price of, and Dividends on, the Registrant's Common Equity and Related Stockholder Matters.***

The information required by this item is contained under the sections of the information statement entitled "Dividend Policy," "Capitalization," "The Separation and Distribution," and "Description of SpinCo Capital Stock." Those sections are incorporated herein by reference.

**Item 10.** ***Recent Sales of Unregistered Securities.***

The information required by this item is contained under the sections of the information statement entitled "Description of Material Indebtedness" and "Description of SpinCo Capital Stock—Sale of Unregistered Securities." Those sections are incorporated herein by reference.

**Item 11.** ***Description of Registrant's Securities to be Registered.***

The information required by this item is contained under the sections of the information statement entitled "Dividend Policy," "The Separation and Distribution" and "Description of SpinCo Capital Stock." Those sections are incorporated herein by reference.

**Item 12.** ***Indemnification of Directors and Officers.***

The information required by this item is contained under the section of the information statement entitled "Description of SpinCo Capital Stock—Limitation on Liability and Indemnification of Directors and Officers." That section is incorporated herein by reference.

**Item 13.** ***Financial Statements and Supplementary Data.***

The information required by this item is contained under the section of the information statement entitled "Index to Combined Financial Statements" and the financial statements referenced therein. That section is incorporated herein by reference.

**Item 14.** ***Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.***

None.

**Item 15.** ***Financial Statements and Exhibits.***

***(a) Financial Statements and Schedule***

The information required by this item is contained under the sections of the information statement entitled "Unaudited Pro Forma Condensed Combined Financial Information" and "Index to Combined Financial Statements" and the financial statements referenced therein. Those sections are incorporated herein by reference.

*(b) Exhibits*

The following documents are filed as exhibits hereto:

| Exhibit Number | Exhibit Description |
|---|---|
| 2.1 | Form of Separation and Distribution Agreement by and between 3M Company and Registrant |
| 3.1 | Form of Amended and Restated Certificate of Incorporation of Registrant |
| 3.2 | Form of Amended and Restated Bylaws of Registrant |
| 10.1 | Form of Transition Services Agreement by and between 3M Company and Registrant |
| 10.2 | Form of Tax Matters Agreement by and between 3M Company and Registrant |
| 10.3 | Form of Employee Matters Agreement by and between 3M Company and Registrant |
| 10.4 | Form of Transition Distribution Services Agreement by and between 3M Company and Registrant+ |
| 10.5 | Form of Transition Contract Manufacturing Agreement by and between 3M Company and Registrant |
| 10.6 | Form of Research and Development Master Services Agreement by and between 3M Company and Registrant |
| 10.7 | Form of Real Estate License Agreement by and between 3M Company or one of its affiliates and Registrant or one of its affiliates |
| 10.8 | Form of Intellectual Property Cross License Agreement by and between certain members of the 3M Company group and certain members of the Registrant's group |
| 10.9 | Form of 3M Mark Use Agreement by and between certain members of the 3M Company group and certain members of the Registrant's group+ |
| 10.10 | Form of Transitional Trademark Cross License Agreement by and between certain members of the 3M Company group and certain members of the Registrant's group+ |
| 10.11 | Form of Master Supply Agreement by and between 3M Company and Registrant |
| 10.12 | Form of Stockholder's and Registration Rights Agreement by and between 3M Company and Registrant |
| 10.13 | Form of Solventum Corporation Stock Incentive Plan* |
| 21.1 | List of Subsidiaries of Registrant* |
| 99.1 | Information Statement of Registrant, preliminary and subject to completion, dated February 20, 2024 |

* To be filed by amendment.

\+ Certain confidential information contained in this document, marked by [* * *], has been omitted because it is both (i) not material and (ii) would be competitively harmful if publicly disclosed

**SIGNATURES**

Pursuant to the requirements of Section 12 of the Securities Exchange Act of 1934, the registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: February 20, 2024

SOLVENTUM CORPORATION

By: /s/ Teresa K. Crockett
Name: Teresa K. Crockett
Title: President




[ ], 2024

Dear 3M Company Shareholder:

On July 26, 2022, 3M Company ("3M") announced its plan to separate its health care business into an independent public company. The separation will occur through a pro rata distribution by 3M of at least 80.1% of the outstanding shares of common stock of a newly formed company, Solventum Corporation ("Solventum"), which will hold 3M's health care business.

The separation will result in two world-class public companies well-positioned to pursue their respective growth plans. As leading standalone companies, 3M and Solventum are each expected to benefit from (i) the ability to pursue tailored capital allocation strategies and make company-specific investment decisions to drive innovation and growth; (ii) enhanced management focus, with each public company having distinct boards and management teams with relevant expertise able to focus on strengthening its business; (iii) improved operational agility and focus, enabling each of 3M and Solventum to pursue its distinct operating priorities and strategies with increased flexibility to act based on its unique characteristics, better positioning each for long-term success; (iv) greater access to capital through the creation of distinct and compelling investment profiles appealing to different long-term investor bases; (v) independent equity currencies, enabling each company to use its own industry-focused stock to consummate future acquisitions or other transactions; and (vi) enhanced recruitment and retention, including by aligning employee, management, and board incentives with performance. We expect that 3M will remain a leading global material science innovator serving diverse end markets, with global science and technology and manufacturing capabilities, and a portfolio of iconic brands. 3M will continue to leverage its innovation to capitalize on customer opportunities aligned with key global megatrends, such as electronics, safety, mobility, digitization, home improvement, and sustainability.

Following the distribution, 3M will own up to 19.9% of the outstanding shares of Solventum common stock. Each 3M shareholder as of the close of business on [ ], 2024, the record date for the distribution, will receive [ ] shares of Solventum common stock for each share of 3M common stock held by such shareholder as of such time, with cash paid in lieu of fractional shares. Solventum common stock issued in the distribution will be issued in book-entry form only, which means that no physical share certificates will be issued.

For U.S. federal income tax purposes, the distribution is intended to be generally tax-free to 3M shareholders.

No vote of 3M shareholders is required for the distribution. You do not need to take any action to receive shares of Solventum common stock to which you are entitled as a 3M shareholder, and you do not need to pay any consideration or surrender or exchange your 3M common stock or take any other action to receive your shares of Solventum common stock.

Solventum intends to apply to have its common stock authorized for listing on the [ ] under the symbol "[ ]." Following the distribution, 3M common stock will continue to trade on the New York Stock Exchange under the symbol "MMM."

We encourage you to read the attached information statement, which is being made available to all 3M shareholders as of the record date for the distribution. The information statement describes the distribution in detail and contains important business and financial information about Solventum, including its historical financial statements.

We believe the separation provides tremendous opportunities for our businesses, as we work to continue to build long-term value. We appreciate your continuing support of 3M and look forward to your future support of 3M and Solventum.

Sincerely,

Michael F. Roman
Chairman and Chief Executive Officer
3M Company

Dear Future Solventum Shareholder:

I am excited to welcome you as a shareholder of Solventum when we become an independent company after completion of the planned spin-off from 3M. Solventum is a leading global healthcare company with a broad and diverse portfolio across four operating segments. Our solutions are relied on every day within the global healthcare industry, and we believe they contribute to higher-quality patient care, more efficient processes and workflows, and improved standards of safety and accuracy. Our 70+ year history of discovering and innovating advanced solutions helps us solve our customers' toughest challenges.

Our team is guided by our mission to deliver better, smarter, safer healthcare to improve lives. We are proud of the strengths and long heritage of innovation our team brings to Solventum from its history with 3M and plan to build on those strengths.

We believe Solventum is a proven global leader in large, diverse and growing markets with a wide portfolio of strong, reputable brands and long-standing customer relationships. We believe that our technology platforms and innovation expertise, our leading digital and data science capabilities and business models, supported by our global scale and reach and strong manufacturing expertise, will position us for continued growth and value creation. With our cash flow generation capability and attractive margins, we believe we will be able to reduce leverage, reinvest in our business, accelerate growth through M&A over time, and return capital to shareholders.

As we become an independent company, we will be better suited to recruit experienced talent from healthcare, operate with increased agility as a smaller, more nimble organization, enhance our focus within our portfolios, and allocate our capital and resources to drive our growth strategies.

We plan to list our common stock on [ ] under the symbol "[ ]." I encourage you to learn more about Solventum by reading the attached information statement.

I am personally looking forward to this unique opportunity to introduce a leading healthcare company to you, and to earn your support and trust as a shareholder as we continue to work to deliver better, smarter, safer healthcare to improve lives and move healthcare forward.

Sincerely,

Bryan Hanson

Information contained herein is subject to completion or amendment. A Registration Statement on Form 10 relating to these securities has been filed with the U.S. Securities and Exchange Commission under the U.S. Securities Exchange Act of 1934, as amended.

**Preliminary and Subject to Completion, Dated February 20, 2024**

**INFORMATION STATEMENT**

# Solventum Corporation

This information statement is being furnished in connection with the distribution by 3M Company ("3M") to its shareholders of at least 80.1% of the outstanding shares of common stock of Solventum Corporation ("Solventum"), a wholly owned subsidiary of 3M that will hold 3M's health care business. 3M will distribute at least 80.1% of the shares of Solventum common stock on a pro rata basis to 3M shareholders in a distribution that is intended to qualify as generally tax-free to 3M shareholders for U.S. federal income tax purposes. Following the distribution, Solventum will be a separate publicly traded company, and 3M will initially own up to 19.9% of the outstanding shares of Solventum common stock.

For each share of 3M common stock held of record by you as of the close of business on [ ], 2024, which is the record date for the distribution, you will receive [ ] shares of Solventum common stock. You will receive cash in lieu of any fractional shares of Solventum common stock that you would have received after application of the above ratio. As discussed under "The Separation and Distribution—Trading Between the Record Date and Distribution Date," if you sell your shares of 3M common stock in the "regular-way" market after the record date and before the distribution date, you also will be selling your right to receive shares of Solventum common stock in connection with the distribution. We expect the shares of Solventum common stock to be distributed by 3M to you at 12:01 a.m., Eastern Time, on [ ]. We refer to the date of the distribution of the Solventum common stock as the "distribution date."

Until the separation and distribution occur, Solventum will be a wholly owned subsidiary of 3M, and consequently, 3M will have the sole and absolute discretion to determine and change the terms of the separation (or to terminate the separation).

No vote of 3M shareholders is required for the distribution. Therefore, you are not being asked for a proxy, and you are requested not to send 3M a proxy, in connection with the distribution. You do not need to pay any consideration, exchange or surrender your existing shares of 3M common stock or take any other action to receive your shares of Solventum common stock.

There is no current trading market for Solventum common stock, although we expect that a limited market, commonly known as a "when-issued" trading market, will develop on or shortly before [ ], and we expect "regular-way" trading of Solventum common stock to begin on the first trading day following the completion of the distribution. Solventum intends to apply to have its common stock listed on [ ] under the symbol "[ ]." Following the distribution, 3M common stock will continue to trade on the New York Stock Exchange ("NYSE") under the symbol "MMM."

**In reviewing this information statement, you should carefully consider the matters described under the section entitled "Risk Factors" beginning on page 39.**

**Neither the U.S. Securities and Exchange Commission nor any state securities commission has approved or disapproved these securities or determined if this information statement is truthful or complete. Any representation to the contrary is a criminal offense.**

This information statement does not constitute an offer to sell or the solicitation of an offer to buy any securities.

**The date of this information statement is [ ].**

This information statement will be made publicly available on or about [ ]. Notice of this information statement's availability will be first sent to 3M shareholders on or about [ ].

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**Non-GAAP Financial Data**

Except for the 3M financial information presented in the section entitled "Executive Compensation" and Appendix A to Executive Compensation, all financial information presented in this information statement is derived from the historical combined financial statements included elsewhere in this information statement. All financial information presented in this information statement has been prepared in U.S. Dollars in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP"), except for the presentation of the following non-GAAP financial measures: Adjusted Operating Income, Adjusted Operating Income Margin, Free Cash Flow; and the following non-GAAP financial measures in the section entitled "Executive Compensation" (collectively, the "Executive Compensation Related Non-GAAP Metrics"): adjusted earnings per share, adjusted free cash flow, return on invested capital and operating cash flow conversion.

We present Adjusted Operating Income, Adjusted Operating Income Margin, and Free Cash Flow in this information statement because we believe such measures provide investors with additional information to measure our performance and liquidity. Please refer to "Management's Discussion and Analysis of Financial Condition and Results of Operations—Non-GAAP Financial Measures" for an explanation on why we use these non-GAAP financial measures, their definitions, and their limitations.

We present the Executive Compensation Related Non-GAAP Metrics in this information statement because we believe such measures provide investors with additional information on the metrics 3M has used to determine the compensation of 3M's named executive officers (who functioned as named executive officers of the Solventum



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business since the Health Care Business was conducted as part of the broader 3M Business in 2022). Please refer to Appendix A to Executive Compensation for a reconciliation of these non-GAAP financial measures with the most directly comparable GAAP financial measures.

**Presentation of Information**

Unless the context otherwise requires:

- Except as otherwise indicated or unless the context otherwise requires, the information included in this information statement about Solventum assumes the completion of all of the transactions referred to in this information statement in connection with the separation and distribution.
- References in this information statement to "Solventum," "we," "us," "our," "our company" and "the Company" refer to Solventum Corporation, a Delaware corporation, and its subsidiaries.
- References in this information statement to "3M" refer to 3M Company, a Delaware corporation, and its consolidated subsidiaries, including the Health Care Business prior to completion of the separation, unless the context otherwise requires or unless otherwise specified.
- References in this information statement to the "Health Care Business" refer to the health care business of 3M as defined in the historical combined financial statements included in this information statement.
- References in this information statement to the "3M Business" refer to 3M's businesses other than the Health Care Business.
- References in this information statement to the "separation" refer to the separation of the Health Care Business from 3M's other businesses and the creation, as a result of the distribution, of an independent, publicly traded company, Solventum, to hold the assets and liabilities associated with the Health Care Business after the distribution.
- References in this information statement to the "distribution" refer to the distribution by 3M of at least 80.1% of Solventum's issued and outstanding shares of common stock to 3M shareholders as of the close of business on [ ], 2024, which is the record date for the distribution.
- References in this information statement to Solventum's per share data assume a distribution ratio of [ ] shares of Solventum common stock for each share of 3M common stock.
- References in this information statement to Solventum's historical assets, liabilities, products, businesses or activities generally refer to the historical assets, liabilities, products, businesses or activities of the Health Care Business as conducted by 3M prior to the completion of the separation.
- References in this information statement to the "separation and distribution agreement" refer to the separation and distribution agreement to be entered into between Solventum and 3M, that will, among other things, contain the key provisions relating to the separation of the Health Care Business from the remaining businesses of 3M and the distribution of at least 80.1% of the outstanding shares of Solventum's common stock to holders of 3M common stock entitled to such distribution.
- References in this information statement to "PFAS" refer to any per- or poly-fluoroalkyl substance that contains at least one fully fluorinated methyl or methylene carbon atom (without any hydrogen, chlorine, bromine, or iodine atom attached to it).

**Trademarks, Trade Names and Service Marks**

The trademarks, trade names and service marks of Solventum appearing in this information statement are, as applicable, our property, licensed to us or, prior to the completion of the distribution, the property of 3M. The name and mark, 3M, and other trademarks, trade names and service marks of 3M appearing in this information statement are the property of 3M. Solely for convenience, trademarks, trade names and service marks referred to in this



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information statement may appear without the "®", "™" or "℠" symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent possible under applicable law, our rights or the rights of the applicable licensor to these trademarks, trade names and service marks. This information statement also contains additional trademarks, trade names and service marks belonging to other parties. We do not intend our use or display of these other parties' trademarks, trade names or service marks to imply, and such use or display should not be construed to imply, a relationship with, or endorsement or sponsorship of us by, such other parties.

**Industry Information**

Unless indicated otherwise, the information concerning the industries in which Solventum participates contained in this information statement is based on Solventum's general knowledge of and expectations concerning the industry. Solventum's competitive position and industry size are based on estimates using Solventum's internal data and estimates, data from various industry analyses, our internal research and adjustments and assumptions that we believe to be reasonable. Further, Solventum's estimates and assumptions involve risks and uncertainties and are subject to change based on various factors, including those discussed in the "Risk Factors" section. These and other factors could cause results to differ materially from those expressed in the estimates and assumptions.

## QUESTIONS AND ANSWERS ABOUT THE SEPARATION AND DISTRIBUTION

**What is Solventum and why is 3M separating the Health Care Business and distributing Solventum common stock?**

Solventum, which is currently a wholly owned subsidiary of 3M, was formed to hold the Health Care Business. 3M intends to separate Solventum from the rest of 3M by distributing at least 80.1% of the outstanding Solventum common stock to 3M shareholders on a pro rata basis as of the record date for the distribution. The separation of Solventum from 3M is intended, among other things, to enable each company to pursue tailored capital allocation strategies and make company-specific investment decisions to drive innovation and growth, enhance management focus, and improve operational agility. 3M expects that the separation will result in enhanced long-term performance of the businesses held by both 3M and Solventum for the reasons discussed in the section entitled "The Separation and Distribution—Reasons for the Separation."

**Why am I receiving this document?**

3M is delivering this document to you because you are a holder of shares of 3M common stock. If you are a holder of shares of 3M common stock as of the close of business on [ ], 2024, the record date of the distribution, you will be entitled to receive [ ] shares of Solventum common stock for every share of 3M common stock that you hold at such time. This document will help you understand how the separation and distribution will affect your post-separation ownership in 3M and Solventum.

**How will the separation of the Health Care Business from the 3M Business work?**

As part of the separation, and prior to the completion of the distribution, 3M and its subsidiaries expect to complete an internal reorganization (which this information statement refers to as the "internal reorganization") in order to transfer the Health Care Business to Solventum. To accomplish the separation, 3M will distribute at least 80.1% of the outstanding shares of Solventum common stock to 3M shareholders as of the record date on a pro rata basis, in a distribution intended to be generally tax-free to 3M shareholders for U.S. federal income tax purposes. The number of shares of 3M common stock you own will not change as a result of the separation.

**Why is the separation of Solventum structured as a distribution?**

3M believes that a distribution of shares of Solventum common stock to 3M shareholders, which is intended to be generally tax-free to 3M shareholders for U.S. federal income tax purposes, is an efficient way to separate the Health Care Business in a manner that will enhance the ability of each of 3M and Solventum to execute its long-term business strategies.

**What is the record date for the distribution?**

The record date for the distribution will be the close of business on [ ], 2024.

**When will the distribution occur?**

The distribution is subject to a number of conditions but, subject to the satisfaction or waiver of such conditions, it is expected that the distribution will occur at 12:01 a.m., Eastern Time, on [ ], to holders of record of shares of 3M common stock at the close of business on [ ], 2024, the record date for the distribution.



0593

| | |
|---|---|
| What do shareholders need to do to participate in the distribution? | Shareholders of 3M as of the record date for the distribution are not required to take any action to receive Solventum common stock in the distribution, but you are urged to read this entire information statement carefully. No 3M shareholder approval is required for the distribution, and you are not being asked for a proxy. You do not need to pay any consideration, exchange or surrender your existing shares of 3M common stock, or take any other action to receive your shares of Solventum common stock. Please do not send in your 3M stock certificates. The distribution will not affect the number of outstanding shares of 3M common stock or any rights of 3M shareholders, although it will affect the market value of each outstanding share of 3M common stock. |
| How will shares of Solventum common stock be issued? | You will receive shares of Solventum common stock through the same channels that you currently use to hold or trade shares of 3M common stock, whether through a brokerage account, 401(k) plan or other channels. Receipt of Solventum shares will be documented for you in the same manner that you typically receive shareholder updates, such as monthly broker statements or 401(k) statements.<br><br>If you own shares of 3M common stock as of the close of business on the record date for the distribution, including shares owned in certificate form, 3M, with the assistance of [ ], the distribution agent for the distribution (the "distribution agent" or "[ ]"), will electronically distribute shares of Solventum common stock to you or to your brokerage firm on your behalf in [book-entry form]. [ ] will mail you a [book-entry] account statement that reflects your shares of Solventum common stock or your bank or brokerage firm will credit your account for the shares. |
| How many shares of Solventum common stock will I receive in the distribution? | You are entitled to receive [ ] shares of Solventum common stock for every share of 3M common stock held by you as of close of business on the record date for the distribution. Based on approximately [ ] shares of 3M common stock outstanding as of [ ], 2024, a total of approximately [ ] shares of Solventum common stock will be distributed to 3M's shareholders and approximately [ ] shares of Solventum common stock will continue to be owned by 3M. For additional information on the distribution, see "The Separation and Distribution." |
| Will fractional shares of Solventum common stock be distributed in the distribution? | No fractional shares will be distributed in the distribution. Fractional shares that 3M shareholders would otherwise have been entitled to receive will be aggregated and sold in the public market by the distribution agent. The net cash proceeds of these sales will be distributed pro rata (based on the fractional share such holder would otherwise be entitled to receive) to those stockholders who would otherwise have been entitled to receive fractional shares. Recipients of cash in lieu of fractional shares will not be entitled to any interest on the amounts paid in lieu of fractional shares. |

What are the conditions to the distribution?

The distribution is subject to the satisfaction (or waiver by 3M in its sole and absolute discretion) of the following conditions:

- the U.S. Securities and Exchange Commission (the "SEC") declaring effective the registration statement of which this information statement forms a part, there being no order suspending the effectiveness of the registration statement in effect, and there being no proceedings for such purposes having been instituted or threatened by the SEC;
- this information statement having been made available to the holders of record of shares of 3M common stock at the close of business on [ ], 2024, the record date for the distribution;
- (1) the private letter ruling received by 3M from the U.S. Internal Revenue Service (the "IRS") regarding certain U.S. federal income tax matters relating to the separation and the distribution, including the qualification of the distribution, together with certain related transactions, as a transaction that is generally tax-free for U.S. federal income tax purposes pursuant to Sections 355 and 368(a)(1)(D) of the Internal Revenue Code of 1986, as amended (the "Code," such qualification, "U.S. Tax-Free Status" and, such ruling, the "IRS Ruling") continuing to be valid and satisfactory to the 3M Board of Directors in its sole and absolute discretion, and (2) the receipt by 3M and continuing validity of one or more opinions of 3M's tax advisors, in each case satisfactory to the 3M Board of Directors in its sole and absolute discretion, regarding the qualification of the distribution, together with certain related transactions, as a transaction that is generally tax-free for U.S. federal income tax purposes pursuant to Sections 355 and 368(a)(1)(D) of the Code (each, a "Tax Opinion" and, collectively, the "Tax Opinion(s)");
- the internal reorganization and the transfer of assets and liabilities from 3M to Solventum having been completed in accordance with the separation and distribution agreement;
- the receipt of one or more opinions from an independent appraisal firm to the 3M Board of Directors as to the solvency of 3M and Solventum after the completion of the distribution, in each case, in a form and substance acceptable to the 3M Board of Directors in its sole and absolute discretion;

N/A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 190056038

Application/License No. _____

Solventum Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2111 McGaw Avenue, Irvine, CA 92614 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 24, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of May, 2024.

APPLICANT/PRINCIPAL
**Solventum Corporation**

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
**Liberty Mutual Insurance Company**

Surety Company's Representative

**Cynthia L. Choren**, Attorney-in-fact
print name
**NV Non-Resident License No. 221080**

SIGNED and SEALED in the presence of:

Witness **Brittany D. Stuckel**

Witness **JoAnn R. Frank**

Countersigned by:

**N/A**
Nevada Resident Agent

Posted February 20, 2020

Liberty Mutual. SURETY

**This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.**

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

# POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Cynthia L. Choren

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**IN WITNESS WHEREOF,** I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS:** Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**ARTICLE XIII - Execution of Contracts:** Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed the seals of said Companies this 24th day of May, 2024.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Marsh

Cynthia L. Choren
Vice President

Marsh USA LLC
800 Market Street, Suite 1800
St. Louis, MO 63101
314-342-2661
Cynthia.L.Choren@marsh.com
www.marsh.com

May 24, 2024

Ashley Cicero
Solventum
3M Center, Building 275, 2510 Conway Ave.
St. Paul, MN 55144

Subject: New Bond

Principal: Solventum Corporation
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler
Bond Amount: $25,000.00
Bond Number: 190056038
Surety Name: Liberty Mutual Insurance Company
Bond Effective Date: May 24, 2024

Dear Ashley:

Enclosed is the above-referenced bond in response to your request dated 05/23/2024. The bond is based on the information we received with the request. Please recheck the bond for accuracy, and have it signed, witnessed by two (2) individuals, sealed, and forwarded to the Nevada State Board of Pharmacy for acceptance and filing.

In the event you do not accept and file the bond with the obligee, please return this original document to Marsh so we can notify the surety company that the bond was not accepted and filed; otherwise, the surety company will process a premium billing for the bond.

You will be receiving our invoice for this transaction in the amount of $100.00. Marsh will receive 0.00% of this amount from the surety company. Unless otherwise notified, Marsh will receive the established commission on all subsequent billings for as long as the bond remains in force. Your signature on the bond and payment of our invoice constitutes your agreement to our compensation by the surety for this bond.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Cindy

Cynthia L. Choren
Vice President

Enclosure

# 4S

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ■ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: ALK-Abello, Inc

Physical Address: 10 Farmington Valley Drive- Suite 106

City: Plainville State: CT Zip: 06062

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: www.alk.net

Name of Designated Representative (DR): William Ryan Jr.

Licensing Company Email: ashley.jourdan@alk.net DR Email: bill.ryan@alk.net

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ■ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Allerquest, LLC
Address: 10 Farmington Valley Drive- Suite 106 City: Plainville State: CT Zip: 06062
Name: Greer
Address: 639 Nuway Cir NE City: Lenoir State: NC Zip: 28645
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): ALK-Abello A/S
Corporation/Organization Name: ALK-Abello A/S
Mailing Address: Boge Alle 6-8 DK 2970 Horsholm Denmark
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

ALK-Abello, Inc

Facility Name

Ashley Jourdan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/7/2024

Date

| Board Use Only | Date Received: 8/12/24 | Amount: $1000 CK 108527 |
|---|---|---|

An official website of the United States government Here's how you know

FDA



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# Drug Establishments Current Registration Site

New Search

**Search Results for** *ALK-ABELLO, INC*

Showing 1 to 2 of 2 entries

Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| ALK-ABELLO, INC. | 3006900385 | 119232252 | ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK | 10 Farmington Valley Drive, Plainville, Connecticut (CT) 06062, United States (USA) | 12/31/2024 |
| [redacted] | | | | | |

Previous 1 Next

Data Current Through:Friday, Apr 19, 2024

New Search

Verified 6/19/24 MS

## ALK-ABELLO, INC: OWNERSHIP & CORPORATION INFORMATION

| Officers | Business Address | SSN | DOB | Title |
|---|---|---|---|---|
| Hans Lindeberg | 135 Route 202/206 Suite 3 Bedminster, NJ 07928 | [redacted] | | President |
| Eric Price | 1700 Royston Ln Round Rock, TX 78664 | | | Director of Finance/Secretary |
| Andrew Ameye | 2 Channel Drive Port Washington, NY 11050 | | | Vice President of Product Supply |

**Corporate Name:** ALK-Abello, Inc
**State of Incorporation:** Delaware
**EIN**: 36-3285439
**Parent Company:** ALK-Abello A/S (100% Ownership)

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALK-ABELLO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCH, A.D. 2024.*







2027980 8300

SR# 20240930256

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203071707

Date: 03-20-24

# Secretary of the State of Connecticut
# Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, June 03, 2024 11:28 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify that the below corporation incorporated under the laws of United States / DE and transacting business in the state of Connecticut filed an application for certificate of authority to transact business in this office.

A certificate of withdrawal has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is authorized to transact business in Connecticut.

**Business Details**

| | |
|---|---|
| Business Name in State of Formation | ALK-ABELLO, INC. |
| Name used to transact Business in Connecticut | ALK-ABELLO, INC. |
| Business ALEI | US-CT.BER:0154353 |
| Registration Date | 03/22/1984 |

Secretary of the State

Business ALEI: US-CT.BER:0154353 Certificate Number: C-00132771

Note: To verify this certificate, visit Business.ct.gov

State of Connecticut

# Lookup Detail View

**Name and Address**

| Name | Mailing Address | License Address |
|---|---|---|
| ALK-ABELLO INC | ALK-ABELLO INC<br>2 CHANNEL DR<br>PORT WASHINGTON, NY 11050-2239 | 2 CHANNEL DR<br>PORT WASHINGTON, NY 11050-2239 |

**Credential Information**

| Credential | License Type | Effective Date | Expiration Date | Status |
|---|---|---|---|---|
| CSW.0002212 | WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES | 07/01/2024 | 06/30/2025 | ACTIVE |

Generated on: 2/7/2025 12:44:32 PM

# STATE OF CONNECTICUT
# DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

**ALK-ABELLO INC**
**10 FARMINGTON VALLEY DR STE 106**
**PLAINVILLE, CT 06062-1182**

Email on file to be used for receiving all notices from this office:

**Ashley.Jourdan@alk.net**

1025054

## STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**ALK-ABELLO INC**
**10 FARMINGTON VALLEY DR STE 106**
**PLAINVILLE, CT 06062-1182**

has satisfied the qualifications required by law and is hereby issued a

## MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

**Controlled Substances: No** **Rx Legend Drugs: Yes** **Non Rx Legend Drugs: No** **Medical Devices: No** **Cosmetics: No**

**Medical Gases and Oxygen: No** **Durable Medical Equipment (DME): No** **Number of Chemists: 2**

**Registration #: CSM.0002562**
**Effective Date: 07/01/2024**
**Expiration Date: 06/30/2025**

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

# State of Connecticut
# Department of Consumer Protection
# Drug Control Division
# 450 Columbus Blvd
# Hartford, CT 06103

7/17/2024

ALK-ABELLO INC
10 FARMINGTON VALLEY DR STE 106
PLAINVILLE, CT 06062-1182

## VERIFICATION OF LICENSURE

**Name & Address of Record:**

**ALK-ABELLO INC**
2 CHANNEL DR
PORT WASHINGTON NY 11050-2239

---

## LICENSE HISTORY

**License Type:** MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

**License Number:** CSM.0002562

**Dates Active:** From: 04/18/2024 To: 06/30/2025

**License expires on:** 06/30/2025

## DISCIPLINARY ACTIONS

No record of disciplinary actions. License is in good standing.

CERTIFIED BY:

Christopher P. Weimer, Drug Control Agent

Digitally signed by Christopher P. Weimer
Drug Control Agent
Date: 2024.07.17 08:12:54 -04'00'

Drug Control Division

IAT INSURANCE GROUP Surety

# BOND RIDER

To be attached to, and form a part of Bond No. 0781335 dated the 11th day of December, 20 24, with Alk-Abello, Inc. as Principal, and Harco National Insurance Company as Surety, in favor of Nevada Board of Pharmacy, as Obligee.

It is understood and agreed that the bond is changed or revised as follows:

10 Farmington Valley Drive, Suite 106 Plainville, CT 06062 is covered as an additional location.

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of 12/11/2024.

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 11th day of December 20 24.

Principal: Alk-Abello, Inc.

By: _____

Harco National Insurance Company
(Surety)

By _____
Laurie Pflug, Attorney-In-Fact

Obligee Acknowledgment:
By: _____
Name: _____
Title: _____
Date: _____

# POWER OF ATTORNEY

Bond # 0781335

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605**

**KNOW ALL MEN BY THESE PRESENTS**: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

LAURIE PFLUG, CRAIG OLMSTEAD, JESSICA HOFF, MICHELLE HALTER, HEATHER R. GOEDTEL, BLAKE S. BOHLIG, KELLY NICOLE ENGHAUSER, NICOLE LANGER

Bloomington, MN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY My Comm. Exp. 04-04-2023 No. 50079910

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 12/11/2024

A00642 Willis of Minnesota, Inc.

Irene Martins, Assistant Secretary

4965 Preston Park Blvd.
Suite 200 East
Plano, TX 75093
Toll Free: (800) 823-3039

# LICENSE AND/OR PERMIT BOND

Bond No: 0781335

**KNOW ALL MEN BY THESE PRESENTS:**

That ALK-Abello, Inc. 2 Channel Drive, Port Washington, NY 11050 as Principal, and

Harco National Insurance Company as Surety, are held and firmly bound

unto Nevada Board of Pharmacy as Obligee, in the full and just sum

of Twenty Five Thousand & 00/100 Dollars ($ 25,000.00),

lawful money of the United States, to the payment of which sum, well and truly to be made, the Principal and Surety bind themselves and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS,** the above bounden Principal has obtained or is about to obtain from the said Obligee a Wholesale Distributor License or Permit,

the term of which is as indicated opposite the block checked below:

☐ Beginning _____ and ending _____

☒ Continuous beginning October 6, 2020

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such licensee or permittee shall indemnify said Obligee against all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit issued to the Principal, which said breach or non-compliance shall occur during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that if this bond is for a fixed term it may be continued by Certificate executed by the Surety hereof; and

PROVIDED FURTHER, That regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond; and

PROVIDED FURTHER, that if this is a continuous bond as the Surety shall so elect, this bond may be canceled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated October 6, 2020

Hannah Moulton
(Witness)

ALK-Abello, Inc.
(Principal) (Seal)

By Michael S Moulton Secretary
(Title)

Harco National Insurance Company
(Surety)

By _____
Laurie Pflug, Attorney-In-Fact

# POWER OF ATTORNEY

Bond # 2781335

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605**

**KNOW ALL MEN BY THESE PRESENTS**: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

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Bloomington, MN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 NEW JERSEY My Comm. Exp. Apr 4, 2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. October 6, 2020

Irene Martins, Assistant Secretary

A00642 Willis of Minnesota, Inc.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ALK-Abello, Inc

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 10 Farmington Valley Drive- Suite 106

City Plainville State CT Zip 06062

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email ashley.jourdan@alk.net

### Section 2: Personal Information

First William Middle Edward Last Ryan Jr.

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 10 Farmington Valley Drive- Suite 106

City Plainville State CT Zip 06062

Telephon [redacted] Emai [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Rhode Island | | 1976-1979 | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| BS Physics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Toll Gate High School | | | |
| Address | City | State | Zip |
| 575 Centerville Rd | Warwick | RI | 02856 |
| Diploma/Degree obtained, if any | | | |
| High School | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/1986 - Present | [redacted] | Monroe | CT | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | |
|---|---|---|---|
| Business Name<br>See Resume Attached. | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties<br>Resume | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8/7/2024
Date

I, William Edward Ryan Jr, **certify that as the designated representative for**

ALK-Abello, Inc,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William Ryan Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/7/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

William Ryan Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/7/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New York, ss. County of Nassau

I, William Ryan Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/7/2024

**Date**

Subscribed and Sworn to before me this 7th day of August.

**Notary Public Signature**

ASHLEY B. JOURDAN
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01J06347016
QUALIFIED IN NASSAU COUNTY
MY COMMISSION EXPIRES 08/29/2028

**(Seal)**

**WILLIAM RYAN JR.**

[redacted]

**ALK-ABELLO INC,** Plainville, CT – **Plant Manager** **2024 - PRESENT**

Oversee and direct plant activities to meet business objectives. Ensure the departmental strategy and performance is in alignment with ALK goals and expectations. Oversee employees, production, and facilities to make sure the plant is running safely and efficiently while complying with FDA regulatory requirements. Responsible for coordinating and facilitating employees in the performance of assigned duties. Lead, build, and mentor employees to help reach goals. Maintain a positive work atmosphere by behaving and communicating in a respectful manner. Train and evaluate supporting staff as necessary. Specific duties can include but not be limited to:

- Manage daily operations of the Plainville plant.
- Ensure safety and efficiency of the Plainville plant.
- Provide leadership to staff by communicating job expectations, mentoring and providing developmental guidance.
- Ensure SOPs are maintained and are followed.
- Proactive involvement in maintaining and improving safety, operational systems and work activities.
- Adhering to work or production schedules.
- Keep employees informed of policies, procedures, and operational changes.
- Directly interface with clients and regulatory authorities during routine and unannounced inspections.
- Actively involved in avoiding/minimizing, troubleshooting, and resolving facility, production, and operational problems.
- Initiate continuous process improvements by observing and analyzing metrics.
- Coordination and purchasing of consumables, supplies, and equipment.
- Review and approve protocols, investigations, and batch records.

**ALLERQUEST LLC**, Plainville, CT – **Head of Operations** **2011 - 2023**

AllerQuest's mission is to produce and develop skin test reagents to safely and accurately identify patients who are at risk for potentially life-threatening reactions to penicillin antibiotics. – General operations, manufacturing and facilities (GMP), personnel planning, and general management.

**WERJR ASSOCIATES LLC,** Monroe CT - **Principal** **2011 – 2023**

Established in 2011 to assist companies in closing gaps related to engineering and business process, engineering management, program and project management as well as development and implementation of quality management systems.

- Support for ISO9000, AS9100 and ISO13485

**PITNEY BOWES INC**, Shelton, CT **1986 – 2024**

An American technology company known for its postage meters and other mailing equipment and services, and with expansions into e-commerce, software, and other technologies.

- Program Management Office – Innovation eCommerce and SendTech Development Groups
- Engineering Manager: Systems Engineering and Test, Print Technology and Chemistry - Shelton CT
- Program Manager - Harlow, England

**GENERAL DYNAMICS ELECTRIC BOAT**, Groton, CT **1979 – 1986**

Designer and builder of nuclear submarines for the United States Navy. (DOD, DOE Security Clearances)

- Site Project Lead, contracted by Knolls Atomic Power Laboratory (KAPL) - West Milton, NY
- Senior Engineer - Nuclear Engineering Analysis - Acoustics - Groton, CT

**EDUCATION**

- University of Rhode Island, North Kingston, RI - BS, Physics,
- University of Connecticut, Storrs, CT - Graduate, non-degree work in Physics, Optics, Psychology and Neuroscience,
- Penn State University, State College, PA - Graduate, non-degree work in Acoustics.

**PATENTS**

Six US Patents Awarded: 7,071,437; 6,905,661; 6,740,836; 6,696,656; 6,435,353; 6,347,710

**MEMBERSHIPS**

- Member - Parenteral Drug Association (PDA)
- Member Industrial Advisory Council for Mechanical Engineering, Fairfield University

| Employee | Business Title | Location |
|---|---|---|
| Ana Maria O'Keefe | Supervisor, Production | Plainville |
| Bhavna Patel | Sr. Supervisor, Quality Control | Plainville |
| Bill Ryan | Plant Manager, Plainville Operations | Plainville |
| Carol DeLandra | Manager, Quality Assurance | Plainville |
| Christian Johnson | Operations Technician | Plainville |
| John Wuillermin | Quality Control Chemist | Plainville |
| Kelly Ullmann | Quality Control Specialist | Plainville |
| Kristen Masse | Production Technician | Plainville |
| Lisa Johnson | Quality Control Microbiologist | Plainville |
| Mbiya Kapiamba | Project Engineer | Plainville |
| Safaa Dahibi | Production Technician | Plainville |
| Tejashree Samant | Quality Assurance Specialist | Plainville |
| William Foley | Supervisor, Operations | Plainville |

4T

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☐ New Wholesaler | Immediate parent is not changing - See attached letter | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) |
| ■ Ownership Change* | * If making a change, provide current license number: WH 03522 | ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) |
| ☐ Location Change* (in-state only) | | ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Catalent Greenville, Inc.

Physical Address: 1240 Sugg Parkway

City: Greenville State: NC Zip: 27834

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 252-752-3800 Website: www.catalent.com

Name of Designated Representative (DR): Michael Rogerson

Licensing Company Email: GMB-CatalentGreenvilleInc@catalent.com DR Email: GMB-CatalentGreenvilleInc@catalent.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ■ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ■ Others: Legend Drugs | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Manufacturers, Distributors, Repackagers, Clinics and Pharmaceutical Companies | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration See Attachment A<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. Enclosed | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment B | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment B | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment C | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ DR is not changing. | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** See Attachment D | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A | | ✓ | ✓ | ✓ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Curia (Euticals Inc.)
Address: 2460 W Bennett Street City: Springfield State: MO Zip: 65807
Name: Cambrex Profarmaco Milano S.R.L.
Address: Via Curiel City: 34, Paullo State: Italy Zip: 20067
Name: Johnson Matthey Materials-USA
Address: 2003 Nolte Drive City: West Deptford State: NJ Zip: 08066
Name: Noramco LLC
Address: 500 Swedes Landing Road City: Wilmington State: DE Zip: 19801

**Section 4: Publicly Traded Corporation** N/A

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): Catalent Pharma Solutions, Inc.
Corporation/Organization Name: Catalent Greenville, Inc.
Mailing Address: 1240 Sugg Parkway
City: Greenville State: NC Zip: 27834
Telephone: 252-752-3800 Email: GMB-CatalentGreenvilleInc@catalent.com
Contact Person Name: Michael Rogerson

**Section 6: Partnership** N/A

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner** N/A

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

An official website of the United States government Here's how you know

FDA

Search FDA.gov

Home ▶ Drug Databases ▶ DECRS ▶ Search Result

Share Tweet LinkedIn Email Print

# Drug Establishments Current Registration Site

New Search

**Search Results for** *catalent*

Showing 1 to 2 of 2 entries (filtered from 27 total entries) Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| CATALENT GREENVILLE, INC. | 3000209735 | 118814439 | MANUFACTURE | 5440 MARTIN LUTHER KING JR BLVD, Greenville, North Carolina (NC) 27834, United States (USA) | 12/31/2025 |
| Catalent Greenville, Inc. | 3000209735 | 118812386 | ANALYSIS; LABEL; MANUFACTURE; PACK | 1240 Sugg Parkway, Greenville, North Carolina (NC) 27834, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Tuesday, Feb 04, 2025

New Search

0631

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Catalent Greenville, Inc.

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

Joseph Ferraro

Original signature of Authorized Person (copies or stamps not accepted)

11/04/2024

Date

| Board Use Only | Date Received: 11/6/24 | Amount: $1000.00 |
|---|---|---|

Catalent

**Attachment B**

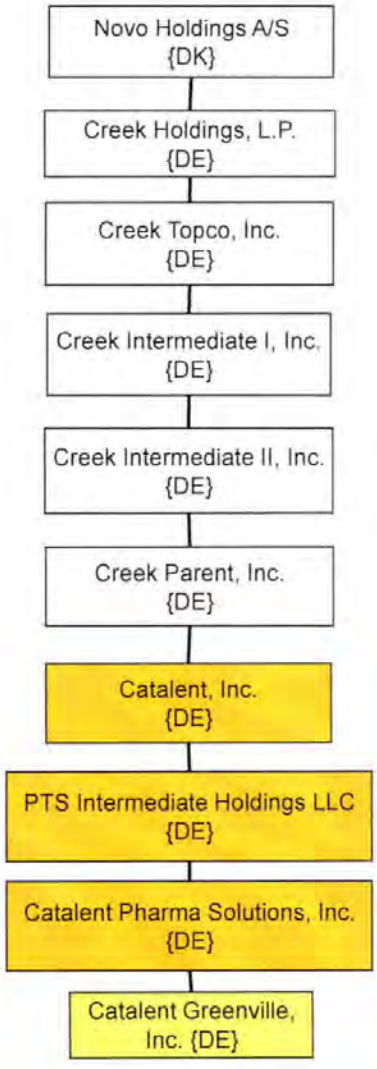
**Corporate Officer Information**

14 Schoolhouse Road
Somerset, NJ 08873
(732) 537 6200

**Alessandro Maselli**
*President & Chief Executive Officer*
Ownership: <1%

**Ramon J. Ceron**
*Vice President & Treasurer*
Ownership: <1%

**Joseph Ferraro**
*Senior Vice President, General Counsel & Secretary*
*Ownership: <1%*




Catalent

| Entity Name | EIN |
|---|---|
| Novo Holdings A/S | 98-0571483 |
| Creek Holdings, L.P. | 99-1344651 |
| Creek Topco, Inc. | 99-1107684 |
| Creek Intermediate I, Inc. | 99-1344400 |
| Creek Intermediate II, Inc. | 99-1356828 |
| Creek Parent, Inc. | 99-1280758 |
| Catalent, Inc. | 20-8737688 |
| PTS Intermediate Holdings LLC | 27-3738365 |
| Catalent Pharma Solutions, Inc. | 13-3523163 |
| Catalent Greenville, Inc. | 88-3982189 |

Novo Holdings A/S
Ultimate Parent

Creek Holdings, L.P.
100% owned by Novo Holdings A/S, Tuborg Havnevej 19, DK 2900 Hellerup, Denmark

Creek TopCo, Inc.
100% owned by Creek Holdings, L.P., Tuborg Havnevej 19, DK 2900 Hellerup, Denmark

Creek Intermediate I, Inc.
100% owned by Creek TopCo, Inc., Tuborg Havnevej 19, DK 2900 Hellerup, Denmark

Creek Intermediate II, Inc.
100% owned by Creek Intermediate I, Inc., Tuborg Havnevej 19, DK 2900 Hellerup, Denmark

Creek Parent, Inc.
100% owned by Creek Intermediate II, Inc., Tuborg Havnevej 19, DK 2900 Hellerup, Denmark

Catalent, Inc.
100% owned by Creek Parent, Inc., Tuborg Havnevej 19, DK 2900 Hellerup, Denmark

PTS Intermediate Holdings LLC
100% owned by Catalent, Inc., 14 Schoolhouse Road, Somerset, NJ 08873

Catalent Pharma Solutions, Inc.
100% owned by PTS Intermediate Holdings LLC, 14 Schoolhouse Road, Somerset, NJ 08873

Catalent Greenville, Inc.
100% owned by Catalent Pharma Solution, Inc., 14 Schoolhouse Road, Somerset, NJ 08873

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT GREENVILLE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT GREENVILLE, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

6933672 8300

SR# 20241411463

Authentication: 203231565

Date: 04-11-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

# NC Dept. of Agriculture & Consumer Services

## Food & Drug Protection Division

**Firm Name:** CATALENT GREENVILLE INC

**Address:** 1240 SUGG PARKWAY GREENVILLE, NC 27834

**License Type:** Manufacturer

**License Number:** 1404

**Status:**ActiveInGoodStanding

**Discipline:** No

**Issue Date:** 11/25/2024

**Original Issue:** 10/19/2022

**Expiration Date:** 12/31/2025

Attachment D

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0638607 | 08-31-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5,L | MANUFACTURER | 07-11-2024 |

CATALENT GREENVILLE, INC.
1240 SUGG PKWY
GREENVILLE, NC 278349006

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0638607 | 08-31-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5,L1 | MANUFACTURER | 07-11-2024 |

CATALENT GREENVILLE, INC.
1240 SUGG PKWY
GREENVILLE, NC 278349006

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0638607 | 08-31-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5,L | MANUFACTURER | 07-11-2024 |

CATALENT GREENVILLE, INC.
1240 SUGG PKWY
GREENVILLE, NC 278349006

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   **Drug Enforcement Administration**
   **P.O. Box 2639**
   **Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
2010 7405 1100 1105 1205 1228 1724 2100 7285 8112 9041 9050 9120 9143 9170 9193 9300 9652 9801 7315

# RIDER

To be attached to and form part of:

Bond Number SUR0073955

dated November 9, 2022

issued by the ARGONAUT INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of CATALENT GREENVILLE, INC.
(Principal)

and in favor of NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

**The following location shall be added to the bond:**

**1240 Sugg Parkway, Greenville, NC 27834**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 9th day of November, 2022.

Signed, Sealed & Dated this 9th day of November, 2022.

CATALENT GREENVILLE, INC.
(Principal)

By: _____

ARGONAUT INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

# Argonaut Insurance Company
## Deliveries Only: 225 W. Washington, 24th Floor
## Chicago, IL 60606
## United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021.

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force August

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07/15/25
NOTARY ID 557902-8

Kathleen M. Meeks

(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 9th day of November 2022.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

Austin W. King, Secretary

**IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.**

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2021

| ASSETS | |
|---|---|
| CASH & INVESTED ASSETS | $248,880,956 |
| BONDS | $1,181,510,880 |
| STOCKS | $674,977,267 |
| INVESTMENT INCOME DUE AND ACCRUED | $5,760,648 |
| PREMIUM BALANCES | $113,878,980 |
| NET DEFERRED TAX ASSET | [illegible] |
| [illegible] | [illegible] |
| OTHER ASSETS | $40,514,092 |
| TOTAL ASSETS | $2,392,360,630 |

| LIABILITIES AND SURPLUS | |
|---|---|
| UNEARNED PREMIUMS | $304,943,789 |
| LOSSES | $595,583,927 |
| LOSS ADJUSTMENT EXPENSES | $198,245,975 |
| COMMISSIONS | -$4,787,791 |
| TAXES, LICENSES AND FEES | $10,269,846 |
| [illegible] | $9,473,105 |
| [illegible] | [illegible] |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $0 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $2,510,048 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $11,771,696 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $52,193,204 |
| PAYABLE FOR SECURITIES | $3,599,489 |
| PROVISION FOR REINSURANCE | $16,445,734 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $47,083,249 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $1,597,617 |
| TOTAL LIABILITIES | $1,321,201,703 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $525,520,936 |
| UNASSIGNED SURPLUS | $541,137,991 |
| TOTAL SURPLUS TO POLICYHOLDERS | $1,071,158,927 |
| TOTAL LIABILITIES & SURPLUS | $2,392,360,630 |

Jace Westbrook, being duly sworn, says that he is Head of US Segment Accounting of Argonaut Insurance Company and that to the best of his knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2021.

Subscribed and sworn to before me this 5th day of April 2022

Notary Public

Julian Chandler Westbrook III, Head of US Segment Accounting



# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0073955

Application/License No. _____

CATALENT GREENVILLE, INC., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
5440 Martin Luther King Jr Highway Greenville, NC 27834, as
(Address of Applicant/Principal)
PRINCIPAL, and ARGONAUT INSURANCE COMPANY, a
(Surety Company)
corporation organized under the laws of the state of IL
(State of Incorporation)
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
P.O. Box 469011 San Antonio, TX 78246 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 9, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639 515 and NAC 639 5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639 5937 Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court Payment of any such claim shall be payable to the Nevada State Board of Pharmacy
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of November, 20 22.

APPLICANT/PRINCIPAL
CATALENT GREENVILLE, INC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

# Argonaut Insurance Company
## Deliveries Only: 225 W. Washington, 24th Floor
## Chicago, IL 60606
## United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Demmig, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welch, Peter Healy, Nancy Schiree, Akhma Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D. before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force August

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07/15/25
NOTARY ID 557902-8

_____
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 9th day of November 2022

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1945 ILLINOIS

_____
Austin W. King, Secretary

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

ARGO POWER OF ATTORNEY

**FINANCIAL STATEMENT**
**ARGONAUT INSURANCE COMPANY**
**STATUTORY BASIS as of 12/31/2021**

| ASSETS | |
|---|---|
| CASH & INVESTED ASSETS | $248,880,956 |
| BONDS | $1,181,510,880 |
| STOCKS | $674,977,267 |
| INVESTMENT INCOME DUE AND ACCRUED | $5,760,648 |
| PREMIUM BALANCES | $114,828,586 |
| NET DEFERRED TAX ASSET | $11,325,137 |
| REINSURANCE RECOVERABLE | $52,562,864 |
| OTHER ASSETS | $40,514,092 |
| TOTAL ASSETS | $2,392,360,830 |

| LIABILITIES AND SURPLUS | |
|---|---|
| UNEARNED PREMIUMS | $304,943,789 |
| LOSSES | $595,583,927 |
| LOSS ADJUSTMENT EXPENSES | $198,245,975 |
| COMMISSIONS | -$4,787,791 |
| TAXES, LICENSES, AND FEES | $10,269,846 |
| OTHER EXPENSES | $9,373,605 |
| FUNDS HELD UNDER REINSURANCE TREATIES | $72,371,315 |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $0 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $2,510,048 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $11,771,686 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $52,193,204 |
| PAYABLE FOR SECURITIES | $3,599,489 |
| PROVISION FOR REINSURANCE | $16,445,734 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $47,083,249 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $1,997,817 |
| TOTAL LIABILITIES | $1,321,201,703 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $525,570,936 |
| UNASSIGNED SURPLUS | $541,137,091 |
| TOTAL SURPLUS TO POLICYHOLDERS | $1,071,358,927 |
| TOTAL LIABILITIES & SURPLUS | $2,392,360,630 |

Jaye Westbrook, being duly sworn, says that he is Head of US Segment Accounting of Argonaut Insurance Company and that to the best of his knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2021.

Subscribed and sworn to before me this 5th day of April 2022

Notary Public

Jillian Bender Westbrook III, Head of US Segment Accounting



**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Catalent Greenville, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02987

Physical Address 1240 Sugg Parkway

City Greenville State NC Zip 27834

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone (252) 752-3800 Website www.catalent.com

Licensing Company Email GMB-CatalentGreenvilleInc@catalent.com

**Section 2: Personal Information**

First Michael Middle Kirk Last Rogerson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Greenville State NC Zip 27834

Telephone (252) 752-3800 Email GMB-CatalentGreenvilleInc@catalent.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | x | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Washington High School | | | From - To (MM/YY – MM/YY): 08/78-06/81 |
| Address | City: Washington | State: NC | Zip: 27889 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name: East Carolina University | | | From - To (MM/YY – MM/YY): 08/81-12/84 |
| Address | City: Greenville | State: NC | Zip: 27858 |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY): 12/18-Present | Address: [redacted] | City: Greenville | State: NC | Zip: 27858 |
| From - To (MM/YY – MM/YY): 05/12-12/18 | | City: Greenville | State: NC | Zip: 27858 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Greenville, Inc. | | | 01/19-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1240 Sugg Parkway | | Greenville | NC | 27834 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (252) 752-3800 | Manager, Security and Resilience | | 12,480 | |
| **Description of Duties** | | | | |
| Responsible for the overall management of site security. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael Rogerson, **certify that as the designated representative for**

Catalent Greenville, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MKR I am at least 21 years of age;
3. MKR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MKR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MKR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MKR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MKR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Rogerson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05 FEB 2025

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Rogerson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05 FEB 2025

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of North Carolina, ss. County of Pitt

I, Michael Rogerson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

05 FEB 2025

**Date**

Subscribed and Sworn to before me this 05 day of February 2025

Rachel L Rasberry

**Notary Public Signature**

RACHEL L. RASBERRY
Notary Public
Pitt
County
My Comm. Exp.
05-15-28
NORTH CAROLINA
(Seal)

Catalent

# CURRICULUM VITAE
## Michael "Kirk" Rogerson

[redacted]

**Education & Qualifications:**

**1984** **Bachelor of Science in Computer Science**
East Carolina University, Greenville, NC

**Career History:**

**Apr/2023 to Present** **Manager, Security and Resilience**
Catalent Pharma Solutions, Greenville, NC

**Oct/2022 - Apr/2023** **Senior Manager, Logistics**
Catalent Pharma Solutions, Greenville, NC

Responsibilities Included:

- Manages Greenville warehouses consistently to SOPs and cGMPs, while driving key process improvements
- Leadership of Logistics team, including determination and deployment of resources, work processes, performance management, and on-going training and development
- Manages the financial performance of the warehouses including supply cost control, staff overhead and other expenditures
- Recommends equipment and capital improvements necessary to efficiently and compliantly operate the Greenville warehouses
- Keeps warehouse equipment in good repair by enforcing operating instructions; troubleshooting breakdowns; requiring preventive maintenance; calling for repairs
- Maintains accurate inventory by conducting physical counts as needed; reconciling variances; inputting necessary data into the appropriate inventory systems
- Leads semi-annual and annual physical inventory of Commercial raw materials
- Ensures accurate Shipping/Receiving records are maintained
- Ensures incoming/outgoing shipments are damage free and have correct documentation
- As necessary, performs routine administrative and/or physical tasks involved in the shipping, receiving, storing, and distributing of products/inventory following DOT/IATA regulations
- Ensures accurate and timely QAD data entry regarding movement of products
- Creates and revises purchase specifications as requested through the GMP ticket system and routes for approval. Maintains completed PS's in item folders in designated file cabinets
- Order materials as requested by MCS and GPD through GMP ticket system and launch meetings
- As necessary, creates indirect purchase orders

# CURRICULUM VITAE
# Michael "Kirk" Rogerson

E-Mail Address: Michael.Rogerson@catalent.com

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**Jul/2013 – Oct/2022**

**Senior Manager, Logistics**
Mayne Pharma, Greenville, NC

Responsibilities Included:

- Manages Greenville warehouses consistently to SOPs and cGMPs, while driving key process improvements
- Leadership of Logistics team, including determination and deployment of resources, work processes, performance management, and on-going training and development
- Manages the financial performance of the warehouses including supply cost control, staff overhead and other expenditures
- Recommends equipment and capital improvements necessary to efficiently and compliantly operate the Greenville warehouses
- Keeps warehouse equipment in good repair by enforcing operating instructions; troubleshooting breakdowns; requiring preventive maintenance; calling for repairs
- Maintains accurate inventory by conducting physical counts as needed; reconciling variances; inputting necessary data into the appropriate inventory systems
- Leads semi-annual and annual physical inventory of Commercial raw materials
- Ensures accurate Shipping/Receiving records are maintained
- Ensures incoming/outgoing shipments are damage free and have correct documentation
- As necessary, performs routine administrative and/or physical tasks involved in the shipping, receiving, storing, and distributing of products/inventory following DOT/IATA regulations
- Ensures accurate and timely QAD data entry regarding movement of products
- Creates and revises purchase specifications as requested through the GMP ticket system and routes for approval. Maintains completed PS's in item folders in designated file cabinets
- Order materials as requested by MCS and GPD through GMP ticket system and launch meetings
- As necessary, creates indirect purchase orders

**Aug/2006 – Jul/2013**

**Logistics Manager**
Metrics, Inc., Greenville, NC

Responsibilities Included:
Sample Manager/DEA

- Supervise Sample Manager/DEA Coordinator

- Timesheet administration

Purchasing

- Process purchase requisitions
- Maintain vendor files
- Evaluate new and prospective vendors
- Communicate with purchasing liaisons
- Negotiate with vendors on pricing, terms, etc.
- Supervise Procurement/Inventory Specialist in the procurement of GMP material
- Supervise Shipping & Receiving Specialist in the procurement of consumables
- HR Logistics
    - Location, orientation and procurement of work stations
    - Location and orientation of personnel

Shipping/Receiving

- Supervise Shipping & Receiving Specialist
- Coordinate shipments of pharmaceutical products from Metrics to clients
- Negotiate with shipping companies

Inventory

- Serve as CIMS administrator
    - Set up users
    - Training
    - Support–Technical to users
- Physical Inventory as needed
- Supervise the management of material in warehouses

**Nov/2002 – Aug/2006** **Sample Manager/Purchaser**
Metrics, Inc., Greenville, NC

Responsibilities Included:
Sample Manager

- Receiving and logging-in samples into SMS/LIMS system
- Reviewing paperwork received with samples
- Preparing transaction folders containing paperwork received with samples and transaction billing form
- Storing samples in the appropriate designated area
- Contacting appropriate Group Leader upon receipt of samples
- Maintaining sample storage room
- Retaining and transferring samples to waste
- Timesheet administration

Purchasing

- Processing purchase requisitions
- Maintaining vendor files
- Evaluating new and prospective vendors
- Communicating with purchasing liaisons
- Negotiating with vendors on pricing, terms, etc.
- Entering/processing bills

Shipping/Receiving

- Supervising Shipping & Receiving Specialist
- Coordinating shipments of pharmaceutical products from Metrics to clients
- Negotiating with shipping companies
- Negotiating with vendors relative to pricing, product availability, etc.

**Nov/1999 – Nov/2002** **Sample/Chemical Inventory Specialist**
Metrics, Inc., Greenville, NC

Responsibilities Included:

- Maintain the inventory control software (CIMS)
- Assist with the receipt of GMP material for PharmaMetrics
- Maintain the production schedule for manufacturing
- Schedule components needed for manufacture of commercial and large scale clinical batches
- Procure raw materials and packaging components and maintain a suitable inventory
- Write purchase specifications and find sources for new ingredients and components
- Bill clients for the storage and shipment of GMP material

**Oct/1989 – Nov/1999** **Research Technician II**
East Carolina University School of Medicine, Greenville, NC

Responsibilities Included:

- Performing biochemical and molecular biological assays
- Performing necessary surgical procedures
- Operating and maintaining laboratory and departmental equipment
- Planning, organizing and scheduling laboratory and collaborative projects
- Performing drug treatments on research animals
- Recording and presenting results

E-Mail Address: Michael.Rogerson@catalent.com

- Developing and maintaining protocols for radiation safety in compliance with OSHA regulations
- Supervising student helpers to carry out routine laboratory duties
- Supervising graduate students during laboratory procedures and protocols
- Assisting in editing programs, placing programs on teaching software, calculating variables from instructional data and incorporating calculated data and graphics into computer software scripts
- Training and assisting departmental personnel with usage of programs

**Oct/1985 - Oct/1989**

**Medical Laboratory Specialist**
US Air Force, Colorado Springs, CO

Responsibilities Included:

- Performing all medical laboratory procedures

Attachment E

As of September 9, 2024

| Legal Name - Last Name | Legal Name - First Name |
|---|---|
| Abreu | Jose |
| Ackerson | Gregory |
| Ackerson | Jessica |
| Allette | Acacia |
| Allette | Miriam |
| Alston | Tyrek |
| Alzer | Fatima |
| Ambrose | Michael |
| Anderson | Suzanne |
| Angol | Bridget |
| Armistead | William |
| Arnold | Rebecca |
| Artuso | Mackenzie |
| Askew | Timothy |
| Asmar | Sara |
| Atkinson | Cenita |
| Awere | Edward |
| Ayers | Angela |
| Babar | Digvijay |
| Bagley | Francis |
| Barrios | Alexia |
| Barry | Lindzie |
| Barth | Curtis |
| Basden | William |
| Bass | Heather |
| Batts | Charlton |
| Baxley | Tamatha |
| Becker | Ryan |
| Beissner | Brad |
| Bell | Harry |
| Bell | Stephanie |
| Beltran Bejarano | Cristhian |
| Bernard | Gillian |
| Berry | Terry |
| Best | Colene |
| Bivans | Annabel |
| Bogard | David |
| Bordner | Angela |
| Bowen | James |
| Bowen | Jeffery |
| Bowers | Tess |
| Boyce | Dontre |
| Boyce | Takiyest |
| Boyd | Ashley |
| Branch | Carl |
| Branch | Carl |
| Brewer | Brittany |
| Brewer | Justin |
| Brewer | Richard |
| Brewer | Sean |
| Brickhouse | Wesley |
| Brower | Mark |
| Brown | Christian |

| | |
|---|---|
| Brown | James |
| Brown | Jerry |
| Brown | Linwood |
| Brueckner | Amanda |
| Buck | Ashley |
| Bullard | Joshua |
| Bullock | Gerald |
| Bunn | Haley |
| Burgos Aguilar | Julio |
| Burke | Loralea |
| Bush | Mercedes |
| Butcher | Katherine |
| Calvo | William |
| Cannon | Stephen |
| Canter | Cathleen |
| Carmello | Leah |
| Carney | Deidre |
| Carrow | Paul |
| Casteen | Charles |
| Castor | Morgan |
| Cherok | Courtney |
| Chisolm | Ronald |
| Christie | Shawna |
| Clark | Louis |
| Clark | Michael |
| Clark | Rodney |
| Clementi | Brendan |
| Clifton | Hunter |
| Clipperton | Randall |
| Coates | Anderson |
| Cocolas | Harry |
| Coleman | Jordan |
| Colon | Richard |
| Combs | Juliana |
| Cortes | Brendan |
| Cortes | Dylan |
| Cotter | Christie |
| Coward | Kristin |
| Cox | Peggy |
| Credle | Kenneth |
| Croom | Josh |
| Crutchfield | Deborah |
| Cummings | Kasey |
| Cutler | Harold |
| Dail | Cynthia |
| Daly | Debra |
| Dancy | Debra |
| Daniels | Jesse |
| Davenport | Alison |
| Davis | Bonnie |
| Davis | David |
| Day | Chadwick |
| Decker | Amber |
| Dickerson | Scott |
| Dionne | Matthew |

| | |
|---|---|
| Dixon | Alan |
| Dixon | Brian |
| Dixon | Lakia |
| Doetzl | Eric |
| Donadio | Kyle |
| Donehoo | Martin |
| Dowell | Matthew |
| Ducharme | Jodie |
| Dunn | Jonathon |
| East | Julianne |
| Elicati | Gino |
| Elks | James |
| Emory | Stephanie |
| Euler | Hailey |
| Evans | Lisa |
| Ewell | Scott |
| Fairweather | Haidyn |
| Faughnan | Caitey |
| Faulkner | Grayson |
| Faulkner | Julianne |
| Felton | Frankie |
| Figueroa-Landrau | Leslie |
| Flythe | Adrian |
| Foster | Milton |
| Fowler | Kelli |
| Franklin | Dustin |
| Freeman | Joseph |
| French | William |
| Friend | Scott |
| Fucci | Megan |
| Fugit | Kyle |
| Furlough | Joshua |
| Gadson Brown | Kyana |
| Galloway | Joshua |
| Garcia | Areli |
| Garcia | Lori |
| Garcia | Perla |
| Garcia Reyes | Veronica |
| Gardner | Franklin |
| Gardner | Richard |
| Garrell | Justin |
| Garrett | Kristi |
| Garris | Jillia |
| Gaskins | Janet |
| Geiger | Micah |
| Genovese | Steven |
| Gerdts | Jameson |
| Gillikin | Justin |
| Gilmore | Kayla |
| Ginn | Carolyn |
| Gladson | Amy |
| Gladson | David |
| Godard | John |
| Godard | Lucas |
| Godley | Johnny |

| | |
|---|---|
| Godley | William |
| Gonzalez | Jared |
| González Mundarain | María |
| Gooding | Ringo |
| Grady | Gail |
| Grant | Charvonna |
| Gray | Breigh |
| Gray | Christina |
| Green | Stacey |
| Green | William |
| Green | William |
| Greene | Phillip |
| Greer | Thomas |
| Griffin | Jerry |
| Griffin | Lillian |
| Grubich | Nicholas |
| Grubich | Rachel |
| Gutierrez Nuno | Jimena |
| Gutierrez-Nuno | Yessica |
| Hanley | Sarah |
| Harper | Delora |
| Harris | Henry |
| Harris | Michelle |
| Harris | Raybon |
| Hartman | Ashley |
| Hawkins | Dana |
| Hayes | John |
| Heagy | Faith |
| Heckman | Russell |
| Henne | Michele |
| Hill | Joseph |
| Hinton | Jaron |
| Hoadley | Sara |
| Holiday | Latricia |
| Holzkamm | Rebecka |
| Honeycutt | Joseph |
| Hooter | Paul |
| Hormilla | Maxwell |
| Horton | Shauna |
| Howell | Steven |
| Huff | Thomas |
| Hunt | Brett |
| Islam | Marzuq |
| Israel | William |
| Jarrett | Kaylynn |
| Jarrett | Peter |
| Jefferson | Holly |
| Jenkins | Austin |
| Jenkins | Melvin |
| Johnson | Alexya |
| Johnson | Kimberly |
| Jones | Kenneth |
| Jones | LaToya |
| Jones | Lauren |
| Jones | Seth |

| | |
|---|---|
| Joshi | Yogesh |
| Justice | Caitlin |
| Kancharla | Joseph Paul |
| Kelly | Devon |
| Kettler | Caleb |
| Khanom | Hafsa |
| Kiely | Richard |
| Kiiru | Mercy |
| King | Nyjir |
| Kinion | Chase |
| Kiser | Christopher |
| Kittrell | William |
| Knox | Derrick |
| Lancaster | Madison |
| Lassiter | Gerald |
| Latham | Clarence |
| Lawrence | Kendall |
| Lawson | Allen |
| Lawson | Christopher |
| Leary | David |
| Lindsay | Rahyanne |
| Linton | Norman |
| Lloyd | Justin |
| Lomas | Karen |
| Loomis | Thomas |
| Loshbaugh | Rebecca |
| Lozano | Erika |
| Lucarelli | Ariana |
| Lundergan | James |
| Lupton | Daniel |
| Lynch | Jaylin |
| Lynn | Brandon |
| Majette | Elizabeth |
| Mallard | Todd |
| Mando | Albaraa |
| Mangiapane | Charles |
| Marshburn | Timothy |
| Martens | Christian |
| Martinez | Angel |
| Mattheu | Emily |
| May | Janasia |
| McAllister | Arica |
| Mccarter | Mary A |
| McDaniel | Timothy |
| McLawhorn | Matthew |
| Mcneil | Nekeesha |
| McNeill Jr | John |
| Meeks | Joseph E |
| Melton | Andrew |
| Miles | Kristen |
| Mills | Amanda |
| Mills | Blake |
| Miranda Colon | Zenaida |
| Mizell | Jerry |
| Mizelle | Allen |

| | |
|---|---|
| Moore | Rachel |
| Moore | Zavian |
| Morris | Patricia |
| Morris | Teresa |
| Morrow | Leslie |
| Mtlaka | Ayanda |
| Mukadam | Ninad |
| Neal | Ellis |
| Neal | Jerry |
| Nelson | David |
| Nelson | Gregory |
| Nelson | Melissa |
| Nelson | Sonja |
| Newman | Chivonne |
| Newton | Austin |
| Nguyen | Hien |
| Nicholson | Kameron |
| Norman | Damon |
| Norman | Phawn |
| Norman | Willie |
| Nowell | Kelaya |
| Olecki | Danielle |
| ONeal | Gary |
| Pannell | Robert |
| Paramore | William |
| Parker | Kay |
| Parrish | Sherry |
| Pate | Michelle |
| Pate | Troy |
| Patel | Aditya |
| Patel | Monika |
| Payton | William |
| Peaden | Jeannette |
| Perez Chavez | Karen |
| Perkins | Hudson |
| Perry | Jacob |
| Phelps | Brandon |
| Philbee | Timothy |
| Phillips | Amber |
| Phillips | Lauren |
| Pick | Nicholas |
| Pietrzak | Jeffrey |
| Plumley | Zoe |
| Podruchny | Walter |
| Pofahl | Walter |
| Popovich | Anthony |
| Popovich | Jennifer |
| Poston | Elizabeth |
| Preston | William |
| Price | Gilley |
| Price | Michael |
| Proctor | Matthew |
| Pryor | Sterling |
| Rambert | Shantez |
| Rasberry | Rachel |

| | |
|---|---|
| Raynor | Alex |
| Reaves | Jalisa |
| Redelman | Stacie |
| Reichardt | Randi |
| Reyes | Alba |
| Rice | Franklin |
| Richardson | Allison |
| Riley | Trisha |
| Rincon | Rosalio |
| Rios | Nicolas |
| Rivera Rios | Jonathan |
| Roberson | Tracey |
| Rodriguez | Clemente |
| Rogers | Jeffrey |
| Rogerson | Becky |
| Rogerson | Jerry |
| Rogerson | Michael |
| Rogerson | Robert |
| Rose | Jacob |
| Ross | Jaylin |
| Ryan | Heather |
| Sadhale | Yogesh |
| Sadler | Danny |
| Sadler | Mallory |
| Sakowski | Gerald |
| Saleh | Waleed |
| Salter | William |
| Sanchez | Fabricio |
| Sanford | Monica |
| Scaggs | Amanda |
| Scannell | Teisha |
| Schafer | Kachena |
| Senanayake | Pasindu |
| Sesma | Sarabeth |
| Shanken | Michael |
| Sheppard | Cheryl |
| Sheppard | Polina |
| Sheppard | Vonda |
| Simonetti | Nicholas |
| Simpkins | Bradley |
| Simpson | Julie |
| Simpson | Lauren |
| Singleton | Clarence |
| Singleton | Lewis |
| Skinner | Tabitha |
| Smith | Blake |
| Smith | Christopher |
| Smith | DeJuan |
| Smith | Matthew |
| Smith-Joyner | Annalisa |
| Sopko | Laura |
| Soroko | Jacob |
| Spear | Camron |
| Spruill | Christopher |
| Stallings | Rosalyn |

| | |
|---|---|
| Stallings | Steven |
| Stancill | Wendy |
| Staton | Jahmari |
| Steinert | Ralph |
| Steward | Nicholas |
| Stocks | Nyasia |
| Stocks | Tommy |
| Stox | Merritt |
| Streeter | Lenora |
| Styron | Daniel |
| Suarez | Gracie |
| Suozzo | Sandra |
| Suter | Elizabeth |
| Sutton | Holly |
| Sutton | Jackie |
| Sweet | Chris |
| Szumigala | Craig |
| Taylor | Tony |
| Tello Lopez | Zoila |
| Terry | Crystal |
| Terry | William |
| Thai | My |
| Thereault | Brian |
| Thomas | Logan |
| Thota | Shyam Sunder |
| Tice | Shayna |
| Tillapaugh | Kimberly |
| Tolson | Lory |
| Tomlinson | Abigail |
| Tripp | William |
| Tubi | Olaitan |
| Tucciarone | Patricia |
| Tuchscherer | Abigail |
| Tyndall | Karen |
| Tyree | Jonathan |
| Tyson | Troy |
| Vanderburg | Alex |
| Vaughan | Susan |
| Vega Piñeiro | Natania |
| Velazquez | Luis |
| Victor | Daniel |
| von Lehmden | Thomas |
| Wagner | Courtney |
| Walden | Glenn |
| Waldrop | Kenneth |
| Walker | Charles |
| Ward | Brandon |
| Warren | Jimmy |
| Watkins | Gerald |
| Webb | Daniel |
| Webb | Erica |
| Wheatley | Rachel |
| Whitaker | Hayley |
| Whitaker | Leticia |
| Whitaker | Matthew |

| | |
|---|---|
| White | Dylan |
| White | Gregory |
| White | Lemont |
| Whitehurst | Jeffrey |
| Whitworth | Tenesha |
| Wiggins | Travis |
| Wilkes | Brittany |
| Willer | Nicholas |
| Willer | Zachary |
| Williams | Ainsley |
| Williams | Christopher |
| Williams | Daniel |
| Williams | Ronnell |
| Williams-Dixon | Tonya |
| Wilson | Ashleigh |
| Woelfel | Troy |
| Woolard | Carlton |
| Woolard | Christopher |
| Woolard | Marshall |
| Wurtele | Heather |
| Yellock | Marc |
| Zhu | William |

4U

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>See Regarding the Ownership Change Attachment<br>■ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 03299 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Catalent Indiana, LLC

Physical Address: 1300 S. Patterson Drive

City: Bloomington State: IN Zip: 47403

Mailing Address (if different from physical address): PO Box 970

City: Bloomington State: IN Zip: 47402

Telephone: 812-355-6746 Website: www.catalent.com

Name of Designated Representative (DR): Anibal Carlo

Licensing Company Email: GMB-CatalentIndianaLLC@catalent.com DR Email: anibal.carlo@catalent.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ■ Others: Human Prescription Drugs, Biologics and API's. | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Manufacturers, Clinics, Client Trial Sites | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

N/A

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: N/A - See Attachment 1
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

| Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): Novo Nordisk US Manufacturing, LLC
Corporation/Organization Name: Catalent Indiana, LLC
Mailing Address: PO Box 970
City: Bloomington State: IN Zip: 47402
Telephone: 812-355-6746 Email: GMB-CatalentIndianaLLC@catalent.com
Contact Person Name: Anibal Carlo

**Section 6: Partnership**

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

**Section 7: Sole Owner**

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration See Attachment 2<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment 3 | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment 4 | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment 4 | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment 5 | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment 6 | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - See Attachment 4 | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment 7 | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment 8 | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • If providing [a]**Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Catalent Indiana, LLC

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

Joseph Ferraro

Original signature of Authorized Person (copies or stamps not accepted)

11/21/2024

Date

| Board Use Only | Date Received: 11/26/24 | Amount: $500-cc |
|---|---|---|

Catalent

November 6, 2024

**Subject:** **Notification of Pending Change of Ownership of Catalent Indiana, LLC**

Dear Sir/Madam:

We are writing to notify you of an upcoming stock transfer involving Catalent Indiana, LLC ("Catalent IN"), located in Bloomington, Indiana. As described below, subject to the satisfaction of customary closing conditions, the direct ownership of Catalent IN is expected to be transferred from Catalent, Inc. ("Catalent") to Novo Nordisk US Manufacturing, LLC, a newly formed indirect subsidiary ("NNUS NewCo") of Novo Nordisk A/S, through two stock transactions, neither of which will result in an immediate change to the name, address, or EIN for Catalent IN.

**Details Of Transactions**

Currently, Catalent, a publicly traded corporation, is the ultimate parent company of Catalent IN. As described in a merger agreement executed on February 5, 2024, Creek Parent, Inc., a subsidiary of Novo Holdings A/S ("Novo Holdings"), will become the 100% direct owner of Catalent, and Novo Holdings will become the ultimate parent company of Catalent IN. Prior to and immediately after this transaction, Catalent IN will have the same ownership structure up to the Catalent level. This transaction is illustrated in the pre- and post-transaction organizational charts attached hereto as Attachment 1.

Shortly thereafter, Catalent Indiana Holdings, LLC – an indirect subsidiary of Catalent and the 100% direct owner/parent of Catalent IN – will transfer 100% of its direct ownership in Catalent IN to NNUS NewCo. This transaction is illustrated in the pre- and post-transaction organizational charts attached hereto as Attachment 2.

Importantly, as noted above, the transactions will not change the EIN of Catalent IN and, there will be no immediate change to the "doing business as" name of Catalent IN. In addition, Catalent IN's day-to-day facility operations will remain unchanged, as will the services and/or products it currently provides as a result of these transactions.

Given the above, Catalent IN plans to submit a single change of ownership application reflecting Catalent IN's ownership by Novo Nordisk. Please let us know if you have any concerns regarding our proposed approach or require any additional information regarding the proposed change of ownership described above.

We are committed to ensuring compliance with applicable statutory and regulatory licensing requirements, and will file the necessary licensing application(s) and supporting document(s), as applicable, in accordance with the applicable deadlines. We also will file an update in the event that the transactions described above are materially delayed beyond the currently anticipated [at or around the end of November 2024] closing date and/or if there is a material change to the transaction structure outlined above.

We appreciate your attention to this matter. Please do not hesitate to contact us if you have any questions.

Yours sincerely,

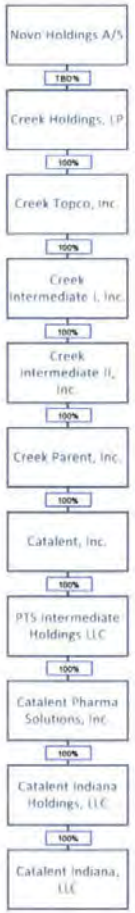
Electronically signed by: Joseph Ferraro
Reason: I approve this document
Date: Nov 6, 2024 16:27 EST

Joseph Ferraro
Senior Vice President, General Counsel & Secretary
Joseph.Ferraro@catalent.com

# Pre-Closing 1| Indirect Change of Ownership of Catalent Indiana, LLC



# Post-Closing 1 | Indirect Change of Ownership of Catalent Indiana, LLC



# Pre-Closing 2 | Indirect Change of Ownership of Catalent Indiana, LLC



## Post-Closing 2 | Indirect Change of Ownership of Catalent Indiana, LLC



Catalent

**Attachment 1**

**Regarding the Top Suppliers & Nature of Business**

Catalent Indiana, LLC (Catalent), is a Contract Manufacturing Organization (CMO) offering development and manufacturing services for both pharmaceutical and medical device products. Catalent offers the following services: Bulk Drug Substance (BDS) Production, Formulation, Aseptic Fill, and Finish Manufacturing, and Medical Device Manufacturing.

Catalent has manufacturing capabilities ranging from small quantities for pre-clinical studies to larger volumes necessary for clinical trial purposes and commercialization. Catalent specializes in development services and manufacturing of monoclonal antibody and biotechnology-derived therapeutic protein products for biopharmaceutical organizations. Additionally, Catalent offers development and manufacturing capabilities for syringe and vial filling, including lyophilization for pharmaceutical and medical device applications. Catalent provides customers with clinical trial and commercial products intended for worldwide markets. Catalent manufactures and distributes products at the discretion of its customers. At no time does Catalent hold title to the products it manufactures, as such, Catalent does not have top four suppliers.

An official website of the United States government Here's how you know

FDA

Attachment 2



Share Tweet LinkedIn Email Print

# Drug Establishments Current Registration Site

New Search

**Search Results for** *Catalent Indiana, LLC*

Showing 1 to 1 of 1 entries (filtered from 2 total entries)

Show 10 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| Catalent Indiana, LLC | 3005949964 | 172209277 | ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK | 1300 S. Patterson Drive, Bloomington, Indiana (IN) 47403, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Thursday, Oct 10, 2024

New Search

Catalent

**Attachment 4**

**Ownership Information**

Catalent Indiana, LLC
1300 S. Patterson Drive
Bloomington, IN 47403

Parent Company
Novo Nordisk US Manufacturing, LLC
800 Scudders Mill Rd.
Plainsboro, NJ 08536

Catalent Indiana, LLC is 100% owned by its parent company, Novo Nordisk US Manufacturing, LLC.

**Corporate Officers:**

**Ulrich Christian Otte**
*Treasurer*

**Steven Benz**
*Secretary*

**Anibal Carlo**
*President & General Manager*

Attachment 5

# State of Indiana
# Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## CATALENT INDIANA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 12, 2004, and was in existence or authorized to transact business in the State of Indiana on November 11, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.




In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 11, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2004041600112 / 20244067576

**All certificates should be validated here:** https://bsd.sos.in.gov/ValidateCertificate

**Expires on December 11, 2024.**

Catalent
BIOLOGICS
Catalent Indiana, LLC
1300 S. Patterson Drive
Bloomington, IN 47403 USA

T +1 (812) 355-6746
catalent.com

**Attachment 8**

**Regarding the Indiana State License**

Pursuant to Section 1(b) of Indiana Code 25-26-14-1, an FDA approved manufacturer is not required to be licensed as a Drug Distributor or Manufacturer within the state of Indiana, or otherwise adhere to the requirements of Indiana Code 25-26-14. Please find a copy of the referenced section of the Indiana Code below.

Catalent Indiana, LLC is registered with the FDA as a contract manufacturer. Verification of this registration may be made via the FDA Drug Establishments Current Registration Site (DECRS) website at the following link:
http://www.accessdata.fda.gov/scripts/cder/drls/default.cfm

**IC 25-26-14-1**
**Application of chapter**

Sec. 1. (a) This chapter applies to any individual, partnership, limited liability company, corporation, or business firm:

(1) located in or outside Indiana; and

(2) engaging in the wholesale distribution of legend drugs in Indiana.

(b) Except as required by federal law or regulation, the requirements of this chapter do not apply to a manufacturer that is approved by the federal Food and Drug Administration. However, the board may adopt rules concerning manufacturers that the board considers appropriate and necessary.

(c) The requirements of this chapter do not apply to a medical gas manufacturer or distributor that only manufactures or distributes medical gases.

*As added by P.L.182-1991, SEC.3. Amended by P.L.8-1993, SEC.394; P.L.212-2005, SEC.23; P.L.98-2006, SEC.12.*

Attachment 3

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0070569

Application/License No. _____

CATALENT INDIANA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1300 S. Patterson Drive Bloomington, IN 47403 (Address of Applicant/Principal), as PRINCIPAL, and ARGONAUT INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 469011 San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of September, 2021.

APPLICANT/PRINCIPAL
CATALENT INDIANA, LLC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by

N/A

Nevada Resident Agent

Posted February 20, 2020

# Argonaut Insurance Company
## Deliveries Only: 225 W. Washington, 24th Floor
## Chicago, IL 60606
## United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint

Cynthia Farrell, Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of

$95,621,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 8th day of May, 2017

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by:

Joshua C Betz, Senior Vice President

STATE OF TEXAS
COUNTY OF HARRIS SS

On this 8th day of May, 2017 A D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written

Kathleen M. Muzio
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 21st day of September, 2021

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

James Bluzard, Vice President-Surety

**IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.**

ARGONAUT POWER OF ATTORNEY

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/19

| ASSETS | |
|---|---|
| CASH & INVESTED ASSETS | $ 58,449,834 |
| BONDS | $1,054,092,626 |
| STOCKS | $650,747,378 |
| INVESTMENT INCOME DUE AND ACCRUED | $5,764,999 |
| PREMIUM BALANCES | $ 17,558,710 |
| NET DEFERRED TAX ASSET | $25,245,782 |
| REINSURANCE RECOVERABLE | $64,889,336 |
| OTHER ASSETS | $43,219,794 |
| TOTAL ASSETS | $2,141,179,309 |

| LIABILITIES AND SURPLUS | |
|---|---|
| UNEARNED PREMIUMS | $289,279,454 |
| LOSSES | $521,620,067 |
| LOSS ADJUSTMENT EXPENSES | $106,358,178 |
| COMMISSIONS | $5,043,149 |
| TAXES, LICENSES AND FEES | $16,089,949 |
| OTHER EXPENSES | $6,990,100 |
| FUNDS HELD UNDER REINSURANCE TREATIES | $83,850,484 |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $4,611,006 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $1,380,869 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $8,624,453 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $3,618,938 |
| PAYABLE FOR SECURITIES | $4,622,776 |
| PROVISION FOR REINSURANCE | $18,443,084 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $45,002,167 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $930,971 |
| TOTAL LIABILITIES | $1,165,681,002 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $925,320,936 |
| UNASSIGNED SURPLUS | $345,676,471 |
| TOTAL SURPLUS TO POLICYHOLDERS | $975,497,407 |
| TOTAL LIABILITIES & SURPLUS | $2,141,179,309 |

Lauren T. Welch being duly sworn, says that she is VP US Financial Controller of Argonaut Insurance Company and that to the best of her knowledge and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December 2019.

Subscribed and sworn to before me this 31 day of March 2021

Notary Public

DEBBIE BAUMANN
[illegible]

Lauren T. Welch VP US Financial Controller

Attachment 6

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Catalent Indiana, LLC

Pharmacy/Wholesaler License # (if applicable): WH03299

Physical Address: 1300 S. Patterson Drive

City: Bloomington State: IN Zip: 47403

Mailing Address (if different from physical address): PO Box 970

City: Bloomington State: IN Zip: 47402

Telephone: (812) 355-6746 Website: www.Catalent.com

Licensing Company Email: GMB-CatalentIndianaLLC@catalent.com

**Section 2: Personal Information**

First: Anibal Middle: Last: Carlo

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Bloomington State: IN Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Puerto Rico - Mayaguez | | 08/85 - 05/88 | |
| **Address** | **City** | **State** | **Zip** |
| 259 Blvd. Alfonso Valdes | Mayaguez | PR | 00680 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Mechanical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Embry-Riddle Aeronautical University | | 08/83 - 05/84 | |
| **Address** | **City** | **State** | **Zip** |
| 3700 Willow Creek Rd. | Prescott | AZ | 86301 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Cincinnati | | 08/80 - 05/82 | |
| **Address** | **City** | **State** | **Zip** |
| 2624 Clifton Ave. | Cincinnati | OH | 45221 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Lino Padro Rivera | | 08/78 - 05/80 | |
| **Address** | **City** | **State** | **Zip** |
| Calle Tulio Otero | Vega Baja | PR | 00693 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | N/A | |
| **Address** | **City** | **State** | **Zip** |
| N/A | N/A | N/A | N/A |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2023 - present | [redacted] | Bloomington | IN | [redacted] |
| From - To (MM/YY – MM/YY | | City | State | |
| 2019 - 2023 | | Media | PA | |
| From - To (MM/YY – MM/YY | | City | State | |
| 2015 - 2019 | | Dorado | PR | |
| From - To (MM/YY – MM/YY | | City | State | |
| 2011 - 2015 | | Dorado | PR | |
| From - To (MM/YY – MM/YY | | City | State | Zip |
| N/A | | N/A | N/A | N/A |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| N/A | N/A | N/A | N/A | N/A |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| N/A | N/A | N/A | N/A | N/A |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| N/A | N/A | N/A | N/A | N/A |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| N/A | N/A | N/A | N/A | N/A |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| N/A | N/A | N/A | N/A | N/A |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Indiana, LLC | | | 2023 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1300 S. Patterson Drive | | Bloomington | IN | 47403 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (812) 355-6746 | Vice President and General Manager | | 3,100 | |
| **Description of Duties** | | | | |
| Directs the development, growth and ongoing profitability of the site, by ensuring that the site is properly staffed to meet customer demand with the appropriate capabilities to support the business strategies and P&L objectives. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Hikma Pharmaceuticals USA | | | 2018-2023 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 2 Esterbrook Ln, | | Cherry Hill | NJ | 08003 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (856) 424-3700 | Vice President, Global Injectables Operations Systems | | 10,400 | |
| **Description of Duties** | | | | |
| Led manufacturing operations, budget neutrality, and system/process improvement including employee development programs, transformation of operation systems, and governance framework defining best practices and standards. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| **Business Address** | | **City** | **State** | **Zip** |
| N/A | | N/A | N/A | N/A |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| N/A | N/A | | N/A | |
| **Description of Duties** | | | | |
| N/A | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| **Business Address** | | **City** | **State** | **Zip** |
| N/A | | N/A | N/A | N/A |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| N/A | N/A | | N/A | |
| **Description of Duties** | | | | |
| N/A | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| **Business Address** | | **City** | **State** | **Zip** |
| N/A | | N/A | N/A | N/A |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| N/A | N/A | | N/A | |
| **Description of Duties** | | | | |
| N/A | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| Business Address | | City | State | Zip |
| N/A | | N/A | N/A | N/A |
| Phone | Title | | Number of Employed Hours | |
| N/A | N/A | | N/A | |
| Description of Duties | | | | |
| N/A | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| Business Address | | City | State | Zip |
| N/A | | N/A | N/A | N/A |
| Phone | Title | | Number of Employed Hours | |
| N/A | N/A | | N/A | |
| Description of Duties | | | | |
| N/A | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| Business Address | | City | State | Zip |
| N/A | | N/A | N/A | N/A |
| Phone | Title | | Number of Employed Hours | |
| N/A | N/A | | N/A | |
| Description of Duties | | | | |
| N/A | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| Business Address | | City | State | Zip |
| N/A | | N/A | N/A | N/A |
| Phone | Title | | Number of Employed Hours | |
| N/A | N/A | | N/A | |
| Description of Duties | | | | |
| N/A | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | N/A | |
| Business Address | | City | State | Zip |
| N/A | | N/A | N/A | N/A |
| Phone | Title | | Number of Employed Hours | |
| N/A | N/A | | N/A | |
| Description of Duties | | | | |
| N/A | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

Page N/A

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Anibal Carlo, **certify that as the designated representative for**

Catalent Indiana, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. AC I am at least 21 years of age;
3. AC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Anibal Carlo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

21-Nov-2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Anibal Carlo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

21-Nov-2024

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Indiana, ss. County of Monroe

I, Anibal Carlo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

21-Nov-2024

**Date**

Subscribed and Sworn to before me this 21 day of November.

**Notary Public Signature**

ANGELA M BRITTON
Notary Public - Seal
Owen County - State of Indiana
Commission Number NP0641981
My Commission Expires Feb 10, 2029

**(Seal)**

| Attachment 7 - Employee List | | |
|---|---|---|
| **Last Name** | **First Name** | **Job Title** |
| Abdelkader | Fadi | Engineer, Engineering - Facilities & Maintenance |
| Abdul | Shukoor | Senior Analyst, QA |
| Abdullahi | Alhaji | Principal Representative, QA |
| ABDULRAMONI | SAIDI | Scientist, QC |
| ABEL | TANNER | Operator I, Packaging |
| Abela | Alyssa | Operator I, Inspection |
| Aboaita | Eiad | Engineer, Validation |
| ABRAM | Tanya | Operator I, Packaging |
| Acevedo | Christina | Operator I, Form/Fill |
| ACEVEDO MORA | SANTIAGO | Project Manager, Supply Chain - CAM |
| Acton | Heather | Operator I, DS |
| Acton | Jordan | Operator I, Inspection |
| Adams | Amber | Supervisor, DS |
| Adams | Chase | Operator IV, Form/Fill |
| Adams | Jason | Senior Manager, Supply Chain - Excellence |
| Adaranijo | Modinat | Scientist, QC |
| Addanki | Sai Anusha | Engineer, MS&T |
| Afendis | Steven | Senior Engineer, Quality |
| Ahmed | Mahbub | Senior Engineer, Validation |
| Akhter | Farida | Operator I, Packaging |
| Al-Kuhtani | Anas | Operator I, Form/Fill |
| Alberico | Emily | Senior Scientist, PD |
| Alexander | Jeffery | Operator I, Form/Fill |
| Alexander | Leandria | Representative, QA |
| Alexander III | Leandrew | Supervisor, QC |
| Ali | Rsme | Scientist, QC |
| ALI | SALAHELDEEN | Senior Representative, QA |
| Allard | Corey | Supervisor, Supply Chain |
| Allbright | April | Specialist II, Inspection/Packaging |
| Allbright | Phillip | Operator III, Form/Fill |
| Allee | Brandon | Specialist III, Supply Chain - Logistics |
| Allen | Charles | Material Handler IV, Supply Chain - Logistics |
| Allen | Kody | Operator I, Form/Fill |
| Allen | Michael | Lead, DS |
| Allen | Tyler | Operator I, Inspection |
| Allman | Dustin | Lead, Packaging |
| Allutto | Anthony | Senior Manager, Cost Accounting |
| Alshannag | Ghayth | Representative, QA |
| Alsman | James | Technician II, MS&T |
| Altepeter | Heather | Associate Representative, QA |
| Alumbaugh | Lynda | Operator I, Packaging |
| Alvey | Connie | Operator III, Packaging |

| | | |
|---|---|---|
| Amarasinghe | Dinesh | Scientist, QC |
| Anaya | Michael | Technician II, QC |
| Ancil | Marc | Operator I, Packaging |
| Anderson | Amy | Supervisor, DS |
| Anderson | Damon | Operator I, Inspection |
| Anderson | Gregory | Senior Manager, MS&T |
| Anderson | Kristie | Lead, Form/Fill |
| Anderson | Maisie | Specialist I, Supply Chain - Planning |
| Anderson | Paul | Principal Scientist, QC |
| Andres | Edward | Operator III, Form/Fill |
| Anver | Rinoza | Operator II, Form/Fill |
| Applegate | Dustin | Supervisor, Form/Fill |
| Aramide | Funso | Manager, Supply Chain - Logistics |
| Armstrong | Christian | Operator I, Form/Fill |
| Arnold | Aurora | Specialist II, Form/Fill |
| Arnold | Shyanne | Representative, QA |
| Arnold | Tathia | Lead, Packaging |
| Arthur | Alex | Operator III, Inspection |
| Asbery | Cody | Technician III, Engineering - Process |
| Ash | Robert | Operator I, DS |
| Ashkin | Alexander | Representative, QA |
| Asplund | Patrick | Principal Scientist, PD |
| Atkinson | Connie | Coordinator IV, Supply Chain - Planning |
| Ault | Andrew | Senior Representative, QA |
| Ault | Michael | Operator III, Form/Fill |
| Ault | Thomas | Scientist, QC |
| Austin | Dameon | Material Handler II, Supply Chain - Logistics |
| Austin | Emily | Representative, QA |
| Austin | Jessica | Operator I, Inspection |
| Avery | Ruby | Operator IV, Form/Fill |
| Axsom | Amy | Lead, Inspection |
| Ayala | Nicole | Specialist I, QA |
| Ayers | Stephanie | Operator III, Packaging |
| Ayres | Josh | Senior Analyst, EHS |
| Azoumah | Abdou | Representative, QA |
| Babbs | Joey | Operator I, Packaging |
| Bagshaw | Jerry | Operator III, Packaging |
| Baham | Anthony | Lead, Packaging |
| Bailey | Ashley | Lead, Packaging |
| Bair | Amy | Operator I, DS |
| Baker | Britney | Lead, Form/Fill |
| Baker | Daniel | Director, Inspection/Packaging |
| Baker | Danielle | Technician II, QC |
| Baker | Jarrod | Technician III, Engineering - Process |

| | | |
|---|---|---|
| Baker | Jon | Lead, Form/Fill |
| Baker | Madison | Operator I, Form/Fill |
| Baker | Shannon | Material Handler I, Supply Chain - Logistics |
| Baldwin | Melanie | Principal Engineer, Validation |
| Ballet | Cyrille | Engineer, Process Engineering |
| Balliett | Timothy | Specialist I, Form/Fill |
| Baltz | Daniel | Operator I, Form/Fill |
| Banther | Nathan | Technician II, Engineering - Process |
| Barbarick | Edward | Technician IV, Engineering - Process |
| Barbu | Joseph | Operator I, Form/Fill |
| Barcikowski | Brian | Operator I, Inspection |
| Barnett | Jason | Senior Scientist, QC |
| Barrett | Jonathan | Senior Supervisor, Supply Chain - Planning |
| Barrientos | Jonathan | Technician II, Engineering - Process |
| Barrientos | Stephanie | Operator I, Form/Fill |
| Bartley | Scott | Business Manager, Commercial Operations |
| Bastin | Kelly | Specialist I, MS&T |
| Bastin | Lee | Material Handler IV, Supply Chain - Logistics |
| Batchelor | Wendy | Associate Representative, QA |
| Bateman | Garrett | Operator I, Form/Fill |
| Baty | Drew | Operator IV, Form/Fill |
| Baugh | Adam | Technician II, Engineering - Process |
| Baugh | Amanda | Operator II, Form/Fill |
| Bault | Gabriel | Supervisor, DS |
| BAXTER | KELLY | Operator I, Inspection |
| Bayron | Deziree | Operator I, Form/Fill |
| Bazemore | Dustin | Principal Analyst, Training |
| Beard | Spencer | Senior Scientist, PD |
| Beasley | Ayden | Lead, Form/Fill |
| Becker | Jacob | Operator I, DS |
| Beitler | Kaiti | Business Manager, Commercial Operations |
| Bell | Jeremy | Lead, Inspection |
| Benham | Joshua | Supervisor, QC |
| Bennett | Angela | Specialist I, DS |
| Bennett | Erik | Operator I, Form/Fill |
| Bennett | Kyle | Operator II, DS |
| Bennett | Megan | Technician IV, QC |
| Bennett | Nathan | Lead, DS |
| Bennett | Robert | Senior Engineer, Engineering - Process |
| Bentley | Chandra | Technician III, QC |
| BENTLEY | MATTHEW | Operator I, Packaging |
| Bentley | Misty | Specialist III, QA |
| Berdugo | Claudia | Senior Director, PD |
| Bernal | Juan | Senior Analyst, QA |

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|---|---|---|
| Beuerlein | Jason | Technician IV, Engineering - Process |
| Bevers | Benita | Operator I, Packaging |
| Bhaiya | Darpan Mahesh | Engineer, Validation |
| Bigelow | Christopher | Technician III, Validation |
| Bigelow | Michelle | Manager, QA |
| Binkley | Jessica | Representative, QC |
| Bird | Charles | Senior Representative, HR |
| Bishop | Fredrick | Technician II, Engineering - Process |
| Bixby | Connor | Engineer, Engineering - Process |
| Black-Page | Onaccuelis | Manager, Form/Fill |
| Blackwell | Daniel | Operator I, DS |
| Blake | Lanelle Joyce | Senior Representative, QA |
| Blanton | Troy | Lead, Inspection |
| Blewett | Branden | Representative, QA |
| Bluebaum | Norman | Lead, Inspection |
| Bobay | Sean | Lead, DS |
| Bock | Brittney | Principal Representative, QA |
| Bodamer | Jason | Specialist II, Training |
| Boersma | Michael | Principal Scientist, QC |
| Boetjer | Mark | Manager, Form/Fill |
| Boggs | Michael | Senior Project Manager, Engineering - Facilities & Maintenance |
| Boggs | Tucker | Senior Manager, QA |
| Bogle | Boni | Lead, Form/Fill |
| Bohnke | Sarina | Lead, Inspection |
| Bolen | Nathaniel | Representative, QA |
| Bolin | Richard | Senior Manager, Engineering - Facilities & Maintenance |
| Bolorunduro | Kayode | Lead, Form/Fill |
| bonnewell | allan | Operator I, DS |
| BOONE | KYIANA | Associate Representative, QA |
| Bord | Connor | Engineer, Engineering - Facilities & Maintenance |
| Borden | Brian | Operator I, Form/Fill |
| Borders | Jeremy | Operator I, Inspection |
| Boren | Jennifer | Specialist I, Form/Fill |
| Boren | Rocio | Operator IV, Packaging |
| Bowe | Phillip | Operator I, Form/Fill |
| Bowers | Lacie | Operator I, Form/Fill |
| Bowlen | Tommy | Manager, Form/Fill |
| Bowlen | Trent | Operator II, Form/Fill |
| Bowling | Richard | Senior Engineer, Engineering - Process |
| Bowman | Hannah | Principal Scientist, MS&T |
| Bowman | Peter | Analyst, Training |
| Box | Kathleen | Operator I, DS |

| | | |
|---|---|---|
| Bradley | Charles | Lead, Form/Fill |
| Brain | Mattie | Operator I, Inspection |
| Branam | James | Operator I, Packaging |
| Branaman | Allan | Lead, Packaging |
| Brand | Alaina | Specialist I, MS&T |
| Brant | Danichelle | Technician II, QC |
| Brantley | Cameron | Material Handler III, Supply Chain - Logistics |
| Brashear | Jeremy | Specialist II, MS&T |
| Bravo | Mary | Lead, Form/Fill |
| Bray | Donald | Technician II, QC |
| Breeden | Andrew | Specialist II, Supply Chain - Planning |
| Brewer | Hannah | Specialist III, Training |
| Brewer | Travis | Lead, Form/Fill |
| Brickey | Xzavier | Operator I, Packaging |
| Bridges | Joseph | Operator II, DS |
| Briggs | Laura | Lead, Form/Fill |
| Briscoe | Michael | Lead, Form/Fill |
| Britton | Angela | Coordinator IV, GM |
| Broadstreet | Julie | Material Handler II, Supply Chain - Logistics |
| Brock | James | Senior Manager, QA |
| Brock | Lenna | Operator II, Packaging |
| Brock | Shaelynn | Lead, Packaging |
| Broderick | Gabriel | Technician II, Engineering - Process |
| Brooking | Jacob | Specialist II, DS |
| Brooking | Tina | Operator III, Inspection |
| Brooking | Victoria | Specialist I, QA |
| Brooks | Austin | Scientist, QC |
| Broughton | Richard | Operator I, Inspection |
| Brown | Casey | Senior Engineer, Validation |
| BROWN | CATHERINE | Operator II, Form/Fill |
| Brown | Christian | Technician IV, Engineering - Process |
| Brown | Christina | Lead, Form/Fill |
| Brown | Christopher | Scientist, QC |
| Brown | Clayton | Operator I, Packaging |
| Brown | Courtland | Material Handler II, Supply Chain - Logistics |
| Brown | Deirdre | Operator II, Inspection |
| Brown | Destiny | Specialist I, Form/Fill |
| Brown | Drake | Supervisor, Supply Chain - Logistics |
| Brown | Gavin | Material Handler IV, Supply Chain - Logistics |
| Brown | Jacinda | Associate Representative, QA |
| Brown | Jessica | Senior Supervisor, QC |
| Brown | Michelle | Principal Scientist, QC |
| Bruce | Michael | Specialist III, Form/Fill |
| Bruhy | Dakota | Specialist I, Inspection/Packaging |

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|---|---|---|
| Brummett | Erin | Manager, Form/Fill |
| Bruner | Chelsea | Principal Scientist, QC |
| Brungard | Marsha | Material Handler III, Supply Chain - Logistics |
| Bryant | Kate | Senior Representative, Regulatory Affairs |
| Buchkowski | Matthew | Principal Engineer, Validation |
| BUNCH | BRANDON | Representative, QA |
| BUNCH | NATASHA | Operator I, Packaging |
| Bundy | Kallie | Operator I, DS |
| Burcham | Jordan | Associate Engineer, Engineering - Process |
| Burdine | Katlyn | Operator IV, Form/Fill |
| Burgess | Zachary | Senior Representative, QA |
| Burks | Jennifer | Lead, Form/Fill |
| Burks | Kyle | Supervisor, QC |
| Burris | Penny | Senior Representative, QA |
| Butcher | Patricia | Operator III, Inspection |
| Butler | Cardiel | Operator I, Inspection |
| Butler | Jackson | Lead, Packaging |
| Butler | Lucas | Lead, Form/Fill |
| Butler | Sandra | Operator III, Packaging |
| Buuck | Caleb | Supervisor, QA |
| byers | christopher | Operator I, Form/Fill |
| Byers | Devin | Technician II, QC |
| Byers | Justin | Representative, QA |
| Byrum | Andrew | Engineer, Engineering - Facilities & Maintenance |
| Cabral | Ashley | Specialist I, MS&T |
| Cady-Lindemeyer | Jana | Lead, Form/Fill |
| Caffee | Zerlina | Specialist I, Supply Chain - Planning |
| Cage | Luke | Associate Scientist, QC |
| Cahall | Christopher | Material Handler I, Supply Chain - Logistics |
| Cain | Heather | Principal Representative, QA |
| Cain | Maiko | Operator II, Inspection |
| Cakmak | Anatole | Lead, Packaging |
| Calderon | Sandra | Senior Manager, Contracts Administration |
| Callahan | James | Business Manager, Commercial Operations |
| Callahan | Kelly | Senior Manager, HR |
| Callis | Jeffrey | Supervisor, Form/Fill |
| Calloway | Jeffrey | Senior Manager, Supply Chain - CAM |
| Calvert | Sara | Senior Representative, HR |
| Campbell | Duncan | Specialist I, QA |
| Campbell | josh | Operator I, Packaging |
| Campbell | Zachary | Senior Representative, QA |
| Cantrell | Richard | Technician IV, Engineering - Process |
| Capshew | Beth | Operator I, Packaging |
| Carew | Samuel | Senior Engineer, MS&T |

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|---|---|---|
| Carey | Kevin | Operator I, Form/Fill |
| Carey | Walter | Project Manager, PM |
| Carfield | Angela | Operator I, Inspection |
| Carlo | Anibal | Vice President & General Manager |
| Carroll | Christopher | Operator IV, DS |
| Carroll | Wendy | Project Manager, PM |
| Carter | Bradley | Operator III, Form/Fill |
| Carter | Cameron | Operator II, DS |
| Carter | Hagan | Operator I, Form/Fill |
| Carter | Haley | Operator III, Packaging |
| Cartwright | Jeremy | Representative, QA |
| Caruso | James | Senior Engineer, MS&T |
| Casperson | Nadia | Manager, QA |
| Casperson | Robert | Senior Manager, Form/Fill |
| Castillo | Gabriel | Technician IV, Engineering - Process |
| Caudill | Jeffery | Lead, Form/Fill |
| Cauley | Mary | Principal Engineer, Validation |
| Caves | Carl | Operator I, Form/Fill |
| Cavezza | Carman | Representative, QA |
| Cecil | Alyssa | Operator I, Inspection |
| Chambers | Joshua | Operator III, Form/Fill |
| Chambers | Mark | Supervisor, Form/Fill |
| Chan | Winnie | Associate Engineer, Engineering - Process |
| Chance | Brandon | Supervisor, Supply Chain - Logistics |
| Chandler | Bambi | Operator I, Form/Fill |
| Chandler | Tracy | Specialist I, Supply Chain - Logistics |
| Chaney | Maleah | Technician II, QC |
| Chappell | Richard | Operator I, Form/Fill |
| Cheek | Matthew | Analyst, QC |
| Chenault | Desiree | Supervisor, QA |
| Chestnut | Arrieonna | Scientist, QC |
| Chestnut | Sara | Operator I, Inspection |
| Childers | Kerri | Senior Representative, QA |
| Childers | Laura | Lead, Form/Fill |
| Childers | Tina | Operator I, Inspection |
| Chipman | David | Manager, PM |
| Chipman | Kenzie | Associate Project Manager, PM |
| Cholke | Kshitij | Engineer, Engineering - Process |
| Christensen | Shannon | Principal Analyst, QA |
| Christman | Aubrey | Associate Scientist, QC |
| Ciasto | Richard | Operator III, Packaging |
| Cielo Pani | Ivan | Operator I, Packaging |
| Clapp | Mark | Representative, QA |
| Clapp | Matthew | Technician IV, Engineering - Process |

| | | |
|---|---|---|
| Clark | Dwight | Specialist I, MS&T |
| Clark | Gregory | Technician III, Engineering - Process |
| Clark | Modesta | Senior Representative, HR |
| Clayton | Pamela | Material Handler I, Packaging |
| Clements | Benjamin | Specialist II, Inspection/Packaging |
| Cleven | Benjamin | Specialist III, Inspection/Packaging |
| Cline | Jonathan | Engineer, Validation |
| Clowers | Cathy | Operator I, Form/Fill |
| Cobb | Jason | Supervisor, DS |
| Coble | Allen | Operator I, Form/Fill |
| Cojeen | Sara | Senior Engineer, MS&T |
| Coker | Blake | Senior Analyst, Training |
| Coker | Bryan | Operator II, Form/Fill |
| Cole | Destiny | Specialist I, Form/Fill |
| Cole | Finn | Operator I, Inspection |
| Cole | Thomas | Project Manager, PM |
| Coleman | Abbi | Technician III, Engineering - Process |
| Coleman | Courtland | Associate Scientist, QC |
| Collier | Heidi | Operator I, Inspection |
| Collier | Ivan | Representative, Supply Chain - Planning |
| Collins | Bradley | Senior Representative, QC |
| Collins | Denise | Specialist II, Training |
| Collis | Michael | Material Handler IV, Packaging |
| Combs | Thomas | Operator I, Inspection |
| Conkle | Trisha | Operator III, Packaging |
| Contardi | Daniel | Principal Engineer, QC |
| Cook | Derrick | Material Handler II, Supply Chain - Logistics |
| Cook | Jeremy | Lead, Form/Fill |
| Cook | Mark | Operator III, Inspection |
| Cooley | William | Technician III, Engineering - Process |
| Cooper | Charles | Operator I, DS |
| Cooper | Travis | Representative, QA |
| Copas | Ashley | Representative, QA |
| Cope | Dawn | Senior Manager, Training |
| Corbin | Jessica | Analyst, QA |
| Cordell | Elanor | Specialist I, QA |
| Cordero | Yadiel | Engineer, QC |
| Corey | Janelle | Operator I, Inspection |
| Cork | Gretchen | Senior Engineer, Validation |
| Corneal | Kevin | Scientist, QC |
| Corns | Jessica | Director, IT |
| Corns | Kyle | Supervisor, Packaging |
| Cornwell | Jack | Technician II, QC |
| Correa | Amber | Operator I, Packaging |

| | | |
|---|---|---|
| Cortés Bracero | Omayra | Scientist, QC |
| Cory | Jordan | Specialist III, Form/Fill |
| Costakis | Shana | Operator I, Packaging |
| Cotton | Jason | Lead, Form/Fill |
| Cowden | Cody | Lead, Form/Fill |
| Cowden | Jesse | Associate Engineer, Engineering - Process |
| Cox | Anna | Operator I, Inspection |
| Cox | Brandon | Operator I, Inspection |
| Cox | Brandon | Operator I, Form/Fill |
| COX | CODY | Senior Engineer, Engineering - Process |
| Cox | Hallie | Operator I, Packaging |
| Cox | Liberty | Lead, Form/Fill |
| Cox | Nicole | Representative, QA |
| Coy | Lauren | Engineer, Validation |
| Cradick | Andrew | Technician III, Supply Chain - Logistics |
| Craig | Emily | Specialist I, Supply Chain - Planning |
| Crain | Rachael | Technician II, MS&T |
| Crane | Katelynn | Lead, Form/Fill |
| Crane | Ryan | Technician II, Engineering - Process |
| Crenshaw | Cidella | Coordinator III, QA |
| Crichfield | Seth | Associate Engineer, Engineering - Process |
| Crosby | Sarah | Senior Representative, QA |
| Cummings | Jeffery | Operator I, Packaging |
| Cummings | Ryan | Technician II, QC |
| Cummins | Nicholas | Associate Scientist, PD |
| Cunningham | Cameron | Operator I, DS |
| Cupps | Kevin | Technician IV, Engineering - Process |
| Curran | Peter | Operator I, Form/Fill |
| Curry | Curtis | Lead, Packaging |
| Curtis | Jared | Operator II, Inspection |
| Custis | Jack | Operator II, Packaging |
| Daab | Melisa | Specialist III, Inspection/Packaging |
| Dabo | Adama | Representative, QA |
| Daemon | Tienisha | Technician II, QC |
| Daghir | Jeffrey | Senior Engineer, Engineering - Facilities & Maintenance |
| Dagley | Jenna | Operator I, Packaging |
| Dalton | Weston | Material Handler IV, Supply Chain - Logistics |
| Damanis | Luis | Senior Scientist, MS&T |
| Damm | Angela | Senior Scientist, QC |
| Daniel | Tonya | Senior Scientist, QC |
| Daniels | Darla | Operator IV, Inspection |
| Daniels | Elly | Representative, QC |
| Dasari | Ganesh | Senior Engineer, Validation |

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|---|---|---|
| Dasari | Pavan | Senior Director, QC |
| DAttilio | Julia | Senior Engineer, Validation |
| Dave | Kalpesh | Senior Manager, Supply Chain - Logistics |
| Davenport | Jonathan | Representative, QA |
| Davidson | Michelle | Supervisor, Inspection |
| Davis | April | Operator I, Inspection |
| Davis | Brittany | Senior Manager, QA |
| Davis | Clark | Representative, QA |
| Davis | Colin | Senior Scientist, QC |
| Davis | Martha | Senior Engineer, Validation |
| Davis | Ryan | Senior Supervisor, Security |
| Davis | Sandra | Operator II, Form/Fill |
| Davis | Sharon | Operator III, Form/Fill |
| Dawar | Surjit | Associate Representative, QA |
| Dawson | Scott | Lead, DS |
| Day | Jonathan | Project Manager, PM |
| De La Rosa | Dakota | Material Handler III, Supply Chain - Logistics |
| DEAN | FARAH | Senior Scientist, QC |
| Deatrick | David | Lead, Packaging |
| Deckard | Bridget | Operator I, Packaging |
| DECKARD | DREW | Operator I, Inspection |
| DeClerk | Ryan | Senior Engineer, MS&T |
| Delaney | Deborah | Representative, QA |
| Denewett | Edna | Operator III, Inspection |
| Dennehy | Mary | Engineer, Validation |
| Dennis | Katherine | Technician I, QC |
| Dennison | Charles | Manager, Validation |
| DePew | Chyenne | Technician II, QC |
| Desai | Raj | Senior Scientist, PD |
| DeVerter | Nico | Representative, QA |
| Dewar III | Lloyd | Specialist I, Training |
| DeWees | Krystal | Senior Representative, QA |
| Diakite | Tiekura | Operator I, Inspection |
| Dias | Mahathelge | Specialist III, DS |
| Diaz | Charlie | Material Handler IV, Supply Chain - Logistics |
| Dickey | Jonathan | Senior Engineer, Engineering - Process |
| Dicks | David | Operator III, DS |
| Diehl | Amanda | Operator IV, Inspection |
| Diehl | Jennifer | Specialist II, Supply Chain - Planning |
| Dixon | Sarah | Senior Representative, QA |
| Donnell | Brady | Senior Supervisor, Form/Fill |
| Dorman | Elizabeth | Principal Engineer, Quality |
| DORSETT | JENNIFER | Operator I, Packaging |
| Doski | Nikolai | Associate Representative, Regulatory Affairs |

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|---|---|---|
| Doski | Stacy | Analyst, Training |
| Dotson | Samuel | Associate Scientist, QC |
| Dowling | Christopher | Technician IV, Engineering - Process |
| Downham | Miranda | Operator I, Inspection |
| Doyle | Gregory | Lead, Form/Fill |
| Drab | Jennifer | Associate Representative, Regulatory Affairs |
| Drew | Brian | Manager, Packaging |
| Drew | Morgan | Supervisor, QC |
| Drier | Jeremiah | Specialist III, Form/Fill |
| Druding | Jacob | Representative, QA |
| DUANA | JAMES | Analyst, QA |
| Duckwall | Alana | Principal Representative, QA |
| Duncan | Arionna | Operator I, Inspection |
| Duncan | Barry | Lead, Form/Fill |
| Duncan | John | Material Handler IV, Supply Chain - Logistics |
| Duncan | Roy | Operator I, Packaging |
| Durham | Deborah | Specialist I, Training |
| Durham | Dustin | Operator I, Inspection |
| Duvvur | Sutheshnna | Engineer, Validation |
| Duzan | Angela | Technician III, QC |
| Dwivedi | Devarshi | Principal Analyst, QA |
| Dyar | Nick | Principal Representative, QA |
| Dyar | Stephen | Lead, DS |
| Eads | Heather | Operator III, Form/Fill |
| Eads | Ki | Associate Representative, QA |
| Eagan | Lisa | Operator I, Form/Fill |
| Eaker | Corbyn | Technician III, Engineering - Process |
| Easler | Krista | Supervisor, PM |
| Easton | Stephen | Technician III, Engineering - Process |
| Easwaran | Sudipti | Engineer, MS&T |
| Eaton | Jeffrey | Technician III, Engineering - Process |
| Eberhardt | Michael | Senior Supervisor, Packaging |
| Eberle | Matthew | Senior Supervisor, MS&T |
| Eder | Harold | Senior Engineer, Quality |
| Edrington | Michael | Operator I, Inspection |
| Edwards | Carma | Specialist II, Inspection/Packaging |
| Edwards | Russell | Operator I, Inspection |
| Edwards | Thomas | Senior Director, QA |
| Eells | Sara | Senior Paralegal |
| Egan | Jordan | Lead, Form/Fill |
| Elfers | Steven | Representative, QC |
| Elliott | Autumn | Operator I, Packaging |
| Elliott | Brittney | Operator II, Packaging |
| Elliott | Darla | Operator III, Inspection |

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|---|---|---|
| Elliott | Olivya | Specialist III, MS&T |
| Elstner | Mikala | Specialist II, Supply Chain - Logistics |
| Emerson | Heather | Scientist, QC |
| ENDRIS | LUCINDA | Operator II, Form/Fill |
| England | Alexander | Supervisor, DS |
| Enstrom | Ashley | Lead, Inspection |
| Enteman | David | Representative, QC |
| Erler | Stephen | Operator I, Form/Fill |
| Escott | Steven | Specialist III, Form/Fill |
| Eubanks | Jared | Operator I, Packaging |
| Evans | Elizabeth | Representative, QA |
| Evans | Graceful | Operator II, Packaging |
| Evans | Josie | Specialist III, Form/Fill |
| Evans | Lora | Senior Representative, Supply Chain - Planning |
| Evans | Michael | Material Handler II, Supply Chain - Logistics |
| Evans | Stephanie | Technician II, QC |
| Ewbank | Jeffery | Lead, Form/Fill |
| Fagan | David | Technician IV, Engineering - Process |
| Fakunle | Omobola | Principal Engineer, Continuous Improvement |
| Fannin | Richard | Principal Engineer, Engineering - Process |
| Farmer | Matthew | Scientist, PD |
| Farris | David | Operator II, Packaging |
| Farris | Kimberly | Operator I, Packaging |
| Fee | Adrianne | Supervisor, DS |
| Felmy | Deborah | Operator II, Form/Fill |
| Fendley | Jonas | Senior Supervisor, Engineering - Process |
| Fenison | Josan | Operator I, Packaging |
| Fenwick | Melissa | Senior Representative, QA |
| Fevreau | Meghan | Operator II, DS |
| Fichter | Benjamin | Material Handler I, Supply Chain - Logistics |
| Field | Joshua | Supervisor, QC |
| Fields | Charles | Operator III, Form/Fill |
| Fields | Dustin | Material Handler I, Supply Chain - Logistics |
| Finch | Heather | Associate Proposal Lead, Commercial Operations |
| Finch | Joshua | Supervisor, Form/Fill |
| Fisher | Ella | Operator III, Packaging |
| Fitch | Annera | Operator I, Packaging |
| Fleener | Dennis | Material Handler III, Supply Chain - Logistics |
| Fleener | Lou | Associate Representative, QA |
| Fleener | Noel | Senior Scientist, QC |
| Fleener | Samantha | Operator III, Packaging |
| Fleetwood | Kimberly | Technician II, QC |
| Flinn | Misty | Senior Representative, QA |

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|---|---|---|
| Flynn | Andrew | Operator IV, Form/Fill |
| FLYNN | CHRISTOPHER | Material Handler I, Packaging |
| Flynn | Devon | Operator I, Packaging |
| Flynn | Emily | Material Handler II, Packaging |
| Flynn | Shawn | Lead, Form/Fill |
| Foist | Joseph | Lead, Form/Fill |
| Ford | Brian | Senior Manager, Security |
| Fowler | Robert | Lead, DS |
| Fox | Jeremy | Technician IV, Engineering - Process |
| Frandsen | Mahala | Technician II, Supply Chain - Planning |
| Frank | Johnathan | Engineer, MS&T |
| Franklin | David | Engineer, Engineering - Process |
| Franklin | Liza | Technician II, Validation |
| FREEHLING | APRIL | Senior Manager, QA |
| Freeman | James | Business Manager, Commercial Operations |
| Freeman | Jefferson | Supervisor, IT |
| Freeman | Richard | Technician IV, Engineering - Process |
| French | Bradley | Operator I, Form/Fill |
| French | Monique | Operator I, Form/Fill |
| French | Sonja | Operator I, Form/Fill |
| Friede | Jessica | Operator II, Inspection |
| Friede | Robert | Representative, QA |
| Fritz | Adam | Principal Scientist, QC |
| Frye | Leslie | Specialist I, Supply Chain - Logistics |
| Fulk | Abigail | Associate Representative, QA |
| Gaffney | Benjamin | Engineer, Quality |
| Gaja | Haythem | Representative, QA |
| Galarno | Logan | Senior Scientist, QC |
| Galley | Jerilyn | Specialist I, Form/Fill |
| Galliher | Brian | Principal Engineer, Engineering - Process |
| Galliher | Gregory | Technician IV, Engineering - Process |
| Galm | Heather | Representative, QA |
| Gambill | Aaron | Technician II, Engineering - Process |
| Gambill | Seth | Operator I, Form/Fill |
| Garcia | Jorge | Principal Engineer, MS&T |
| Garmon | Kimberly | Lead, DS |
| Garrafa-Solis | Norma L. | Representative, QC |
| Garriott | Seth | Representative, QC |
| Gassama | Aboubacar | Operator II, Form/Fill |
| Gassaway | Lena | Specialist III, Training |
| Gearlds | Jeffery | Senior Representative, QA |
| Gens | John | Scientist, QC |
| Gentry | Spencer | Supervisor, MS&T |
| Geyer | Brian | Operator I, Form/Fill |

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|---|---|---|
| Gibbens | Samantha | Operator I, Form/Fill |
| Gilbert | Alexander | Operator I, Packaging |
| Gilbert | Cynthia | Specialist II, Training |
| Gilbertson | Derek | Operator II, DS |
| Gillaspy | Benjamin | Material Handler IV, Supply Chain - Logistics |
| Gillett | Jeanice | Specialist III, Supply Chain - Planning |
| Gilliam | Billy | Representative, QA |
| Gilliam | Taylor | Representative, QC |
| Gilliam | Thomas | Engineer, IT |
| Gish | Brooke | Specialist III, Form/Fill |
| Gleick | Sarah | Principal Analyst, QA |
| Glenn | Adam | Representative, QA |
| Glidden | Jason | Operator I, Form/Fill |
| Gobert-White | Melissa | Associate Engineer, IT |
| Godsown | Beloved | Associate Scientist, QC |
| Goeckner | Natalie | Scientist, QC |
| Goedde | Matthew | Operator I, Inspection |
| Goen | Toby | Lead, Inspection |
| Goggins | Corbin | Material Handler III, Supply Chain - Logistics |
| Gold | Jarin | Operator II, DS |
| Goldsberry | Alex | Project Manager, Supply Chain - CAM |
| Gonzalez | Martin | Technician II, Engineering - Process |
| Goodman | Andrew | Operator III, Packaging |
| Goodwine | Nathan | Associate Engineer, Engineering - Process |
| Gore | Jackson | Specialist I, Form/Fill |
| Gosc | Theresa | Project Manager, Supply Chain - CAM |
| Gossar | Marc | Technician III, Engineering - Process |
| Gough | Lisa | Project Manager, PM |
| Grabarz | Christopher | Senior Manager, Contracts Administration |
| Grange | Kevin | Operator III, DS |
| Granicz | Brigit | Technician II, MS&T |
| Gratzer | Michael | Material Handler I, Supply Chain - Logistics |
| Gravitt | Kevin | Operator III, Form/Fill |
| Greely | Jeremy | Operator I, Form/Fill |
| Green | Alexander | Senior Engineer, Validation |
| Green | Kyle | Material Handler I, Supply Chain - Logistics |
| Gregory | Josiah | Supervisor, Form/Fill |
| Grey | Damion | Associate Engineer, Validation |
| Grider | Brayson | Representative, QA |
| Griffin | Betty | Operator III, Inspection |
| Griffin | Maria Rebecca | Operator II, Form/Fill |
| Griffin | Paul | End User Computer Engineer |
| Gross | Edward | Specialist I, Training |
| Grounds | Jesse | Lead, Inspection |

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|---|---|---|
| Groves | Bryan | Director, Supply Chain - Logistics |
| Grubb | Brandy | Operator I, Packaging |
| Grubb | James | Operator I, Inspection |
| Grubb | Tonya | Specialist III, QA |
| Grubbs | Nikki | Specialist I, Training |
| Grubbs | William | Lead, Inspection |
| Grugeon | Rob | Senior Representative, QA |
| Gulick | Naomi | Operator I, Packaging |
| Guthrie | Charles | Representative, QA |
| Guthrie | Ian | Lead, Form/Fill |
| Gutierrez | Miranda | Coordinator III, DS |
| Guy | Ryan | Lead, Packaging |
| Hackney | Melissa | Operator II, Form/Fill |
| Hagen | Karl | Associate Scientist, QC |
| Hairston-Paschall | Jenaqua | Scientist, QC |
| Haley | Jeff | Material Handler IV, Supply Chain - Logistics |
| Hall | Brittany | Lead, Form/Fill |
| Hall | Jerry | Technician IV, Engineering - Process |
| Hall | Joshua | Specialist II, Form/Fill |
| Hallard | Aaron | Principal Representative, QA |
| Haltom | Zachary | Operator III, DS |
| Hamblen | Regina | Specialist III, Inspection/Packaging |
| Hameed | Ahsan | Associate Scientist, PD |
| Hamilton | Amanda | Senior Representative, QA |
| Hamilton | Annette | Technician III, QC |
| Hamilton | Peighton | Coordinator II, PM |
| Hamilton | Seth | Lead, Form/Fill |
| Hamilton | Susan | Operator II, Packaging |
| Hamm | Justin | Operator IV, Form/Fill |
| Hanlon | Christine | Principal Representative, QA |
| Hannon | Brooke | Supervisor, Commercial Operations |
| Hannon | Larissa | Associate Representative, QA |
| Hansen | Aliandria | Representative, QA |
| Hansen | Hannah | Operator III, Form/Fill |
| Hanson | Knudt | Technician IV, Engineering - Process |
| Hanson | Misti | Representative, QA |
| Harden | Rachel | Technician III, QC |
| Hardesty | Casey | Senior Representative, QA |
| Harding | Nicholas | Operator I, Inspection |
| Hardy | Olivia | Operator IV, Inspection |
| Hargis | Jeffery | Lead, Form/Fill |
| Harkness | Lesley | Lead, Inspection |
| Harman | April | Operator III, Inspection |
| Harper | Ashley | Operator I, Form/Fill |

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|---|---|---|
| Harper | Jason | Operator III, Form/Fill |
| Harrell | Ethan | Specialist I, Supply Chain - Logistics |
| Harris | Jessica | Operator I, Packaging |
| Harris | Latoya | Principal Analyst, QA |
| Harrison | Tyler | Supervisor, QA |
| Hart | Amy | Lead, Form/Fill |
| Harvey | Alyssa | Procurement Specialist, Procurement |
| Haskins | Daniel | Operator I, DS |
| Hasler | Gabriel | Operator III, Inspection |
| Hatch | Elizabeth | Representative, QA |
| Hatfield | Ami | Operator III, Form/Fill |
| Hatfield | Leah | Technician III, Validation |
| Hatt | Jonathon | Lead, Packaging |
| Hatton | Richard | Operator IV, Packaging |
| Hauersperger | Holli | Senior Supervisor, Packaging |
| Hawitt | Kerry | Vice President, Quality |
| Hawkins | David | Representative, QA |
| Hawkins | Jordan | Lead, Form/Fill |
| Hawkins | Matthew | Technician IV, Validation |
| Hawkins | Robert | Senior Manager, Continuous Improvement |
| Haworth | Steven | Technician III, QC |
| Hayden | Kaitlyn | Operator IV, Packaging |
| Headley | Camden | Senior Representative, QA |
| Headley | Robert | Operator I, Inspection |
| Healy | James | Scientist, QC |
| Hearth | Jason | Lead, Inspection |
| Heckard | Casey | Representative, QA |
| Hedrick | Jack | Technician IV, Engineering - Process |
| Heisler | Randall | Operator I, DS |
| Helms | Cory | Associate Engineer, IT |
| Helms | Jody | Principal Representative, QA |
| Helms | Joshua | Technician III, Engineering - Process |
| Helms | Luke | Operator II, DS |
| Helton | Seth | Manager, QA |
| Hemingway | George | Manager, Engineering - Process |
| Henderson | Brendan | Specialist II, Supply Chain - Logistics |
| Henderson | Eleanor | Operator I, Packaging |
| Henderson | Gary | Manager, QC |
| Henderson | James | Operator IV, Form/Fill |
| Hensley | Earl | Technician III, Engineering - Process |
| Hensley | Hannah | Coordinator III, DS |
| Herath | Herath Mudiyansela | Senior Scientist, QC |
| Herrberg | Jeremy | Operator II, Form/Fill |
| Herring | Vincent | Senior Scientist, MS&T |

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|---|---|---|
| Hess | Cheryl | Scientist, QC |
| Hessig | Matthew | Operator III, Form/Fill |
| Hickman | Austin | Operator I, Inspection |
| Hickman | Chawncey | Operator I, Packaging |
| Hicks | Jarrod | Operator III, Form/Fill |
| Hicks | Matthew | Senior Manager, QA |
| Hicks | Todd | Associate Engineer, Engineering - Facilities & Maintenance |
| Higgins | Alyssa | Operator I, DS |
| Hill | Ma Teresa | Lead, Form/Fill |
| Hillenburg | Nathaniel | Lead, Packaging |
| Hitchcock | Joseph | Operator IV, Form/Fill |
| Hobbs | Travis | Coordinator III, Supply Chain - Planning |
| Hobson | Aaron | Director, Finance |
| Hochstetler | McKayla | Representative, QA |
| Hodge | Katelyn | Technician IV, Engineering - Process |
| Hodge | Kevin | Specialist I, QA |
| Hoffman | Brian | Specialist III, Form/Fill |
| Hofmeyer | Jennica | Lead, Packaging |
| Hoggatt | Christina | Operator IV, Form/Fill |
| Hogue-Edmonds | Christian | Operator I, Packaging |
| Holahan | Robert | Manager, DS |
| Holguin | Adrian | Operator II, DS |
| Holguin | Yvette | Lead, Form/Fill |
| Hollar | Zane | Principal Analyst, QA |
| Holle | Curtis | Specialist III, DS |
| Holmes | Alexis | Coordinator II, PM |
| Holmes | David | Supervisor, Engineering - Process |
| Holmes | Tanner | Material Handler I, Supply Chain - Logistics |
| Holt | Eric | Senior Engineer, Validation |
| Holt | Nikolas | Operator I, Packaging |
| Holt III | Carl | Manager, HR |
| Holterhoff | Benjamin | Senior Engineer, Validation |
| honeycutt | timothy | Technician II, Engineering - Process |
| Honeycutt-Carter | Corie | Coordinator III, Inspection/Packaging |
| Hong | Jiamei | Senior Engineer, MS&T |
| Hood | Dawson | Supervisor, Inspection |
| Hood | Mica | Senior Representative, QA |
| Hook | Jacob | Technician IV, Engineering - Process |
| Hooker | Alexus | Operator III, Form/Fill |
| Hooley | Gertrudes | Scientist, QC |
| Hooten | Jessica | Lead, Form/Fill |
| Hopkins | William | Operator I, Inspection |
| Horen | Samuel | Operator I, Packaging |

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|---|---|---|
| Hoskins | Shelli | Operator III, Packaging |
| Hossain | Mohammad Akter | Senior Scientist, QC |
| Hostetter | Randall | Technician IV, Engineering - Facilities & Maintenance |
| Hottell | Brenden | Senior Supervisor, Form/Fill |
| Hottell | Willie | Supervisor, QA |
| Houchin | Jason | Senior Manager, DS |
| House | Joel | Technician III, Engineering - Process |
| Houston | Quinten | Associate Representative, QA |
| Howard | Chad | Senior Supervisor, Engineering - Process |
| Howard | Darrion | Representative, QA |
| Howard | Dayshanique | Lead, Inspection |
| Howard | Emily | Engineer, Engineering - Process |
| Howard | James | Associate Engineer, Engineering - Facilities & Maintenance |
| Howat | Katy | Operator I, Packaging |
| Howe | Christopher | Associate Scientist, PD |
| Howe | Rhea | Lead, DS |
| Hoy | Kaitlyn | Specialist I, Inspection/Packaging |
| Hubbs | James | Supervisor, Form/Fill |
| Hudson | Cheyanne | Technician II, Validation |
| Huff | Edward | Senior Analyst, Training |
| Huff | Mercedes | Operator I, Form/Fill |
| Huffman | Dawn | Supervisor, QC |
| Hulsing | Godeva | Specialist I, Regulatory Affairs |
| Humbard | Kevin | Senior Manager, PD |
| Hume | Jared | Scientist, QC |
| Hunsberger | Trevor | Operator I, DS |
| Hurst | Andrew | Operator I, Packaging |
| Hussein | Adam | Operator II, DS |
| Hutchinson | Amy | Technician IV, Engineering - Process |
| Hutchinson | Trevis | Supervisor, DS |
| Hutchison | Kelley | Operator III, Inspection |
| Hyatte | Jerome | Supervisor, Packaging |
| Ikerd | Shelley | Operator I, Packaging |
| Irvin Jones | Angielic | Operator I, Inspection |
| Irwin | Kayla | Senior Engineer, Validation |
| Jack | Malinda | Supervisor, QC |
| Jackson | Alexis | Associate Project Manager, PM |
| Jackson | Brad | Lead, Form/Fill |
| Jackson | Hanna | Operator I, Packaging |
| Jackson | Jacqueline | Senior Representative, Communications |
| Jackson | Matthew | Senior Project Manager, PM |
| Jackson | Richard | Operator II, Form/Fill |

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|---|---|---|
| Jacobs | Jason | Operator III, Form/Fill |
| Jacobson | Todd | Principal Engineer, Validation |
| Jagt | Jonathon | Specialist III, Form/Fill |
| Jahnke | Loren | Operator II, Form/Fill |
| Jans | Eulah | Technician III, QC |
| Jarman | Jason | Manager, QA |
| Jarrett | Chelsy | Senior Representative, QA |
| Jayne | Melissa | Lead, Form/Fill |
| Jemison | Sydney | Operator I, Form/Fill |
| Jenkins | Ashley | Supervisor, MS&T |
| Jenkins | Nathan | Operator I, Packaging |
| Jenkins | Richard | Lead, Form/Fill |
| Jenkins | Robert | Technician II, Engineering - Process |
| Jennings | James | Lead, Packaging |
| Jessee | Logan | Operator I, Form/Fill |
| Jimeno Pion | Carlos | Supervisor, Training |
| Jobe | Consuela | Supervisor, QC |
| Johnson | Adriane | Supervisor, Form/Fill |
| Johnson | Amanda | Senior Analyst, Training |
| Johnson | Brian | Senior Director, Environmental Health & Safety |
| Johnson | Crystal | Operator I, Inspection |
| Johnson | Daniel | Principal Engineer, MS&T |
| Johnson | Daxton | Senior Analyst, QA |
| Johnson | Hailey | Operator III, Inspection |
| Johnson | Joshua | Lead, Packaging |
| Johnson | Lauren | Supervisor, QC |
| Johnson | Mason | Senior Engineer, Validation |
| Johnson | Michael | Coordinator III, Supply Chain - Logistics |
| Johnson | Randall | Director, Contracts Administration |
| Johnson | Samantha | Lead, DS |
| Johnson | Suzanna | Operator I, DS |
| Johnson | Thomas | Material Handler III, Supply Chain - Logistics |
| JONES | AMBER | Operator I, Inspection |
| Jones | Bradley | Senior Manager, HR |
| Jones | Bryan | Material Handler III, Supply Chain - Logistics |
| Jones | Cory | Operator III, Form/Fill |
| Jones | Daniel | Operator III, Form/Fill |
| Jones | Daniel | Operator I, DS |
| Jones | Darby | Operator IV, Form/Fill |
| JONES | DAVID | Material Handler II, Supply Chain - Logistics |
| JONES | HOLLY | Scientist, QC |
| Jones | Janet | Specialist III, Training |
| Jones | Jassett | Coordinator II, Supply Chain - Planning |
| Jones | Jayme | Specialist I, MS&T |

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|---|---|---|
| Jones | Kahlua | Technician II, QC |
| Jones | Melissa | Specialist I, Form/Fill |
| Jones | Stephenie | Specialist I, Form/Fill |
| Jones | Tami | Coordinator II, QC |
| Jones | Tim | Lead, Inspection |
| Jones | Timothy | Supervisor, Supply Chain - Logistics |
| Jordan | Kenneth | Operator I, Form/Fill |
| Jordan | Serena | Manager, Form/Fill |
| Jordan | Yvonne | Supervisor, Form/Fill |
| Jorgensen | Marcus | Scientist, QC |
| Joseph | Jack | Associate Director, Regulatory Affairs |
| Joshi | Advait | Engineer, MS&T |
| Joyner | Michelle | Lead, Form/Fill |
| Jurado | Emmanuel | Material Handler IV, Packaging |
| Just | Alexander | Associate Representative, QA |
| Kaericher | Jeremy | Senior Engineer, Validation |
| Kafle | Sumitra | Senior Analyst, QA |
| Kamcez | Irmak | Scientist, QC |
| Kaminski | Kelly | Operator III, Packaging |
| Karic | Esma | Accountant, Finance |
| Kasmeier | Alyssa | Specialist I, Training |
| Kasper | Chad | Senior Manager, Engineering - Process |
| Kastler | Kyle | Operator I, Inspection |
| Katter | Gregory | Lead, Form/Fill |
| Kaul | Sarika | Operator I, Inspection |
| Kawauchi | Jonathan | Engineer, MS&T |
| Kearby | Eric | Operator IV, Packaging |
| Keever | Evan | Operator I, DS |
| Kehoe | Bettina | Senior Scientist, PD |
| Keith | Christopher | Senior Manager, Validation |
| Keith | Neil | Technician III, Engineering - Process |
| Keller | Shane | Operator I, Form/Fill |
| KELLEY | JAMES | Specialist II, Form/Fill |
| Kellum | Dustin | Technician IV, Engineering - Process |
| Kelly | Andrew | Operator I, Inspection |
| Kelly | Stephen | Technician III, IT |
| Kelwaski | Marc | Senior Director, Commercial Operations |
| Kempton | Shan | Senior Scientist, QC |
| Kennedy | Krystal | Senior Director, HR |
| Kent | Christopher | Operator II, Inspection |
| Kern | Dana | Technician IV, Engineering - Process |
| Kern | Jordan | Operator I, Inspection |
| Kerr | Shayna | Operator III, Form/Fill |
| Kershaw | Cody | Technician II, QC |

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|---|---|---|
| Key | Jon | Technician III, IT |
| KILLION | ROBERT | Representative, QC |
| Kimbro | Preston | Operator II, Form/Fill |
| Kinder | Beverly | Supervisor, QA |
| Kinder | Chad | Scientist, QC |
| King | Amanda | Principal Engineer, MS&T |
| King | Carrie | Coordinator III, Supply Chain - Planning |
| King | Kearsten | Operator III, Inspection |
| King | Michael | Lead, Form/Fill |
| King | Mitchell | Senior Engineer, Facilities & Maintenance |
| Kinser | Michaley | Specialist II, QA |
| Kirkman | Joshua | Lead, Inspection |
| Kirts | Solomon | Associate Engineer, Engineering - Process |
| Kirylau | Uladzislau | Director, Finance |
| Kloepfer | Monica | Project Manager, PM |
| Klose | Nathaniel | Senior Manager, Supply Chain |
| Kloss | Brian | Operator II, DS |
| Klumpp | Miles | Technician IV, Engineering - Process |
| Kopp | Miranda | Technician III, Validation |
| Koraganji | Veda Narayana | Senior Engineer, Engineering - Process |
| Krauss | Stefan | Technician II, Engineering - Process |
| Krieg | Paul | Operator I, Inspection |
| Krueger | Tyler | Engineer, Validation |
| Kruszynski | Mark | Fellow Scientist, MS&T |
| Kruszynski | Trisha | Manager, PM |
| Kuehner | Zachary | Material Handler IV, Supply Chain - Logistics |
| Kummer | Joshua | Lead, Form/Fill |
| Kurtz | Madison | Engineer, Validation |
| Kutnock | Amanda | Engineer, MS&T |
| Kuznetsov | Anthony | Representative, QA |
| Kwok | Kaho | Senior Scientist, PD |
| Kyker | Mathew | Operator I, Inspection |
| Laba | Elias | Director, QA |
| Lackey | Crystal | Operator I, Inspection |
| Laffin | Edward | Lead, Form/Fill |
| Lagat | Mike | Engineer, MS&T |
| Lambert | Tarry | Supervisor, Supply Chain - Planning |
| Lan | Lan | Scientist, PD |
| Landreth | Tyler | Operator I, Form/Fill |
| Landrock | Misty | Operator III, Packaging |
| Lane | Amber | Supervisor, Form/Fill |
| Lane | Ciji | Associate Representative, QA |
| Lane | Joshua | Supervisor, QA |
| Langley | Jana | Representative, QA |

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|---|---|---|
| Langston | William | Lead, Inspection |
| Lanman | Justin | Technician III, Validation |
| Lauderdale | Courtnay | Operator I, Packaging |
| Lauderdale | Makayla | Operator II, Inspection |
| Lawalin | Alva | Operator I, DS |
| Lawrence | David | Operator I, Packaging |
| Lawson | Robert | Supervisor, DS |
| Lawyer | Paul | Lead, Form/Fill |
| Leach | James | Material Handler II, Supply Chain - Logistics |
| Leach | Terry | Supervisor, Form/Fill |
| Leahy | Patty | Senior Representative, QA |
| Leaman | Greg | Technician IV, Engineering - Process |
| Leaver | Brian | Lead, Packaging |
| Ledgerwood | Sophia | Scientist, QC |
| Ledsinger | Daulton | Representative, QA |
| Lee | Anthony | Specialist III, Form/Fill |
| Lee | Brandi | Lead, Form/Fill |
| Lee | Robert | Operator I, Inspection |
| Leffler | Haley | Associate Scientist, QC |
| Leflore | Aaliyah | Scientist, QC |
| Leigh | Sonya | Operator I, DS |
| Lemay | Scott | Material Handler IV, Supply Chain - Logistics |
| Lenkey | Jonathan | Supervisor, QC |
| Lenning | Elizabeth | Lead, Packaging |
| Lentz | Matthew | Senior Scientist, PD |
| Leon Angulo | Carolina | Engineer, Continuous Improvement |
| Leonard | Abigail | Associate Representative, QA |
| Leonard | Christopher | Operator II, Inspection |
| Leonard | Robert | Operator III, Packaging |
| Lester | Trista | Lead, Inspection |
| Lett | Jacob | Lead, Packaging |
| Lett | Jayson | Specialist II, QA |
| Levato | Jonathan | Operator I, Inspection |
| Lewis | Allen | Operator III, Inspection |
| Lewis | Darby | Operator III, Form/Fill |
| Lewis | Hannigan | Lead, Form/Fill |
| Lewis | Jarod | Operator I, Inspection |
| Lewis | Kelly | Supervisor, Engineering - Process |
| Lewis | Nathan | Manager, QA |
| Lewis | Stephen | Associate Engineer, Engineering - Process |
| Lewis | Timothy | Senior Engineer, Validation |
| Li | Xuehong | Senior Accountant, Finance |
| Liebler | Wayne | Operator III, Form/Fill |
| LIFFORD | VALERIE | Lead, Inspection |

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|---|---|---|
| Lilley | Kurt | Operator II, DS |
| Lillo | Derek | Senior Representative, QA |
| Lin | Xiaoyan | Scientist, PD |
| Linde Dunbar | Sebastian | Senior Engineer, Engineering - Process |
| Lindsey | Christopher | Lead, Packaging |
| Lindsley | Matthew | Technician I, MS&T |
| Lineback | Jon | Lead, Inspection |
| Ling | Jordan | Analyst, QA |
| Linville | Aaron | Representative, QA |
| Linville | Philip | Lead, Form/Fill |
| Litten | Mary | Associate Representative, QA |
| Livingston | Cody | Senior Representative, QA |
| Llivichuzhca | Jose | Associate Representative, QA |
| Lobenthal | Jerry | Operator III, Form/Fill |
| LOCHARD | JONAH | Coordinator II, PM |
| LoCicero | Steven | Scientist, QC |
| Lock | Griffin | Coordinator II, Form/Fill |
| Loeper | Brian | Supervisor, Supply Chain - Logistics |
| Loesch | Betty | Operator I, Packaging |
| Lone | CaSandra | Technician II, QC |
| Long | Kamron | Representative, Supply Chain - Planning |
| Lopardo | Wayne | Operator II, Form/Fill |
| Lopez | Ana | Operator I, Packaging |
| Lopez Palacios | Jose | Engineer, Validation |
| Loucks | Tadd | Senior Manager, QC |
| Loveless | Michael | Operator I, Packaging |
| Lowe | Alexander | Manager, Form/Fill |
| Lowery | Kurtis | Principal Representative, QA |
| Lucas | Darryl | Operator I, Form/Fill |
| Lucas | Rashan | Supervisor, QC |
| Luck | Chad | Lead, Form/Fill |
| Luck | Dia | Senior Supervisor, QA |
| Ludwig | Ryan | Technician III, QC |
| Luman | Ashley | Supervisor, Form/Fill |
| Luman | Dawson | Associate Representative, QA |
| Lusinde | Emmanuel | Principal Representative, QA |
| Lyman | Sophia | Specialist I, Form/Fill |
| Lynch | Jennifer | Technician III, MS&T |
| Lynn | Lindsey | Representative, QA |
| MacDonald | Jennifer | Operator I, Packaging |
| MACE | JOHNATHAN | Representative, QA |
| Mack | Jarrett | Operator I, Form/Fill |
| Maddox-Henson | Bransyn | Operator I, Packaging |
| Mader | Rebecca | Technician II, MS&T |

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|---|---|---|
| Maesch | Dawn | Lead, Packaging |
| Maesch | Nicholas | Lead, Form/Fill |
| Mahoney | Scotty | Operator I, Form/Fill |
| Maimaiti | Jiamila | Manager, QC |
| Makino | Laurent | Senior Engineer, Continuous Improvement |
| Maldonado | Harrison | Senior Director, Inspection/Packaging |
| Maldonado | Stephen | Representative, QA |
| Malone | Michael | Operator I, Packaging |
| Maloney | Patrick | Specialist I, QA |
| Mangia | Thomas | Manager, PM |
| Manion-Eads | Brianna | Operator II, DS |
| Mann | Jason | Principal Scientist, QC |
| Mann | Larry | Operator III, Form/Fill |
| Manning | James | Operator I, Inspection |
| Manson | Christopher | Coordinator II, Engineering - Facilities & Maintenance |
| Maple | Heather | Lead, Form/Fill |
| Marcum | Opal | Operator III, Packaging |
| Market | Jessica | Technician I, MS&T |
| Market | Matthew | Technician I, MS&T |
| Markitan | Brandon | Manager, QA |
| Markle | Michael | Senior Supervisor, Engineering - Process |
| Marling | Amber | Material Handler I, Supply Chain - Logistics |
| Marshall | Jared | Supervisor, DS |
| Martin | April | Specialist I, QA |
| Martin | Christopher | Operator IV, Form/Fill |
| Martin | Dale | Associate Engineer, Engineering - Process |
| Martin | Janet | Specialist III, Inspection/Packaging |
| Martin | John | Operator I, Packaging |
| Martin | Melinda | Operator I, Packaging |
| Martin | Phillip | Material Handler IV, Supply Chain - Logistics |
| Martin | Trystan | Lead, Form/Fill |
| Mason | Dylan | Operator III, Form/Fill |
| Matheny | Kayla | Lead, Inspection |
| Mathews | Brian | Coordinator II, PM |
| Mathis | Larry | Operator III, Form/Fill |
| Mathur | Sameer | Director, Procurement |
| Matlock | Jovy | Operator IV, Inspection |
| Matlock | Richard | Supervisor, Form/Fill |
| Mattingly | Kayleigh | Associate Scientist, QC |
| Maurer | Jarrett | Associate Scientist, QC |
| Maxberry | Heather | Operator I, Inspection |
| MAXWELL | GEORGE | Operator I, Packaging |
| Maxwell | Logan | Operator IV, Inspection |

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|---|---|---|
| Maxwell | Tiffany | Lead, Form/Fill |
| May | Jerry | Operator I, Form/Fill |
| May | Whitney | Specialist II, Form/Fill |
| Mayo | Eric | Lead, Inspection |
| Mazny | Jeffrey | Scientist, PD |
| McAhren | Ashli | Lead, Form/Fill |
| McAnally | Scott | Associate Engineer, Engineering - Process |
| McAnulty | Jasmine | Senior Representative, QA |
| McArtor | David | Technician II, QC |
| Mcartor | Kati | Lead, Packaging |
| McArtor | Kristi | Lead, Inspection |
| McCaffery | Christopher | Operator I, Form/Fill |
| McCarthy | Tammy | Operator IV, Packaging |
| McCartney | Christopher | Operator I, Packaging |
| McChesney | Nathan | Scientist, PD |
| Mcclendon | Shani | Operator I, Form/Fill |
| McClure | Travis | Associate Representative, QA |
| McCluskey | Rebecca | Operator III, Inspection |
| McCombe | George | Project Manager, Continuous Improvement |
| McCoy | Richard | Operator I, Inspection |
| Mccracken | Shonna | Senior Analyst, EHS |
| Mccullough | William | Operator I, Form/Fill |
| McDaniel | Jordan | Scientist, QC |
| McDonald | Mariah | Lead, Form/Fill |
| McGhan | Lauren | Senior Scientist, QC |
| McGinness | Sierra | Operator I, DS |
| McGlocklin-James | Geri | Operator III, Form/Fill |
| Mcgowan | Patrick | Senior Engineer, MS&T |
| McGrayel | Angela | Operator II, Form/Fill |
| McGuire | Jennifer | Supervisor, Validation |
| MCINTOSH | ELIZABETH | Operator II, Packaging |
| McIntosh | Kelcie | Lead, Form/Fill |
| McKinney | John | Technician III, IT |
| McMillan | Caleb | Material Handler II, Supply Chain - Logistics |
| McNear | Thomas | Associate Representative, QA |
| McNeely | Justin | Technician II, QC |
| McNeil | Austin | Lead, Packaging |
| McRoberts | Daniel | Operator I, Form/Fill |
| Meacham | Bart | Associate Representative, QA |
| Mecray | Ian | Senior Engineer, Validation |
| Medaris | Amanda | Specialist II, Form/Fill |
| Meek | Caitlin | Senior Project Manager, PM |
| Mefford | Leslie | Coordinator II, PM |
| Melchior | Tyler | Director, Form/Fill |

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|---|---|---|
| Meltzer | William | Principal Engineer, Engineering - Process |
| Memenga | Michael | Senior Supervisor, Engineering - Process |
| Mendenhall | Nathan | Operator II, Inspection |
| Mendoza | Jacob | Representative, QA |
| Mendoza | Mario | Senior Representative, QA |
| Meredith | Cory | Operator I, Packaging |
| Merriweather | Sidney | Scientist, QC |
| Metoudou | Anselme | Associate Engineer, MS&T |
| Metzger | Jeremy | Operator I, Packaging |
| Mevis | Kent | Manager, IT |
| Meyer | Lena | Operator I, Form/Fill |
| Millard | Nike' | Operator I, DS |
| Miller | Bryan | Operator I, DS |
| Miller | Curtis | Operator III, Form/Fill |
| Miller | Erik | Operator II, Form/Fill |
| Miller | Jacob | Material Handler IV, Supply Chain - Logistics |
| Miller | Matthew | Principal Engineer, Engineering - Process |
| Miller | Maximilian | Technician III, IT |
| Miller | Nicole | Operator I, DS |
| Miller | Rebecca | Proposal Lead, Commercial Operations |
| Millspaugh | Ayden | Lead, Form/Fill |
| Milroy | Revah | Associate Representative, QA |
| Milsho | Katherine | Senior Scientist, QC |
| Minnick | Mike | Technician II, Engineering - Process |
| Miracle | Kelsey | Senior Representative, Supply Chain - Planning |
| Mirowski | Alexander | Operator III, Form/Fill |
| Mitchell | Alfred | Representative, QA |
| Mitchell | Ashley | Associate Representative, QA |
| Mitchell | Barbara | Operator II, Inspection |
| Mobley | Michael | Technician III, Validation |
| Mobley | Nathan | Specialist I, Form/Fill |
| Mobley | Nicholas | Engineer, Validation |
| Mohanlall | Roger | Supervisor, Packaging |
| Monclova-Ortiz | Luis | Engineer, Validation |
| Monroe | Thomas | Engineer, Engineering - Process |
| Monteremal | Pierre | Senior Manager, Engineering - Process |
| Montgomery | John | Material Handler I, Supply Chain - Logistics |
| Montgomery | Michael | Technician II, QC |
| Montgomery | Samuel | Operator I, Inspection |
| Montgomery | Stephanie | Senior Scientist, QC |
| Moody | Stephanie | Representative, QA |
| Moon | Mia | Manager, QA |
| Moore | Brandi | Lead, Form/Fill |
| Moore | Brianna | Operator I, Packaging |

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|---|---|---|
| Moore | Christopher | Supervisor, Supply Chain - Logistics |
| Moore | Jacolyn | Operator I, Inspection |
| Moore | Jeff | Operator II, Form/Fill |
| Moore | Kelli-Jo | Operator II, DS |
| Moore | Matthew | Senior Engineer, Validation |
| Moore | Michael | Senior Manager, Procurement |
| Moore | Randall | Operator II, DS |
| Moore | Shawna | Senior Engineer, Quality |
| Morales | Adrian | Material Handler II, Supply Chain - Logistics |
| Morehead | Bryce | Engineer, Validation |
| Morgenstern | Donna | Associate Representative, Supply Chain - Planning |
| Morin | Chad | Lead, Form/Fill |
| Morley | Timothy | Technician IV, Engineering - Process |
| Morris | David | Operator I, Form/Fill |
| Morris | Michael | Senior Analyst, QC |
| MORRIS | SETH | Lead, Packaging |
| Morris | Silas | Material Handler I, Supply Chain - Logistics |
| Morrow | Kenzi | Associate Representative, QA |
| Mosby | Christopher | Operator III, Form/Fill |
| Mosby | Maria | Operator III, Form/Fill |
| Moscrip | Jerrod | Procurement Specialist, Procurement |
| Moser | Evan | Specialist I, MS&T |
| Mosier | Kristina | Manager, Supply Chain - Planning |
| Mosley | Andrew | Representative, Supply Chain - Planning |
| Muehlbauer | Jason | Operator I, Form/Fill |
| MUELLER | KATHERINE | Senior Representative, QA |
| Muller | Jacob | Technician II, MS&T |
| Mullins | Kevin | Lead, Packaging |
| Mullis | Bradley | Representative, QA |
| Mullis | Christopher | Operator II, Packaging |
| Mullis | Jacob | Engineer, Engineering - Process |
| Mullis | Jennifer | Operator III, Inspection |
| Munguia | Emilio | Specialist I, Training |
| Munion | Jason | Principal Engineer, Engineering - Process |
| Munson | William | Operator III, DS |
| Murr | Leslie | Representative, QA |
| Muthyala | Prathyusha | Senior Representative, Regulatory Affairs |
| Myers | Angela | Technician II, QC |
| Myers | Zion | Representative, QA |
| Myrick | Robin | Associate Representative, QA |
| Naik | Shalaka | Engineer, Validation |
| Nash | Gregory | Lead, Form/Fill |
| Navardauskas | Derek | Operator III, Form/Fill |

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|---|---|---|
| Neal | Candra | Supervisor, Supply Chain - Planning |
| Neeli | Sai Teja | Senior Engineer, Engineering - Process |
| Nees | Jana | Principal Analyst, QA |
| Nees | Justin | Senior Supervisor, Engineering - Process |
| Neidig | Nicholas | Senior Project Manager, PM |
| Neidlinger | Jeremy | Material Handler IV, Supply Chain - Logistics |
| Neiswinger | Matthew | Senior Scientist, QC |
| Nelson | Frank | Operator IV, Packaging |
| Nematz | Kyle | Associate Engineer, Engineering - Process |
| Nevers | Elizabeth | Senior Representative, QA |
| New | Bethany | Operator II, Form/Fill |
| Newman | Kelly | Coordinator III, Engineering - Process |
| Newman | Melissa | Representative, QA |
| Nguyen | Sanh Tan | Senior Scientist, QC |
| Nichols | Cody | Operator I, Form/Fill |
| Nichols | Ross | Operator IV, Inspection |
| Nicholson | Justin | Lead, Form/Fill |
| Nickless | Lucas | Coordinator II, Supply Chain - Logistics |
| Niese | Donald | Director, Engineering - Process |
| Nin-Feliciano | Humberto | Engineer, Validation |
| Nissley | Cameron | Material Handler I, Supply Chain - Logistics |
| Noblitt | Sheila | Lead, Form/Fill |
| Noller | Holly | Scientist, QC |
| Norman | Rebecca | Senior Engineer, MS&T |
| Norrick | Alyson | Senior Director, Project Management |
| Norris | Amber | Principal Representative, QA |
| north-lucas | willis | Specialist I, Inspection/Packaging |
| Northam | Tim | Technician III, Engineering - Process |
| Nukala | Anushaa | Senior Analyst, Supply Chain - Excellence |
| Nunn | Annette | Operator III, Inspection |
| Nzwanga | Nadine | Senior Engineer, Validation |
| O'Mullane | Whitney | Lead, Packaging |
| O'Neal | Lane | Operator IV, Form/Fill |
| Oak | James | Operator IV, Form/Fill |
| Oakley | Amy | Project Manager, PM |
| OBRIEN | AMANDA | Representative, Supply Chain - Planning |
| Ochoa | Elizabeth | Coordinator III, PM |
| Odgers | Chad | Engineer, Engineering - Process |
| Ohns | Katherine | Engineer, Validation |
| Oliver | Rahul | Senior Director, QA |
| Olivieri | Giulia | Senior Engineer, MS&T |
| Ollestad | Joshua | Operator III, DS |
| Olmsted | Cullen | Operator I, Inspection |
| Opheim | Kyle | Representative, QA |

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|---|---|---|
| oporta | Matilda | Lead, Form/Fill |
| Ortega | Michael | Operator II, Form/Fill |
| Orto | Patrick | Operator I, Form/Fill |
| Osborn | John | Material Handler IV, Supply Chain - Logistics |
| Osborne | Joseph | Manager, PD |
| Osman | Syed | Engineer, Validation |
| OUMA | STEPHEN | Vice President, Finance |
| Outlaw | Courtney | Principal Representative, QA |
| Overton | Joshua | Business Manager, Commercial Operations |
| Owen | Connor | Operator I, Packaging |
| Owen | Erin | Lead, Form/Fill |
| Owens | Amanda | Senior Representative, QA |
| Owens | Brandon | Senior Representative, QA |
| Owens | Kerrie | Specialist I, Form/Fill |
| Owens | Kimberly | Representative, Supply Chain - Logistics |
| Owens-Wampler | Kimala | Lead, Form/Fill |
| Pace | Taylor | Operator I, Packaging |
| Padgett | Jeffrey | Lead, Packaging |
| Padgett | Melissa | Manager, Validation |
| Paegle | Inga | Senior Project Manager, PM |
| Page | Kalyn | Senior Scientist, QC |
| Palanki | Kavya | Senior Engineer, Validation |
| Palma | Maylin | Operator II, Inspection |
| Panchal | Harnish | Supervisor, QC |
| Pankow | Leah | Technician II, QC |
| Parab | Urvi | Associate Engineer, MS&T |
| Parajuli | Prashant | Senior Analyst, QA |
| Paranamana | Nilushi | Scientist, QC |
| Parini | Michael | Senior Manager, MS&T |
| Parish | Kristy | Associate Representative, QA |
| Parker | Ryan | Senior Supervisor, Engineering - Process |
| Parker-Low | Elijah | Senior Engineer, Engineering - Process |
| Parkes | Adam | Operator I, Form/Fill |
| Parkhurst | Susanne | Material Handler III, Supply Chain - Logistics |
| Parramore | Robert | Senior Manager, Engineering - Process |
| Parrish | Cami | Coordinator II, DS |
| Parson | Karen | Operator II, Form/Fill |
| Parsons | Shane | Supervisor, QC |
| Pascoe | Collin | Representative, QA |
| Patel | Kruti | Engineer, Validation |
| Patel | Parth | Engineer, MS&T |
| Patel | Shubham | Associate Scientist, PD |
| Patel | Wahiduddin | Scientist, QC |
| Patel | Yash | Engineer, MS&T |

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|---|---|---|
| Patterson | Amy | Manager, QA |
| Patterson | Vicki | Lead, Packaging |
| Pattillo | Trevor | Technician II, QC |
| Patton | Tammy | Operator III, Inspection |
| Pauley | Zackary | Lead, Form/Fill |
| Paulson | Robert | Senior Director, Form/Fill |
| Payal | None | Operator I, Inspection |
| Payton | Ethan | Material Handler I, Supply Chain - Logistics |
| Peck | Candace | Operator I, Inspection |
| Pemberton | Cindy | Operator I, Packaging |
| Pender | Michael | Manager, Inspection |
| Pennington | Charles | Principal Project Manager, PM |
| Pennington | Marcus | Lead, Form/Fill |
| Penrod | Monica | Senior Representative, QA |
| Penrose | Quentin | Operator I, Inspection |
| Penter | Carrie | Senior Representative, QA |
| Percival | Sophia | Director, Form/Fill |
| Perdue | Edd | Operator I, DS |
| Perez | Roberto | Senior Engineer, IT |
| Perkins | Alexander | Operator I, DS |
| Perkins | Pamela | Operator II, Form/Fill |
| Perry | Jordan | Operator I, Inspection |
| Perry | Ryan | Operator I, Inspection |
| Perry | Steven | Senior Director, MS&T |
| Perry | Whitney | Operator II, Inspection |
| Peyton | Conrad | Supervisor, Form/Fill |
| Pharris | Nathan | Operator I, DS |
| Phillips | Allison | Operator I, Form/Fill |
| phillips | andrea | Operator III, Packaging |
| Phillips | Daniel | Lead, Packaging |
| Phillips | John | Lead, Packaging |
| PHILLIPS | RACHEL | Senior Representative, QA |
| Phillips | Raelyn | Associate Scientist, QC |
| PHILLIPS | REAGAN | Technician I, QC |
| Phillips | Shawn | Material Handler III, Packaging |
| Phillips | Whitley | Supervisor, Inspection |
| Pierce | Alyson | Coordinator III, Supply Chain - Planning |
| Pierce | Shannon | Operator I, Inspection |
| Pilrose | Jay | Senior Scientist, PD |
| Pilrose | Shannon | Associate Project Manager, Supply Chain - PM |
| Pittler | Matthew | Associate Engineer, Validation |
| Pittman | Christopher | Operator III, Form/Fill |
| Pittman | Leigh | Associate Representative, QA |
| Pleasant | Hannah | Supervisor, Form/Fill |

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|---|---|---|
| Porter | Charles | Operator I, Form/Fill |
| Powell | Devin | Lead, Form/Fill |
| Powers | Dale | Technician III, Engineering - Process |
| Powers | Tracy | Principal Engineer, Validation |
| Present | Daniel | Senior Manager, Inspection/Packaging |
| Pretorius | Dalek | Lead, Inspection |
| Price | Stephen | Technician III, Engineering - Process |
| Prince | Cali | Operator I, Packaging |
| prince | charity | Operator II, Packaging |
| Prince | Jessica | Operator I, Inspection |
| Prince | Zachary | Technician III, Engineering - Process |
| Pritchard | Courtney | Specialist II, MS&T |
| Pruett | Cortney | Operator I, Inspection |
| Pruett | Lenny | Technician IV, Engineering - Process |
| Pruett | Robert | Senior Supervisor, Form/Fill |
| Pudlicki | Diana | Senior Engineer, Validation |
| Qiao | Yi | Coordinator III, Supply Chain - Planning |
| Quinn | Adrian | Material Handler III, Packaging |
| Radabaugh | Brian | Operator I, Form/Fill |
| Radabaugh | Miles | Operator I, Form/Fill |
| Rader | Meghann | Manager, Form/Fill |
| Railing | Robert | Operator IV, Packaging |
| Raines | Lisa | Senior Representative, Supply Chain - Planning |
| Rainesalo | Cassandra | Scientist, QC |
| Rainey | Brackon | Associate Engineer, MS&T |
| RAMEY | BRIAN | Senior Analyst, Training |
| Ramey | David | Operator I, Inspection |
| Ramey | Kevin | Operator IV, Packaging |
| Ramos | Coral | Senior Manager, QA |
| Ramsey | Parker | Representative, Communications |
| Ramsey | Sarah | Operator I, Form/Fill |
| Ranard | Malina | Operator III, Inspection |
| Randall | Susan | Specialist II, Training |
| Ransdell | Taylor | Supervisor, MS&T |
| Rash | Kayla | Representative, QA |
| Rateike | James | Supervisor, Form/Fill |
| Ratliff | Asia | Lead, Form/Fill |
| Ratliff | David | Lead, Inspection |
| Ratliff | Stephen | Operator III, DS |
| Ray | Brian | Technician III, Validation |
| Ray | Nehemiah | Operator I, Form/Fill |
| Ray | Tanner | Lead, Form/Fill |
| Rayles | Brian | Director, Form/Fill |
| Redden | Isaac | Senior Manager, DS |

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|---|---|---|
| Redicker | Megan | Associate Representative, QA |
| Redmon | Dylan | Technician I, MS&T |
| Reed | Jacob | Supervisor, Form/Fill |
| Reed | Kayla | Representative, QA |
| Reed | Nanette | Representative, QA |
| Reed | Nicholas | Senior Engineer, Validation |
| Reed | Robert | Technician III, Engineering - Process |
| Reed | Tammy | Manager, Form/Fill |
| Reel | Christopher | Material Handler III, Supply Chain - Logistics |
| Reeves | Beth | Associate Engineer, IT |
| Reeves | Kevin | Specialist I, Training |
| Reeves | Kristi | Representative, QA |
| Regan | Precious | Operator I, Packaging |
| Reid | Shawn | Representative, QC |
| Reiner | John | Engineer, Validation |
| RENTSCHLER | JASON | Technician III, Engineering - Process |
| Resler | Jessica | Associate Representative, QA |
| Rey | Eunyoung | Operator I, Inspection |
| Reyes | Michael | Operator I, Packaging |
| Reynolds | Alexander | Material Handler I, Supply Chain - Logistics |
| Reynolds | Stephen | Operator I, Form/Fill |
| Rhoton | Tristen | Operator I, Packaging |
| Rice | Abigail | Analyst, Training |
| Richards | Joshua | Operator II, DS |
| Richards | Kyle | Operator I, Inspection |
| Richards | Sheila | Senior Representative, QA |
| Richards | Susan | Coordinator II, DS |
| Richardson | Emily | Specialist III, Inspection/Packaging |
| Richardson | Justin | Operator III, Form/Fill |
| Richardson | Kelsey | Specialist I, Inspection/Packaging |
| Richardson | Logan | Supervisor, Form/Fill |
| Richardson | Pamela | Specialist II, Supply Chain - Logistics |
| Richardson | Zachary | Senior Manager, Supply Chain - Planning |
| Riddell | Zachary | Technician III, Validation |
| Ridge | Christopher | Operator I, Packaging |
| Ridge | Eric | Technician IV, Engineering - Process |
| Rife | Derek | Principal Engineer, Engineering - Facilities & Maintenance |
| Riffel | Dawn | Material Handler IV, Supply Chain - Logistics |
| Rifkind | Jonathan | Senior Manager, Finance - FP&A |
| Riggins | Jeffrey | Representative, QC |
| Riggs | Tracy | Senior Manager, HR |
| Riley | Gregory | Lead, Form/Fill |
| Riley | Megan | Representative, QA |

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|---|---|---|
| Riley | Timothy | Operator I, Inspection |
| Ritter | Cole | Operator IV, Form/Fill |
| Ritter | Robert | Associate Engineer, Engineering - Process |
| Ritton | Alexander | Senior Engineer, Engineering - Process |
| Rizzi | Kimberly | Operator I, Packaging |
| Rizzuto | Gustave | Senior Engineer, Validation |
| Robbins | Erica | Manager, Supply Chain - Planning |
| Roberts | Anthony | Scientist, PD |
| Roberts | Colden | Representative, QA |
| Roberts | Hannah | Associate Representative, QA |
| Roberts | Joshua | Supervisor, Inspection |
| Roberts | Nilda | Technician II, QC |
| Roberts | Rebecca | Senior Representative, QC |
| Roberts | Stephanie | Senior Director, QA |
| Roberts | Susan | Operator I, Packaging |
| Robertson | Isaac | Technician II, QC |
| Robertson | Jammy | Operator I, DS |
| Robinette | Michael | Specialist I, Supply Chain - Planning |
| Robinette | Sherry | Lead, Form/Fill |
| Robinson | John | Supervisor, QA |
| Robinson | Kimberly | Technician II, QC |
| Robinson | Natasha | Operator I, Packaging |
| Robinson | Terri | Operator I, Packaging |
| Robison | Anthony | Specialist I, Supply Chain - Planning |
| RODMAN | NICHOLE | Technician III, Validation |
| Rodriguez | Jose | Procurement Buyer, Procurement |
| Rodriguez Vega | Edgar | Specialist III, Inspection/Packaging |
| Rody | Zachary | Technician II, MS&T |
| Rogers | Charles | Lead, Packaging |
| Rogers | Christian | Associate Engineer, Engineering - Process |
| Rollings | Christopher | Senior Supervisor, Supply Chain - Logistics |
| Romine | Christina | Senior Project Manager, Supply Chain - CAM |
| Romine | Kyle | Operator I, Inspection |
| Ronchetti | Todd | Lead, Form/Fill |
| Root | Alexandria | Operator II, DS |
| Root | James | Senior Procurement Buyer, Procurement |
| Rosch | Benjamin | Technician IV, Engineering - Process |
| Rosch | Zachary | Operator I, Packaging |
| Rose | Mason | Representative, Supply Chain - Planning |
| Rosemeier | Ronald | Principal Engineer, Engineering - Facilities & Maintenance |
| Rosenberg | David | Lead, Form/Fill |
| Rosenplot | Samantha | Coordinator III, Engineering - Process |
| Ross | Chris | Senior Representative, Supply Chain - Planning |

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|---|---|---|
| Rosselot | Tia | Operator II, Packaging |
| Roush | William | Lead, Packaging |
| Rowe | Kendra | Technician IV, QC |
| Rubeck | Christopher | Representative, Supply Chain - Planning |
| Ruegsegger | Joshua | Manager, QA |
| Runyon | Margie | Specialist II, Training |
| RUSCH | ANDREW | Engineer, IT |
| Russell | Hannah | Operator I, Form/Fill |
| Russell | Taylor | Operator I, Inspection |
| Ruvalcaba | Citlali | Operator I, Packaging |
| Ryck | Stephen | Operator I, Form/Fill |
| Sadler | Carl | Operator I, Packaging |
| Sagar | Kuvarjit | Associate Engineer, Engineering - Process |
| Saha | Saikat | Principal Scientist, QC |
| Salmon | Luke | Specialist II, Form/Fill |
| Sampson | Misty | Technician II, QC |
| Sandahl | Jennifer | Scientist, QC |
| Sanders | Bridget | Operator I, Inspection |
| Sanders | Lydia | Operator I, Inspection |
| Sanders | Steven | Technician II, Engineering - Process |
| SANTIAGO | JEREMIAH | Coordinator III, Supply Chain - Planning |
| Saparia | Chintan | Engineer, Validation |
| Sargent | Jared | Lead, Inspection |
| Sarkar | Suddhadeep | Engineer, MS&T |
| Sarkine | Vincent | Senior Analyst, Supply Chain - Excellence |
| Sartelle | Shawn | Associate Engineer, Engineering - Process |
| Sathe | Shreya | Scientist, QC |
| Saunders | Janet | Operator I, Inspection |
| Saunders | Wendy | Technician III, QC |
| Savoth | Austin | Operator I, DS |
| Sawyer | Deepika | Engineer, MS&T |
| Schaffer | Jack | Specialist I, Training |
| Schettler | Alexandria | Representative, HR |
| Schissel | Mitchell | Representative, QA |
| Schmitt | Hannah | Technician III, MS&T |
| Scholten | Nathan | Operator I, Inspection |
| Schrader | Kamden | Material Handler I, Packaging |
| Schultheis | Todd | Fellow Scientist, MS&T |
| Schulz | Michael | Supervisor, Packaging |
| schulze | james | Lead, Packaging |
| Schulze | Laura | Senior Representative, QA |
| Schulze | Nicholas | Operator I, Form/Fill |
| Schwab | Alexandra | Operator III, DS |
| Scism | Michael | Lead, Packaging |

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|---|---|---|
| Scott | Jonathan | Lead, Inspection |
| Scott | Nathan | Supervisor, Inspection |
| Scott | Robert | Technician II, Validation |
| Scott | Tina | Coordinator III, Client Services |
| Scott | Valerie | Senior Supervisor, MS&T |
| Scudder | Nelson | Lead, Form/Fill |
| Seagle | Courtney | Operator I, Form/Fill |
| Sears | Jeffrey | Operator III, Packaging |
| Sears | Paul | Operator I, Packaging |
| SEBAIY | MAHMOUD | Senior Scientist, QC |
| Segu Mohideen | Mohamed Zaneer | Principal Scientist, PD |
| Seigle | Chad | Specialist I, Inspection/Packaging |
| Seigle | Savannah | Specialist I, QA |
| Sexton | Samantha | Lead, Form/Fill |
| Sexton-Wisley | Savannah | Analyst, QA |
| Seyer | Lesley | Senior Manager, MS&T |
| Shah | Milap | Senior Analyst, QA |
| Shahzeen | Madiha | Senior Representative, QA |
| Sharma | Dinesh | Principal Engineer, Engineering - Process |
| Sharpe | Timothy | Operator I, Inspection |
| Shaw | Nathaniel | Operator I, Packaging |
| Shaw | Tyler | Lead, Form/Fill |
| Shearer | Warren Matthew | Representative, QA |
| SHEDD | DILLON | Operator I, Form/Fill |
| Shehan | Tonnie | Operator IV, Form/Fill |
| Shelton | Logan | Operator I, Inspection |
| Sherfick | Mason | Representative, QA |
| Sherfield | Dustin | Senior Representative, QA |
| Sherrard | Angel | Operator II, Inspection |
| Shestak | John | Operator III, DS |
| Shi | Xuehan | Senior Scientist, PD |
| Shields | John | Operator I, Packaging |
| SHIN | EUN JUNG | Operator I, Inspection |
| Shipley | Hobart | Operator I, Packaging |
| Shipley | Jordan | Operator II, Form/Fill |
| Shrestha | Muskan | Representative, QC |
| Shubert | Shaiann | Scientist, QC |
| Sickler | Adriana | Representative, Supply Chain - Planning |
| Siewert | Amanda | Senior Manager, Validation |
| Siler | Caroline | Representative, QA |
| Silvers | Timmairra | Specialist III, Form/Fill |
| Simmons | Justin | Operator I, Form/Fill |
| Simmons | Laura | Operator I, Inspection |
| Siner | Gregory | Associate Scientist, QC |

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|---|---|---|
| Sinnett | Carissa | Director, Supply Chain - Planning |
| Sipes | Jeremy | Operator II, Form/Fill |
| Slzemore | Logan | Operator I, Inspection |
| Skaggs | Austin | Technician IV, Engineering - Process |
| Skaggs | John | Supervisor, Engineering - Process |
| Skalski | Samantha | Operator I, Inspection |
| Slaten | Jacob | Operator I, DS |
| Slevin | Elise | Scientist, QC |
| Smart | Makayla | Senior Representative, QA |
| Smiley | Michael | Manager, QA |
| Smith | Brandon | Senior Supervisor, DS |
| Smith | Brent | Material Handler I, Supply Chain - Logistics |
| Smith | Chelsea | Technician II, QC |
| Smith | Christine | Coordinator III, Validation |
| SMITH | CRAIG | Supervisor, Engineering - Process |
| Smith | Elizabeth | Coordinator III, Form/Fill |
| Smith | Jeffrey | Material Handler I, Supply Chain - Logistics |
| Smith | Jennifer | Supervisor, MS&T |
| Smith | Joshua | Operator II, DS |
| Smith | Kevin | Supervisor, DS |
| Smith | Kyle | Operator I, Inspection |
| Smith | Lance | Operator I, Packaging |
| Smith | Reuben | Operator I, Form/Fill |
| Smith | Rita | Operator I, Packaging |
| Smith | Robert | Operator I, Form/Fill |
| Smith | Ronald | Scientist, PD |
| Smith | Sarah | Specialist I, Training |
| Smith | Teresa | Operator III, Inspection |
| Smith | Troy | Technician III, Engineering - Process |
| Smith | Wendell | Scientist, QC |
| Smith-Hollers | Melissa | Operator I, Inspection |
| Snyder | Brent | Technician III, Engineering - Process |
| Solomon | Barbee | Specialist III, Training |
| Son | Eileen | Supervisor, QC |
| Sorenson | Balyn | Lead, Form/Fill |
| Sorenson | Franklyn | Lead, Form/Fill |
| Sorenson | Kyle | Operator I, Form/Fill |
| SOTO TORRES | MIOMAR | Principal Representative, QA |
| Southwood | Kenton | Representative, QA |
| Sowder | Jeffrey | Operator III, Packaging |
| Sowders | Kortni | Operator II, Inspection |
| Sparks | Baylee | Scientist, QC |
| Sparks | Cody | Lead, DS |
| Sparks | Cody | Technician III, Engineering - Process |

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|---|---|---|
| Sparrow | George | Operator I, Inspection |
| Spaulding | Ben | Technician IV, Supply Chain - Planning |
| Spears | Antonio | Senior Representative, QA |
| Spence | Gregory | Lead, Form/Fill |
| Spires | Angela | Project Manager, Supply Chain - CAM |
| SPOOLSTRA | EVAN | Operator I, Inspection |
| Spoolstra | Jessica | Technician II, QC |
| Spradlin | Ellie | Senior Representative, QA |
| Sprague | Carl | Representative, QA |
| Srygley | Jesse | Material Handler IV, Supply Chain - Logistics |
| Staggs | Nathan | Lead, Form/Fill |
| Stamper | Matthew | Material Handler II, Packaging |
| Stancombe | Natashia | Operator I, DS |
| Stanford | Jennifer | Operator II, Form/Fill |
| Stanley | Kevin | Manager, Form/Fill |
| Stanley | Sara | Scientist, PD |
| Stanton | Brandon | Lead, Packaging |
| Stanton | Damon | Supervisor, Inspection |
| Stark | Dale | Supervisor, Packaging |
| Starr | Caleb | Scientist, PD |
| Stecker | Megan | Engineer, MS&T |
| Steele | Sierra | Senior Representative, QA |
| Stelle | Erik | Business Manager, Commercial Operations |
| Stephens | Danny | Lead, Inspection |
| Stephens | Deontre' J | Associate Representative, QA |
| Stephens | Desmond | Operator III, Form/Fill |
| Stephens | September | Technician II, QC |
| Stephens | Summer | Operator I, Inspection |
| Stephens | Thomas | Material Handler III, Supply Chain - Logistics |
| Stephenson | Brandi | Operator I, Packaging |
| Stevens | Paula | Specialist I, QA |
| Stevons | Michael | Operator I, Packaging |
| Stewart | Brian | Supervisor, Packaging |
| Stewart | Evan | Operator I, Inspection |
| Stewart | Jonathan | Manager, QC |
| Stewart | Megan | Technician II, QC |
| Stewart | Michael | Operator III, Packaging |
| Stewart | Nicholas | Lead, Packaging |
| Stewart | Tate | Operator I, Inspection |
| Stickels | Jonathan | Operator I, Form/Fill |
| Stickels | Kylie | Senior Representative, QA |
| Stickels | Scott | Material Handler I, Supply Chain - Logistics |
| Stipp | William | Operator II, Form/Fill |
| Stivers | Leahnita | Representative, QA |

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|---|---|---|
| Stofko | Kyle | Principal Analyst, QA |
| Stogsdill | Brandon | Lead, Form/Fill |
| Stoltzfus | Charity | Senior Scientist, PD |
| Stone | Kelsey | Senior Representative, HR |
| Stone | Linsey | Material Handler III, Supply Chain - Logistics |
| Stone | Preston | Operator I, Inspection |
| Stone | Todd | Senior Manager, QC |
| Storms | Emily | Scientist, QC |
| Story | Amber | Representative, QA |
| Story | Jacob | Associate Representative, QA |
| Stout | Ryan | Associate Engineer, Engineering - Process |
| Stoute | Cheri | Supervisor, Form/Fill |
| Stoute | Chloe | Associate Representative, QA |
| Strahm | Jiola | Operator I, Inspection |
| Streich | Logan | Operator II, Packaging |
| Strickland | Jade | Scientist, QC |
| Strunk | Michael | Engineer, Validation |
| Sturgeon | Jade | Coordinator IV, Supply Chain - Planning |
| Sturgeon | Mark | Operator III, DS |
| Sturgill | Amanda | Operator III, Inspection |
| Sturgill | Ryan | Technician IV, Engineering - Process |
| Sukumar | Suhashine | Engineer, Validation |
| Sullivan | Emily | Operator I, DS |
| Sullivan | Jennifer | Senior Manager, QA |
| Sullivan | Wendy | Operator I, Form/Fill |
| Summitt | Steven | Senior Representative, QA |
| Surigao | Walter | Representative, Supply Chain - Planning |
| Suslowicz | Joshua | Engineer, Validation |
| Swaby | Cynthia | Principal Representative, QA |
| Swafford | Rick | Material Handler I, Supply Chain - Logistics |
| Swank | Matthew | Engineer, Validation |
| Swank | Sabrina | Operator I, Packaging |
| SWEENEY | LACHLAN | Associate Representative, QA |
| Swihart | Trisha | Lead, Form/Fill |
| Taber | Morgan | Lead, Packaging |
| Tabor | Jonathan | Specialist I, MS&T |
| Talbert | Kenneth | Lead, Inspection |
| TAN-ALLEN | KAH | Senior Representative, QA |
| Tanhua-Castro | Satu | Senior Representative, QA |
| Tanner | Steven | Operator I, DS |
| Tarr | Robert | Technician IV, QC |
| Taskey | Caelan | Operator IV, DS |
| Tassi | Stefanie | Manager, MS&T |
| Tavernier | Kate | Scientist, PD |

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|---|---|---|
| Taylor | Amber | Supervisor, QC |
| Taylor | Brittney | Senior Representative, QA |
| Taylor | Brooke | Manager, QA |
| Taylor | Darlene | Supervisor, Supply Chain - Logistics |
| Taylor | Lisa | Lead, Form/Fill |
| Teague | Kylie | Project Manager, Validation |
| Tedrow | Robert | Material Handler I, Supply Chain - Logistics |
| Terrell | Christopher | Operator I, Inspection |
| Terrell | Kevin | Operator IV, Form/Fill |
| Terrell | Mica | Principal Scientist, QC |
| Terry | Katlyn | Lead, Form/Fill |
| Thakkar | Preetkumar | Analyst, QA |
| Thambiah | Vijay | Senior Manager, Engineering - Process |
| Thies | Cassidy | Associate Engineer, MS&T |
| Thomas | Alice | Scientist, QC |
| Thomas | Amanda | Lead, Form/Fill |
| Thomas | Chasidy | Technician III, QC |
| Thompson | Garrett | Representative, QA |
| Thornton | Lakayla | Operator I, Packaging |
| Thummel | Kierstin | Project Manager, PM |
| Tidd | Benjamin | Specialist I, QA |
| Tiernan | Jonathan | Senior Manager, MS&T |
| Tinsley | Walter | Technician II, QC |
| Todd | Aaron | Representative, QA |
| Toki | Amarinder | Principal Engineer, Engineering - Facilities & Maintenance |
| Tolle | Tamara | Operator IV, Form/Fill |
| Tomey | Samantha | Representative, QA |
| Tompkins | Kaylee | Technician II, QC |
| Tompkins | Lane | Operator I, Packaging |
| Torline | Stacie | Representative, QA |
| Torres Vélez | Carlos | Associate Scientist, QC |
| Tow | Megan | Coordinator III, Supply Chain - Planning |
| Tow | Tanner | Specialist II, Supply Chain - Logistics |
| Towle | Zachary | Associate Scientist, QC |
| Townsend | Matthew | Senior Representative, QA |
| Tracey | Thomas | Operator I, DS |
| Trisler | Destiny | Specialist I, Inspection/Packaging |
| Trotter | Charles | Technician IV, Engineering - Process |
| True | Anthony | Technician III, Engineering - Process |
| True | Devan | Specialist I, Contracts Administration |
| True | Wendy | Representative, QA |
| Tryon | Matthew | Representative, QA |
| Tsetegho Sokeng | Arold Jorel | Senior Scientist, QC |

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|---|---|---|
| Tuggle | Rhonda | Representative, QA |
| Turk | Matthew | Lead, Packaging |
| Turley | Lisa | Operator III, Form/Fill |
| Turner | Ashlee | Operator I, Packaging |
| Turpen | Brian | Technician II, Engineering - Process |
| Turpen | Miranda | Specialist I, Form/Fill |
| Turpin | Seth | Material Handler I, Supply Chain - Logistics |
| Twitty | Nathaniel | Lead, Form/Fill |
| Tyler | Franklin | Senior Analyst, QA |
| Udeozo | Uchechukwu | Senior Project Manager, PM |
| Umana | Andrew | Scientist, MS&T |
| Underwood | David | Senior Engineer, IT |
| Underwood | Jon | Senior Project Manager, Engineering - Process |
| VanDeventer | Reise | Operator I, Packaging |
| VanHorn | Annabelle | Senior Representative, QA |
| Varela | Raul | Associate Scientist, QC |
| Varghese | Carolin | Senior Analyst, QA |
| Vaughan | Robert | Senior Manager, PD |
| Vaught | Buffie | Senior Representative, QA |
| Vencel | Jody | Supervisor, QA |
| Ventura | Elisa | Operator I, Inspection |
| Verdeyen | David | Operator I, Packaging |
| Vergara | Victor | Senior Director, Supply Chain |
| Vyas | Dharmesh | Engineer, MS&T |
| Wade | Christian | Manager, QA |
| Wade | Nicholas | Specialist II, Training |
| Waggoner | Heather | Operator I, Form/Fill |
| Wagner | Braxton | Operator IV, Form/Fill |
| Wagner | Christopher | Operator II, Form/Fill |
| Wagner | Lisa | Operator I, Inspection |
| Wagner | Zachary | Technician III, Validation |
| Waldon | Jeffrey | Engineer, Validation |
| Walker | Amanda | Coordinator IV, QA |
| Walker | Anna | Associate Scientist, QC |
| Walker | Austin | Operator III, Form/Fill |
| Walker | Clyde | Supervisor, Supply Chain - Logistics |
| Walker | Sherry | Supervisor, QC |
| Wallace | Zackery | Operator I, Form/Fill |
| Wallen | Braden | Operator III, Inspection |
| Waller | Massey | Coordinator II, DS |
| Walls | James | Supervisor, Training |
| Walls | Jamie | Manager, QA |
| Walls | William | Technician III, Validation |
| Walsh | Cary | Representative, QA |

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|---|---|---|
| Wampler | Bryan | Operator III, Form/Fill |
| Wampler | Marsha | Technician II, QC |
| Wang | Jianlin | Senior Scientist, PD |
| Ward | Justin | Senior Manager, QA |
| Warfield | Kawon | Operator I, Inspection |
| Warner | Journey | Engineer, Inspection/Packaging |
| Wash | Emma | Specialist I, Supply Chain - Planning |
| Wash | LeMark | Operator I, DS |
| Wasim | Eman | Engineer, Validation |
| Waters | Judson | Senior Representative, QA |
| Watkins | Emery | Lead, Packaging |
| Watson | Nicholas | Senior Representative, QC |
| Watterson | Briana | Representative, QA |
| Webb | Tyler | Operator I, Inspection |
| Weber | Ryan | Technician II, QC |
| Webster | Joshua | Supervisor, Inspection |
| Webster | Rachel | Coordinator III, QA |
| Wehbi | Khadijeh Abdulwahab | Engineer, Validation |
| Welch | James | Technician III, Engineering - Process |
| Welch | Quentin | Operator III, Form/Fill |
| Wells | Evan | Associate Representative, QA |
| Wells | Gavin | Senior Supervisor, MS&T |
| Wells | Jeremy | Lead, Packaging |
| Wesley | Natalie | Lead, Packaging |
| Wessel | Dennis | Material Handler III, Supply Chain - Logistics |
| Wessel | Laura | Senior Scientist, QC |
| Wesselink | Nolan | Manager, Form/Fill |
| Wessell | Marilyn | Lead, Packaging |
| Westfall | Teresa | Specialist I, Supply Chain - Planning |
| Whaley | Chelsea | Operator III, Form/Fill |
| Wheeler | Derek | Lead, Packaging |
| Wheeler | Kimberly | Technician III, Engineering - Process |
| Wheeler | Laura | Senior Representative, QA |
| Wheeler | Ryan | Principal Representative, QA |
| Wheeler | Victoria | Manager, QA |
| White | Aaron | Technician II, Engineering - Process |
| White | Brandon | Operator I, Form/Fill |
| White | Brian | Operator I, Packaging |
| White | Cassandra | Representative, QA |
| White | Danielle | Material Handler II, Supply Chain - Logistics |
| White | Elaina | Manager, Finance |
| White | Eric | Material Handler I, Supply Chain - Logistics |
| White | Jesse | Operator II, DS |
| White | Joshua | Technician IV, Engineering - Process |

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|---|---|---|
| White | Katie | Operator I, Form/Fill |
| White | Kelly | Operator I, Form/Fill |
| White | Rebecca | Senior Representative, QA |
| White | Rickie | Operator III, Form/Fill |
| WHITE | ROBERT | Specialist I, Supply Chain - Planning |
| Whitehead | Cole | Senior Supervisor, Supply Chain - Logistics |
| Whitfield | TreVahn | Associate Scientist, QC |
| Whitley | Frank | Operator III, DS |
| Whitman | Anna | Supervisor, Inspection |
| Wichman | Brent | Senior Analyst, QA |
| Wichman | Chelsea | Specialist II, Supply Chain - Planning |
| Wigley | Kayla | Supervisor, Inspection |
| Wilcox | Cody | Engineer, Engineering - Process |
| Wilcox | Nathaniel | Operator I, Inspection |
| Wilder | Frederick | Operator I, Packaging |
| Wildman | Cheyenne | Operator I, Packaging |
| Wiles | Suson | Operator I, Inspection |
| Willen | Charles | Principal Engineer, Engineering - Facilities & Maintenance |
| Williams | Brandon | Operator II, DS |
| Williams | Christina | Lead, Inspection |
| Williams | Christopher | Technician III, Engineering - Process |
| Williams | Dennis | Lead, Packaging |
| Williams | Gretchen | Operator I, Inspection |
| Williams | Jeremy | Associate Representative, QA |
| Williams | Jon | Operator I, DS |
| Williams | Joseph | Lead, Form/Fill |
| Williams | Julie | Material Handler I, Supply Chain - Logistics |
| Williams | Mason | Operator I, Form/Fill |
| Williams | Payton | Associate Scientist, QC |
| Williamson | Andrea | Principal Representative, QA |
| Williamson | Justin | Lead, Packaging |
| Williamson | Mitchell | Representative, QA |
| Williamson | Shelby | Specialist III, Form/Fill |
| Willison | Dylan | Operator I, DS |
| Wilson | Ariana | Representative, QA |
| Wilson | Charles | Supervisor, Security |
| Wilson | Thomas | Representative, QA |
| Winzeler | Gena | Associate Scientist, PD |
| Wiseman | Jennifer | Operator I, Form/Fill |
| Wood | Jonathan | Project Manager, PM |
| Woodruff | David | Material Handler I, Supply Chain - Logistics |
| Woolard | Andrew | Operator I, DS |
| Wright | Alicia | Associate Representative, QA |

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|---|---|---|
| Wright | Cherish | Coordinator II, Engineering - Process |
| Wright | Cole | Operator I, Form/Fill |
| Wright | Kevin | Senior Engineer, Quality |
| Wurmnest | Darren | Manager, Validation |
| Wyatt | Cody | Operator I, Inspection |
| Yandl | John | Supervisor, Inspection/Packaging |
| Yazzie | Brandon | Principal Scientist, QC |
| Yeatman | Brittany | Representative, QA |
| Yoder | David | Specialist I, QA |
| York | Joe | Operator III, Form/Fill |
| York | Terry | Operator I, Packaging |
| York | Zachary | Operator IV, Inspection |
| Young | Aidan | Operator I, Form/Fill |
| Young | Dustin | Operator I, Form/Fill |
| Young | Karen | Specialist I, QA |
| Young | Keiana | Supervisor, QA |
| Youtsey | Lance | Technician III, Engineering - Process |
| Zajac | Thomas | Manager, PM |
| Zayas | Milka | Manager, QC |
| Zeigler | Eric | Lead, Form/Fill |
| Zeigler | Gwen | Operator II, Packaging |
| Zhang | Qingyu | Senior Scientist, QC |
| Zike | Kenneth | Operator IV, Packaging |
| Zimmer | Kyle | Operator I, Form/Fill |
| Zirkle | Heidi | Specialist I, Supply Chain - Planning |
| ZUKER | JACOB | Senior Representative, QA |
| Zumbrun | Madalon | Supervisor, QC |

4V

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Defibtech, LLC

Physical Address: 14 Commercial St.

City: Branford State: CT Zip: 06405

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 203-453-6654 Website: www.defibtech.com

Name of Designated Representative (DR): Robert P. Jamieson

Licensing Company Email: bjamieson@defibtech.com DR Email: bjamieson@defibtech.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✔ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 3 **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 4/2/2024 | pending | NV | Reno | Washoe |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 24-094-WH-O | Nevada State Board of Pharmacy |

| Reason/Charge |
|---|
| Wholesaling of Medical Devices |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defibtech, LLC | N/A |

| Name of Business/Industry/Entity |
|---|
| Defibtech, LLC |

**Provide explanation below:**
In April of 2024, the company received a cease and desist and citation order "order" from the Nevada State Board of Pharmacy. The order alleged that Defibtech, LLC "Defibtech" shipped prescription devices into the state without the proper distribution license. Provided is a copy of the order. (See Attachment K)

MVne

Original Signature (electronic, copies or stamps not accepted)

10/17/2024

Date

# Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 2, 2024

VIA CERTIFIED AND REGULAR U.S. MAIL
Defibtech, LLC
741 Boston Post Road, Suite 201
Guilford, CT 06437

**CEASE-AND-DESIST and CITATION-AND-FINE: Case No. 24-094-WH-O – Unlicensed Wholesaling of Medical Devices in Nevada**

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that Defibtech, LLC (hereinafter "Defibtech") has shipped prescription only medical devices into the state of Nevada without the proper licensure. Particularly, the Board has found evidence that Defibtech shipped AED defibrillators into the state. Your company's website states that, "Food and Drug Administration (FDA) rules require a physician's prescription... before the unit can be delivered." Accordingly, the device at issue is a "prescription device" within the meaning of 21 CFR § 801.109.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." See NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, including a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." See NRS 639.233(1) and (2); NAC 639.6942. The product(s) mentioned above are restricted by federal law to sale by or on the order of a physician, therefore, Defibtech needs to obtain a Nevada Wholesale license before shipping these products into the state. *See* NRS 639.233.

Accordingly, the Board hereby orders Defibtech to immediately **CEASE and DESIST** the wholesaling of prescription medical devices that are restricted by federal law to sale by or on the order of a physician. NRS 639.233. Additionally, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2) for unlicensed wholesaling. Based on the above evidentiary summary, the Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars ($5,000.00).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check,* or *money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead.

Pursuant to the Nevada Public Records Act, this citation constitutes a public record that must be released to anyone who makes a proper request for it. However, unless this citation is affirmed by the Board on an appeal, this matter will not be reported to the National Practitioner Data Bank. If you have any questions, please contact the Board's Assistant General Counsel, Gustaf Vanderdonck, at 775-850-1440, ext. 132, or *via* email at gvanderdonck@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: New Jersey

Parent Company (if any): Nihon Kohden North America

Corporation/Organization Name: Defibtech, LLC

Mailing Address: 741 Boston Post Road

City: Guilford State: CT Zip: 06405

Telephone: 203-453-6654 Email: bjamieson@defibtech.com

Contact Person Name: Robert P. Jamieson

N/A

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| N/A<br>1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✔ | |
| 1. Copy of FDA registration See Attachment B<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment D | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment D | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment E | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly-owned by parent company | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment I | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment J | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Defibtech, LLC

Facility Name

Robert P. Jamieson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Sept 26, 2024

Date

| Board Use Only | Date Received: 10/21/24 | Amount: $1000-cc ✓ |
|---|---|---|

**Attachment A**

**Nature of Business**

Defibtech, LLC is a manufacturer of prescription medical devices. Defibtech will sell and ship its products to distributors.

Provided below is the information for the top suppliers:

**Suppliers:**

ANSEN Corporation
100 Chimney Point Drive
Ogdensburg, NY 13669

AVED Electronics LLC
95 Billerica Avenue
N. Billerica, MA 01862

Katecho Inc.
2500 Bell Avenue
Des Moines, IA 50321

MPI / Microboard Processing Inc.
4 Progress Avenue
Seymour, CT 06483

PTI / Prototechnologies, Inc.
331 Shelleybrook Drive
Pilot Mountain, NC 27041

FDA

FDA Home[1] Medical Devices[2] Databases[3]

# Establishment Registration & Device Listing

New Search Back To Search Results

**Establishment:**
Defibtech Branford
14 Commercial St
Branford, CT 06405
**Registration Number:** 3012972516
**FEI Number*:** 3012972516
**Status:** Active
**Date Of Registration Status:** 2024

**Owner/Operator:**
DEFIBTECH, LLC[9]
741 BOSTON POST ROAD
SUITE 201
Guilford, CT US 06437
**Owner/Operator Number:** 9048526[7]

**Official Correspondent:**
Robert Jamieson
741 BOSTON POST ROAD
SUITE 201
Guilford, CT 06437
**Phone:** 203-4536654

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set.

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator

Page Last Updated: 10/14/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

Department of Health & Human Services

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator

**Attachment D**

**LLC Information**

Defibtech, LLC
14 Commercial St.
Branford, CT 06405

**LLC Officers:**

Keiichiro Yoshizawa
*President*

Kenneth Kanzler
*CFO*

Matthew Valentine
*Senior Vice President, Research & Development*

Joseph Mullally
*Senior Vice President, Commercial Operations*

Robert Jamieson
*Vice President, QA/RA*

**Shareholder:**

Nihon Kohden North America
% Ownership: 100

**Attachment E**

**New Jersey Certificate of Good Standing**

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***DEFIBTECH, L.L.C.***
*0600072678*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 06, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*CORPORATION SERVICE COMPANY*
*PRINCETON SOUTH CORPORATE CENTER,*
*SUITE 160, 100 CHARLES EWING BLVD*
*EWING, NJ 08628*




*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of June, 2024*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number: 5158710057*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

State of Connecticut

# Lookup Detail View

**Name and Address**

| Name | Mailing Address | License Address |
|---|---|---|
| DEFIBTECH LLC | DEFIBTECH LLC<br>14 COMMERCIAL ST<br>BRANFORD, CT 06405-2801 | 14 COMMERCIAL ST<br>BRANFORD, CT 06405-2801 |

**Credential Information**

| Credential | License Type | Effective Date | Expiration Date | Status |
|---|---|---|---|---|
| CSM.0002839 | MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES | 11/26/2024 | 06/30/2025 | ACTIVE |

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# STATE OF CONNECTICUT
# DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

**DEFIBTECH LLC**
**14 COMMERCIAL ST**
**BRANFORD, CT 06405-2801**

Email on file to be used for receiving all notices from this office:

**bjamieson@defibtech.com**

1064234

## STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**DEFIBTECH LLC**
**14 COMMERCIAL ST**
**BRANFORD, CT 06405-2801**

has satisfied the qualifications required by law and is hereby issued a

## MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

**Controlled Substances: No** **Rx Legend Drugs: No** **Non Rx Legend Drugs: No** **Medical Devices: Yes** **Cosmetics: No**

**Medical Gases and Oxygen: No** **Durable Medical Equipment (DME): Yes** **Number of Chemists: 0**

**Registration #: CSM.0002839**
**Effective Date: 11/26/2024**
**Expiration Date: 06/30/2025**

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/31/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Newfront Insurance Services
777 Mariners Island Blvd Suite 250
San Mateo, CA 94404

www.newfront.com

**CONTACT NAME:** Cert Request
**PHONE (A/C, No, Ext):** 650-488-8565 **FAX (A/C, No):**
**E-MAIL ADDRESS:** TechCertRequest@newfront.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Endurance American Specialty Ins Co | 41718 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Defibtech, L.L.C.
741 Boston Post Road, Suite 201
Guilford, CT 06437

**COVERAGES** **CERTIFICATE NUMBER:** 82562690 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A | | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Product Liability<br>Retroactive Date: 3/25/2015 | ✓ | | GAM30000735403<br>Claims Made | 11/1/2024 | 11/1/2025 | $10,000,000 Each Claim/Aggregate<br>Ded:$50,000 Each Claim/$250,000 Aggregate | |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: All Operations of the Named Insured.
Emergo Global Consultng LLC and its subsidiaries are additional insureds to Products Liability policy.
Show coverage as "Worldwide."

**CERTIFICATE HOLDER**

Emergo Global Consulting LLC
Emergo Europe
Prinsessegracht 20
2514 AP The Hague
Netherlands

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Rod Sockolov

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NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE
206, RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

# PHARMACEUTICAL WHOLESALER CASH DEPOSIT IN LIEU OF BOND

Name of Applicant/Licensee: Defibtech LLC

Address: 741 Boston Post Rd Suite 201
14 Commercial Street

City: Guilford / Branford State: CT / CT Zip: 06437 / 06405

The above named applicant/licensee (hereinafter referred to as Assignor), does hereby assign and set over to the Nevada State Board of Pharmacy (the Board) all right, title and interest of any kind whatsoever owned or held by Assignor in the cash sum of $ 25,000 which was delivered simultaneously with this form. Assignor provides the cash sum as security pursuant to NRS 639.515(2). This assignment is binding on Assignor, his/hers heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make, application to the Board for a pharmaceutical wholesaler's license.

Assignor understands, acknowledges, and agrees that:

1. The Board is not authorized to refund the cash deposit until sixty days beyond the date upon which the Assignor ceases to be licensed by the Board.

2. The cash deposit will not draw interest and will be kept in a segregated fund within the Board's accounts.

3. The Board is authorized to remove from the cash deposit money to satisfy fines or costs assessed against the Assignor pursuant to NRS 639.515, and that if the Board removes any money from the cash deposit, Assignor shall replenish the cash deposit or shall deposit other security pursuant to NRS 639.515 sufficient to retain the total amount of the cash deposit or else Assignor's license may not be renewed.

Executed in Guilford, CT (City and State) on Oct 17, 2024 (Date).

Signature of Assignor's Authorized Representative

Kejichiro Yoshizawa
Print Name

President
Title

| Invoice | Net Amount | Invoice | Net Amount |
|---|---|---|---|
| Wholesaler Cash Deposit | 25,000.00 | | |

**No:** 33997 10/16/2024 Nevada State Board of Pharmacy **Amount:** 25,000.00 USD

ChkPrint_V2_1

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES MICROPRINTED ENDORSEMENT LINES AND ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Bank of America

33997

**DEFIBTECH, LLC**
741 BOSTON POST ROAD
SUITE 201
GUILFORD, CT 06437

51-57/119

Date: 10/16/2024 No: 33997 Amount: *********25,000.00 USD

Twenty-five thousand and 00/100 Base Currency. **********

**Pay to the Order of**
Nevada State Board of Pharmacy
985 Damonte Ranch PKWY
Suite 206
Reno Nevada 89521
USA

DEFIBTECH, LLC

⑈033997⑈ [redacted]

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Defibtech, LLC — MDEG License # (if applicable): N/A

Physical Address: 14 Commercial St.

City: Branford — State: CT — Zip: 06405

Mailing Address (if different from physical address): Same as physical address.

City: — State: — Zip:

Telephone: 203-453-6654 — Website: www.defibtech.com

Licensing Company Email: bjamieson@defibtech.com

**Section 2: Personal Information**

First: Robert — Middle: Patrick — Last: Jamieson

Alias(es, nicknames, name changes, etc.): Bob

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: 14 Commercial St.

City: Branford — State: CT — Zip: 06405

Telephone: [redacted] — Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| N/A 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Southern New Hampshire University | | 2017 - current Degree not attained | |
| **Address** | **City** | **State** | **Zip** |
| 2500 N River Rd | Manchester | NH | 03106 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Business Managment (not yet attained) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Jonathan Law High School | | 1985 - 1989 | |
| **Address** | **City** | **State** | **Zip** |
| 20 Lansdale Ave | Milford | CT | 06460 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2005 Present | [redacted] | Northford | CT | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Defibtech, LLC | | | 02/24 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 14 Commercial St. | | Branford | CT | 06405 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 203-453-6654 | Vice President, Quality Assurance and Regulatory Affairs | | > 1,000 | |
| **Description of Duties** | | | | |
| Quality Management Representative and Person Responsible for Regulatory Compliance. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Getinge | | | 02/22 - 02/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 45 Barbour Pond Rd. | | Wayne | NJ | 07470 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 888-626-8383 | Sr. Director of Quality Assurance and Compliance | | 4,200 | |
| **Description of Duties** | | | | |
| Provided Strategic Leadership and Management for the Quality Organization. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Oct 17, 2024
Date

I, Robert P. Jamieson, **certify that as the MDEG Administrator for**

Defibtech, LLC,

**that I (initial that you have read and meet the following requirements):**

1. RJ Have a high school diploma or its equivalent;
2. RJ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RJ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RJ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert Jamieson
Print Name (First, Last)

Robert Jamieson
Original Signature (electronic, copies or stamps not accepted)

Oct 17, 2024
Date

| Board Use Only | Date Received: 10/21/24 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Defibtech, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 14 Commercial St.

City: Branford State: CT Zip: 06405

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 203-453-6654 Website: www.defibtech.com

Licensing Company Email: bjamieson@defibtech.com

**Section 2: Personal Information**

First: Robert Middle: Patrick Last: Jamieson

Alias(es, nicknames, name changes, etc.): Bob

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 14 Commercial St.

City: Branford State: CT Zip: 06405

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| N/A 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Southern New Hampshire University | | 2017 - current Degree not attained | |
| **Address** | **City** | **State** | **Zip** |
| 2500 N River Rd | Manchester | NH | 03106 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Business Management (not yet attained) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Jonathan Law High School | | 1985 - 1989 | |
| **Address** | **City** | **State** | **Zip** |
| 20 Lansdale Ave | Milford | CT | 06460 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2001 - Present | [redacted] | Northford | CT | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Defibtech, LLC | | | 02/24 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 14 Commercial St. | | Branford | CT | 06405 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 203-453-6654 | Vice President, Quality Assurance and Regulatory Affairs | | > 1,000 | |
| **Description of Duties** | | | | |
| Quality Management Representative and Person Responsible for Regulatory Compliance. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Getinge | | | 02/22 - 02/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 45 Barbour Pond Rd. | | Wayne | NJ | 07470 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 888-626-8383 | Sr Director Quality Assurance and Compliance | | 4,200 | |
| **Description of Duties** | | | | |
| Provide Strategic Leadership and Management for the Quality Organization. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Viant Medical | | | 07/20 - 10/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 6 Century Rd | | South Plainfield | NJ | 07080 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Sr Director of Quality Assurance and Regulatory Affairs, Plastics Division | | 2,400 | |
| **Description of Duties** | | | | |
| Ensured the QSR/cGMP requirements were met for each location. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Sept 26, 2024
Date

I, Robert P. Jamieson, **certify that as the designated representative for**

Defibtech, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Jamieson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Sept 26, 2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert Jamieson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Oct. 17, 2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Connecticut, ss. County of New Haven

I, Robert Jamieson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

Oct 17, 2024

**Date**

Subscribed and Sworn to before me this 17th day of October 2025

**Notary Public Signature**

KELLY A. COADY
NOTARY PUBLIC
MY COMMISSION EXPIRES 2/28/25

(Seal)

| Defibtech, LLC Branford Connecticut List of Employees | | |
|---|---|---|
| **Home Department Description** | **Payroll Name** | **Job Title Description** |
| Direct Production | Valenti, Ryan | Mechanical Assembler, Line Lead ARM |
| Direct Production | England, Devlin W | Lead Packing/Shipping Specialist |
| Direct Production | Pawlowski, Walter P | Packing and Shipping Specialist |
| Direct Production | Lobato, Marjorie | Production Manager |
| Direct Production | Molina, Francisco | Packing and Shipping Specialist |
| Direct Production | Hernandez, Alize | Packing and Shipping Specialist |
| Direct Production | DuHaime, Lisa | Packing and Shipping Specialist |
| Direct Production | Resuleu Claros, Norma L | Packing and Shipping Specialist |
| Direct Production | Diaz, Lissette | Mechanical Assembler |
| Direct Production | Castro-Gonzalez, Osvaldo Josue | Mechanical Assembler |
| Direct Production | Higgins, Ryan Thomas | Packing and Shipping Specialist |
| Direct Production | Miller, Jonathan | Packing and Shipping Specialist |
| Direct Production | Matamoros, Viviana | Packing and Shipping Specialist |
| Direct Production | Gutierrez Robles, Gilberto Alonzo | Packing and Shipping Specialist |
| Direct Production | Lucero-Guerrero, Alejandro | Packing and Shipping Specialist |
| Direct Production | Palomo Figueroa, Marvin | Packing and Shipping Specialist |
| Direct Quality | Carvajal, Ximena D | Quality Control Supervisor |
| Direct Quality | Reyes, Fanny | Incoming Inspector |
| Direct Quality | Henao, Ana Maria | Senior QC Inspector |
| Direct Quality | Quilghini, John | Incoming Inspector |
| Direct Quality | Nguyen, Vivian | QC Inspector |
| Direct Quality | Nguyen, Tam | QC Inspector |
| Direct Quality | McWilliams, Brenna | Manufacturing Support |
| Direct Quality | Vargas, Gloria | QC Inspector |
| Direct Quality | Corichi, Maria G | QC Inspector |
| Direct Quality | Freire, Monica E | QC Inspector |
| Direct Quality | Fonseca, Victor | QC Inspector |
| Direct Quality | Gonzalez, Zenaida | QC Inspector |
| Direct Quality | Gonzalez, Maritza | QC Inspector |
| Direct Quality | Bobonis Santiago, Ana | QC Inspector |
| Direct Quality | Gonzalez-Pocasangre, Alcides | QC Inspector |
| Direct Quality | Miklus, Matthew | Manufacturing Support |
| Direct Quality | Munoz Robles, Mariana | QC Inspector |
| Direct Quality | Torres-Quezada, Alba | QC Inspector |
| Information Systems | Baudo, Carla | Business Systems Analyst |
| Information Systems | George, Scott | IT Support Specialist |
| Finance | Huisman, Victor | Senior Cost Accountant |
| Business Process Optimi | Verespej, Michael | Project Manager |
| Business Process Optimi | Kunzeman, Brian | VP Business Operations |
| Business Process Optimi | Chopra, Benjamin | Senior Project Manager |
| Mfg Engineering | Watson, Lisa | Senior Manufacturing Engineer |
| Mfg Engineering | Disbrow, Jeffrey | Senior Manufacturing Engineer |
| Mfg Engineering | Ramirez, Pedro | Manufacturing Engineer II |
| Mfg Engineering | Gentile, Vincent L | Manager, Manufacturing Engineering |
| Supply Chain | Rosales, Guadalupe | Warehouse Coordinator |
| Supply Chain | Ganino, Alletah | Purchasing Coordinator |
| Supply Chain | Forbes, Andrew | Inventory Control Coordinator |
| Supply Chain | Rolli, Alfonso Angelo | Inventory Control Coordinator |
| Supply Chain | Panda, Robert Michael | Purchasing Manager |
| Supply Chain | Simpson, Ashleigh M | Inventory Control Manager |
| Supply Chain | Seaforth, Matthew | Warehouse Support Specialist |

| | | |
|---|---|---|
| Supply Chain | Clini, Shannon | Inventory Control Coordinator |
| Manufacturing Operation | Ivaska, Thomas Arunas | Warehouse Facilities Support Specialist |
| Manufacturing Operation | Pace, Anthony J | Senior Vice President, Operations |
| Manufacturing Operation | Canth, Jassa | Director of Production |
| Service | Cordner, Colleen | Group Lead - Field Service |
| Service | Chudwick, Abigail H | Operations Support Administrator |
| Service | Jenkins, Jonathan | Technical Services Technician |
| Service | Daigle, Kenneth | Manager, Service Operations |
| Quality | Montgomery, John | Lead Product Compliance Engineer |
| Quality | Blow, Anna L | Quality Support Specialist |
| Quality | Capaldi, Lisa | Quality Engineer |
| Quality | Delgado, Vanessa | Quality Support Specialist |
| Quality | Acosta Lomelin, Alejandra | Director of Quality Assurance |
| Quality | Alderete, Jason E. | Senior Design Quality Engineer |
| Quality | Rivera, Christopher Anthony | Senior Quality Engineer |
| Quality | Jamieson, Robert | VP Quality & Regulatory Affairs |
| Quality | Gause, Liz | Quality Engineer |
| Regulatory Affairs | Bohren, Allison | Manager, Regulatory Affairs |
| R&D Engineering | Van Twisk, Sander | Principal Electrical Engineer |
| R&D Engineering | Shunaula, Walter | Senior Product Design Engineer, Mechanical |
| R&D Engineering | Doehrman, Bradley | Senior Electrical Engineer |

4W

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH N/A | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Defibtech, LLC

Physical Address: 741 Boston Post Road

City: Guilford State: CT Zip: 06437

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 203-453-6654 Website: www.defibtech.com

Name of Designated Representative (DR): Matthew A. Valentine

Licensing Company Email: mvalentine@defibtech.com DR Email: mvalentine@defibtech.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer (Virtual) |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✔ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 3 **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 4/2/2024 | pending | NV | Reno | Washoe |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 24-094-WH-O | Nevada State Board of Pharmacy |

| Reason/Charge |
|---|
| Wholesaling of Medical Devices |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defibtech, LLC | N/A |

| Name of Business/Industry/Entity |
|---|
| Defibtech, LLC |

**Provide explanation below:**
In April of 2024, the company received a cease and desist and citation order "order" from the Nevada State Board of Pharmacy. The order alleged that Defibtech, LLC "Defibtech" shipped prescription devices into the state without the proper distribution license. Provided is a copy of the order. (See Attachment K)

Original Signature (electronic, copies or stamps not accepted)

Sept 26, 2024
Date

# Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 2, 2024

**VIA CERTIFIED AND REGULAR U.S. MAIL**
Defibtech, LLC
741 Boston Post Road, Suite 201
Guilford, CT 06437

**CEASE-AND-DESIST and CITATION-AND-FINE: Case No. 24-094-WH-O – Unlicensed Wholesaling of Medical Devices in Nevada**

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that Defibtech, LLC (hereinafter "Defibtech") has shipped prescription only medical devices into the state of Nevada without the proper licensure. Particularly, the Board has found evidence that Defibtech shipped AED defibrillators into the state. Your company's website states that, "Food and Drug Administration (FDA) rules require a physician's prescription…before the unit can be delivered." Accordingly, the device at issue is a "prescription device" within the meaning of 21 CFR § 801.109.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." See NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, including a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." See NRS 639.233(1) and (2); NAC 639.6942. The product(s) mentioned above are restricted by federal law to sale by or on the order of a physician, therefore, Defibtech needs to obtain a Nevada Wholesale license before shipping these products into the state. *See* NRS 639.233.

Accordingly, the Board hereby orders Defibtech to immediately **CEASE and DESIST** the wholesaling of prescription medical devices that are restricted by federal law to sale by or on the order of a physician. NRS 639.233. Additionally, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2) for unlicensed wholesaling. Based on the above evidentiary summary, the Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars ($5,000.00).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check,* or *money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead.

Pursuant to the Nevada Public Records Act, this citation constitutes a public record that must be released to anyone who makes a proper request for it. However, unless this citation is affirmed by the Board on an appeal, this matter will not be reported to the National Practitioner Data Bank. If you have any questions, please contact the Board's Assistant General Counsel, Gustaf Vanderdonck, at 775-850-1440, ext. 132, or *via* email at gvanderdonck@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: New Jersey

Parent Company (if any): Nihon Kohden North America

Corporation/Organization Name: Defibtech, LLC

Mailing Address: 741 Boston Post Road

City: Guilford State: CT Zip: 06437

Telephone: 203-453-6654 Email: mvalentine@defibtech.com

Contact Person Name: Matthew A. Valentine

N/A

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| N/A<br>1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✔ | |
| 1. Copy of FDA registration See Attachment B<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment D | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment D | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment E | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly-Owned by parent company | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment I | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment J | ✓ | ✓ | ✓ | ✓ |
| N/A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019_Fingerprint%20Submission%20Instructions.pdf. N/A | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Defibtech, LLC

Facility Name

Matthew A. Valentine

Print Name of Authorized Person Submitting Application

M V

Original signature of Authorized Person (copies or stamps not accepted)

10/17/2024

Date

| Board Use Only | Date Received: 10/21/24 | Amount: $4000-CC 2nd |
|---|---|---|

**Attachment A**

**Nature of Business**

Defibtech, LLC is a virtual manufacturer of prescription medical devices. Defibtech will sell and ship its products to distributors.

Provided below is the information for the top suppliers:

**Suppliers:**

ANSEN Corporation
100 Chimney Point Drive
Ogdensburg, NY 13669

AVED Electronics LLC
95 Billerica Avenue
N. Billerica, MA 01862

Katecho Inc.
2500 Bell Avenue
Des Moines, IA 50321

MPI / Microboard Processing Inc.
4 Progress Avenue
Seymour, CT 06483

PTI / Prototechnologies, Inc.
331 Shelleybrook Drive
Pilot Mountain, NC 27041

FDA

FDA Home[1] Medical Devices[2] Databases[3]

# Establishment Registration & Device Listing

New Search Back To Search Results

**Establishment:**
DEFIBTECH, LLC
741 BOSTON POST ROAD SUITE 201
GUILFORD, CT 06437
**Registration Number:** 3003521780
**FEI Number*:** 3003521780
**Status:** Active
**Date Of Registration Status:** 2024

**Owner/Operator:**
DEFIBTECH, LLC[4]
741 BOSTON POST ROAD
SUITE 201
Guilford, CT US 06437
**Owner/Operator Number:** 9048526[5]

**Official Correspondent:**
Robert Jamieson
741 BOSTON POST ROAD
SUITE 201
Guilford, CT 06437
**Phone:** 203-4536654

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator

Page Last Updated: 10/14/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9048526&OwnerOperator

**Attachment D**

**LLC Information**

Defibtech, LLC
741 Boston Post Road
Guilford, CT 06437

**LLC Officers:**

Keiichiro Yoshizawa
*President*

Kenneth Kanzler
*CFO*

Matthew Valentine
*Senior Vice President, Research & Development*

Joseph Mullally
*Senior Vice President, Commercial Operations*

Robert Jamieson
*Vice President, QA/RA*

**Shareholder:**

Nihon Kohden North America
% Ownership: 100

**Attachment E**

**New Jersey Certificate of Good Standing**

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***DEFIBTECH, L.L.C.***
*0600072678*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 06, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*CORPORATION SERVICE COMPANY*
*PRINCETON SOUTH CORPORATE CENTER,*
*SUITE 160, 100 CHARLES EWING BLVD*
*EWING, NJ 08628*



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of June, 2024.*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number: [illegible]*

*Verify this certificate online at*

*[illegible]*

State of Connecticut

# Lookup Detail View

**Name and Address**

| Name | Mailing Address | License Address |
|---|---|---|
| DEFIBTECH LLC | DEFIBTECH LLC<br>741 BOSTON POST RD<br>GUILFORD, CT 06437-2714 | 741 BOSTON POST RD<br>GUILFORD, CT 06437-2714 |

**Credential Information**

| Credential | License Type | Effective Date | Expiration Date | Status |
|---|---|---|---|---|
| CSM.0002840 | MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES | 11/26/2024 | 06/30/2025 | ACTIVE |

Generated on: 2/7/2025 12:48:00 PM

CPL-03 Rev 06/13

# STATE OF CONNECTICUT
# DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

**DEFIBTECH LLC**
**741 BOSTON POST RD**
**GUILFORD, CT 06437-2714**

Email on file to be used for receiving all notices from this office:

**mvalentine@defibtech.com**

1064234

## STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**DEFIBTECH LLC**
**741 BOSTON POST RD**
**GUILFORD, CT 06437-2714**

has satisfied the qualifications required by law and is hereby issued a

## MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

**Controlled Substances: No** **Rx Legend Drugs: No** **Non Rx Legend Drugs: No** **Medical Devices: Yes** **Cosmetics: No**

**Medical Gases and Oxygen: No** **Durable Medical Equipment (DME): Yes** **Number of Chemists: 0**

**Registration #: CSM.0002840**
**Effective Date: 11/26/2024**
**Expiration Date: 06/30/2025**

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

State of Connecticut

# Lookup Detail View

**Name and Address**

| Name | Mailing Address | License Address |
|---|---|---|
| DEFIBTECH LLC | DEFIBTECH LLC<br>741 BOSTON POST RD<br>GUILFORD, CT 06437-2714 | 741 BOSTON POST RD<br>GUILFORD, CT 06437-2714 |

**Credential Information**

| Credential | License Type | Effective Date | Expiration Date | Status |
|---|---|---|---|---|
| CSM.0002840 | MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES | 11/26/2024 | 06/30/2025 | ACTIVE |

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ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: | Cert Request | |
|---|---|---|---|
| Newfront Insurance Services<br>777 Mariners Island Blvd Suite 250<br>San Mateo, CA 94404 | PHONE (A/C, No, Ext): | 650-488-8565 | FAX (A/C, No): |
| | E-MAIL ADDRESS: | TechCertRequest@newfront.com | |
| www.newfront.com | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Endurance American Specialty Ins Co | | 41718 |
| INSURED | INSURER B : | | |
| Defibtech, L.L.C.<br>741 Boston Post Road, Suite 201<br>Guilford, CT 06437 | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

**COVERAGES** **CERTIFICATE NUMBER:** 82562690 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory In NH) | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Product Liability<br>Retroactive Date: 3/25/2015 | ✓ | | GAM30000735403<br>Claims Made | 11/1/2024 | 11/1/2025 | $10,000,000 Each Claim/Aggregate<br>Ded:$50,000 Each Claim/$250,000 Aggregate | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: All Operations of the Named Insured.
Emergo Global Consultng LLC and its subsidiaries are additional insureds to Products Liability policy.
Show coverage as "Worldwide."

**CERTIFICATE HOLDER**

Emergo Global Consulting LLC
Emergo Europe
Prinsessegracht 20
2514 AP The Hague
Netherlands

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rod Sockolov

© 1988-2015 ACORD CORPORATION. All rights reserved.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE
206, RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

# PHARMACEUTICAL WHOLESALER CASH DEPOSIT IN LIEU OF BOND

Name of Applicant/Licensee: Defibtech LLC

Address: 741 Boston Post Rd Suite 201
14 Commercial Street

City: Guilford / Branford State: CT Zip: 06437 / 06405

The above named applicant/licensee (hereinafter referred to as Assignor), does hereby assign and set over to the Nevada State Board of Pharmacy (the Board) all right, title and interest of any kind whatsoever owned or held by Assignor in the cash sum of $ 25,000 which was delivered simultaneously with this form. Assignor provides the cash sum as security pursuant to NRS 639.515(2). This assignment is binding on Assignor, his/hers heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make, application to the Board for a pharmaceutical wholesaler's license.

Assignor understands, acknowledges, and agrees that:

1. The Board is not authorized to refund the cash deposit until sixty days beyond the date upon which the Assignor ceases to be licensed by the Board.

2. The cash deposit will not draw interest and will be kept in a segregated fund within the Board's accounts.

3. The Board is authorized to remove from the cash deposit money to satisfy fines or costs assessed against the Assignor pursuant to NRS 639.515, and that if the Board removes any money from the cash deposit, Assignor shall replenish the cash deposit or shall deposit other security pursuant to NRS 639.515 sufficient to retain the total amount of the cash deposit or else Assignor's license may not be renewed.

Executed in Guilford, CT (City and State) on Oct 17, 2024 (Date).

Signature of Assignor's Authorized Representative

Keiichiro Yoshizawa
Print Name

President
Title

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Defibtech, LLC — MDEG License # (if applicable): N/A

Physical Address: 741 Boston Post Road

City: Guilford — State: CT — Zip: 06437

Mailing Address (if different from physical address): Same as physical address.

City: — State: — Zip:

Telephone: 203-453-6654 — Website: www.defibtech.com

Licensing Company Email: mvalentine@defibtech.com

**Section 2: Personal Information**

First: Matthew — Middle: Aaron — Last: Valentine

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: 741 Boston Post Road

City: Guilford — State: CT — Zip: 06437

Telephone: [redacted] — Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| N/A 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwestern University | | 2011 - 2013 | |
| **Address** | **City** | **State** | **Zip** |
| 633 Clark St | Evanston | IL | 60208 |
| Diploma/Degree obtained, if any | | | |
| Master of Science, Medical Informatics | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Boston University | | 1992 - 1996 | |
| **Address** | **City** | **State** | **Zip** |
| 1 Silber Way | Boston | MA | 02215 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Biomedical Engineering | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Capital High School | | 1989 - 1992 | |
| **Address** | **City** | **State** | **Zip** |
| 1500 Greenbrier St. | Charleston | WV | 25311 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/15 - Present | [redacted] | Madison | CT | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| /13 - 08/15 | | Ormond Beach | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Defibtech, LLC | | | 06/15 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 741 Boston Post Road | | Guilford | CT | 06437 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 203-453-6654 | Senior Vice President, Research and Development | | more than 6,000 | |
| **Description of Duties** | | | | |
| Leadership of product development and engineering functions. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10/17/2024
Date

I, Matthew A. Valentine, **certify that as the MDEG Administrator for**

Defibtech, LLC,

**that I (initial that you have read and meet the following requirements):**

1. MAV Have a high school diploma or its equivalent;
2. MAV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MAV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MAV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Matthew Valentine
Print Name (First, Last)

MV
Original Signature (electronic, copies or stamps not accepted)

10/17/2024
Date

| Board Use Only | Date Received: 10/21/24 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Defibtech, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 741 Boston Post Road

City: Guilford State: CT Zip: 06437

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 203-453-6654 Website: www.defibtech.com

Licensing Company Email: mvalentine@defibtech.com

**Section 2: Personal Information**

First: Matthew Middle: Aaron Last: Valentine

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 741 Boston Post Road

City: Guilford State: CT Zip: 06437

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| N/A 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwestern University | | 2011 - 2013 | |
| **Address** | **City** | **State** | **Zip** |
| 633 Clark St | Evanston | IL | 60208 |
| Diploma/Degree obtained, if any | | | |
| Master of Science, Medical Informatics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Boston University | | 1992 - 1996 | |
| **Address** | **City** | **State** | **Zip** |
| 1 Silber Way | Boston | MA | 02215 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Biomedical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Capital High School | | 1989 - 1992 | |
| **Address** | **City** | **State** | **Zip** |
| 1500 Greenbrier St. | Charleston | WV | 25311 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/15 - Present | [redacted] | Madison | CT | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| /13 - 08/15 | | Ormond Beach | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Defibtech, LLC | | | 06/15 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 741 Boston Post Road | | Guilford | CT | 06437 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 203-453-6654 | Senior Vice President, Research and Development | | more than 6,000 | |
| **Description of Duties** | | | | |
| Leadership of product development and engineering functions. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

MV

Original Signature (electronic, copies or stamps not accepted)

10/17/2024

Date

I, Matthew A. Valentine, **certify that as the designated representative for**

Defibtech, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MAV I am at least 21 years of age;
3. MAV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MAV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MAV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MAV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MAV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Valentine
Print Name (First, Last)

MV
Original Signature (electronic, copies or stamps not accepted)

10/17/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Matthew Valentine

Print Name (First, Last)

M V — 10/17/2024

Original Signature (electronic, copies or stamps not accepted) Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Connecticut, ss. County of New Haven

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

M V — 10/17/2024

**Original Signature** **Date**

Subscribed and Sworn to before me this 17th day of October 2025

Kelly A Coady

**Notary Public Signature**

KELLY A. COADY
NOTARY PUBLIC
MY COMMISSION EXPIRES 2/28/2025

(Seal)

| Defibtech, LLC Guilford Connecticut List of Employees | | |
|---|---|---|
| **Home Department Description** | **Name** | **Job Title Description** |
| Executive | Gowanlock, William | General Counsel |
| Executive | Kanzler, Kenneth | CFO |
| Executive | Yoshizawa, Keiichiro | President |
| Human Resources | Parks, Christine | Senior Director, Human Resources |
| Human Resources | Schuler, Emily | Office / HR Coordinator |
| Information Systems | Smallshaw, Scott | IT Manager |
| Finance | Coady, Kelly | Controller |
| Finance | Amoroso, Brandon | Accounts Payable Associate |
| Finance | Scheibel, Christopher J. | Senior Manager, FP&A |
| Product Marketing | Boese, Benjamin | Director of Product Management EMS |
| Business Process Optimization | Joseph, Eugene J | Project Manager |
| Document Control | Acaron, Angela Lynn | Manager, Change Management |
| Document Control | Hernandez, Ana | Change Management Specialist II |
| Document Control | Gilbert, Jennifer | Change Management Specialist II |
| Document Control | Puleo, Jean | Document Control Specialist |
| R&D Engineering | Pantalone, Victoria | Manager, Verification & Validation |
| R&D Engineering | Heller, Kaitlyn | Senior Engineer, Systems |
| R&D Engineering | Hicks, Michael S. | Senior Principal Engineer/Software Engineer |
| R&D Engineering | Norrie, Gregory T. | Electrical Technician |
| R&D Engineering | Valentine, Matthew | Senior Vice President, Research & Development |
| R&D Engineering | Nikonov, Igor | Senior Hardware Engineer |
| R&D Engineering | Watson, Jeffrey | Validation Engineer |
| R&D Engineering | Picton, David | Content Manager |
| R&D Engineering | Hicks, David | Director, Advanced Development |
| R&D Engineering | Chacko, Charles | Manager, Product Development |
| R&D Engineering | Collins, Keith | Principal Mechanical Engineer |
| R&D Engineering | Bodnar, Erika Leigh | Senior Validation Engineer |
| R&D Engineering | Nidever, Peter Warren | Systems Engineer II |
| R&D Engineering | Glick, Gene | Senior Electrical Engineer |
| R&D Engineering | King, Peyton M | Application Software Engineer |
| R&D Engineering | Stielau, William M | Principal Application Software Engineer |
| R&D Engineering | Abrams, Roy | Senior Mechanical Engineer |
| R&D Engineering | Ford, Alexander | Systems Engineer |
| R&D Engineering | Cudia, Sean | Validation Engineer II |
| R&D Engineering | Cherry, Gillian Marie | Validation Engineer |
| R&D Engineering | Oniwa, Masanori | Embedded Software Engineer |
| R&D Engineering | Davis, Michael R | Senior Manager, Product Development |
| R&D Engineering | Tasimi, Krenar | Senior Embedded Software Engineer |
| Sales Operations | Mullally, Joseph E | Senior Vice President, Commercial Operations |
| Marketing | Johnston, Melissa | Director of Marketing |

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: FSI, Inc.

Physical Address: 1714 Heil Quaker Blvd., Suite 160

City: LaVergne State: TN Zip: 37086

Mailing Address (if different from physical address): Same as Above

City: _____ State: _____ Zip: _____

Telephone: 800-647-5923 Website: myfsi.net

Name of Designated Representative (DR): Brian Hadfield

Licensing Company Email: FSILicensing@iqvia.com DR Email: bhadfield@myfsi.net

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [3]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Dialysis Clinics and Outpatient Surgery Centers, manufacturers | | ■ Others: Wholesaler/Distributor |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | ✓ | |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 02/01/2013 | 04/05/2013 | NH | Concord | Merrimack |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 429-2013-CR-00724 | Scott, Dick, Concord City Prosecutor |

| Reason/Charge |
|---|
| DUI Driving While Intoxicated,Transporting Alcoholic Beverages, Traffic Control Device Violation, Highway Markings Unbroken Line Violation |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Lodge, Richard | N/A |

| Name of Business/Industry/Entity |
|---|
| N/A |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date 9/17/24

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 1 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 06/28/2009 | 09/15/2009 & 02/03/2010 | TN | Nashville | Davidson |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| GS446606 | Davidson County Criminal Court Clerk |

| Reason/Charge |
|---|
| DUI, Implied Consent-Civil |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Lodge, Richard M | N/A |

| Name of Business/Industry/Entity |
|---|
| N/A |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date 9/10/24

**Record Check Search Criteria: Lodge, Richard – D.O.B.: 10/7/1984**
**Nashville, Davidson County, Tennessee - Criminal Court Clerk**
**Date of Report: 7/22/2024 2:33:12 PM**

# CJIS DATA

**Case Details:**
Name: **Lodge, Richard M** [redacted]
Disposition: **Guilty - Lesser Charge** Disposition Date: **15-SEP-09**
Case Number: **GS446606** Case Type: **GS** Offense Date: **6/28/2009** Citation/Arrest Date: **6/28/2009** Case Status: **CLOSED**
Charged Offense: **DUI** Charge Type (F/M): **MISD** Amended Offense: Convicted Offense: **Reck. Dr.** Convicted Type(F/M): **MISD**
Concurrent With: Consecutive to:

**Appearance Details:**
Date: **2/3/2010** Judge: **Turner, Dianne** Court Room: **Birch Bldg, Court Room 3B**
Attorney: **Young, Stephen G.** Reason: **Probation**

**Incarceration:**
Location: Years: Months: **6** Days: Percentage:
Suspended All But: SAB%: Day for Day?: **N** Hour for Hour?: **N** Report Date:
Suspended?: **Y** No Work Default?: **N** Work Release?: **N** Work Release %: No Early Release?: **N**

**Court Costs:**
Court Costs: **$.00** Court Fines: **$250.00** Total Owed: **$.00** Fines Special Condition:

**Probation:**
Type: Years: Months: **6** Days:
Probation Special Condition:

**Restitution:**
**$.00**
Notes:

**Case Details:**
Name: **Lodge, Richard M** [redacted]
Disposition: **Guilty** Disposition Date: **15-SEP-09**
Case Number: **GS446605** Case Type: **GS** Offense Date: **6/28/2009** Citation/Arrest Date: **6/28/2009** Case Status: **CLOSED**
Charged Offense: **Implied Consent-Civil** Charge Type (F/M): Amended Offense: Convicted Offense: **Implied Consent-Civil** Convicted Type(F/M): **MISD**
Concurrent With: Consecutive to:

**Appearance Details:**
Date: **9/15/2009** Judge: **Turner, Dianne** Court Room: **Birch Bldg, Court Room 4B**
Attorney: **Young, Stephen G.** Reason: **Trial**

**Incarceration:**
Location: Years: Months: Days: Percentage:
Suspended All But: SAB%: Day for Day?: **N** Hour for Hour?: **N** Report Date:
Suspended?: **N** No Work Default?: **N** Work Release?: **N** Work Release %: No Early Release?: **N**

**Court Costs:**
Court Costs: **$.00** Court Fines: **$.00** Total Owed: **$.00** Fines Special Condition:

**Probation:**
Type: Years: Months: Days:
Probation Special Condition:

**Restitution:**
**$.00**
Notes:

6TH CIRCUIT - DISTRICT DIVISION - CONCORD

# CASE SUMMARY

## CASE NO. 429-2013-CR-00724

**State v. Richard Lodge**

§
§
§
§
§

Location: **6th Circuit - District Division - Concord**
Filed on: **02/08/2013**

### CASE INFORMATION

| Offense | Statute | Deg | Date | Case Type: **Criminal** |
|---|---|---|---|---|
| Jurisdiction: **Concord** | | | | |
| 1. DUI Driving While Intoxicated | 265-A:2 | MISDB | 02/01/2013 | Case Status: **04/05/2013 Closed** |
| ChargeID: 751779C ACN: 007025J130751779001 | | | | |
| Arrest: | | | | |
| 2. Transporting Alcoholic Beverages | 265-A:44 | VIOL | 02/01/2013 | |
| ChargeID: 751780C ACN: 007025J130751780002 | | | | |
| Arrest: | | | | |
| 3. Traffic Control Device Violation | 265:9 | VIOL | 02/01/2013 | |
| ChargeID: 751781C ACN: 007025J130751781003 | | | | |
| Arrest: | | | | |
| 4. Highway Markings Unbroken Line Violation | 265:22 | VIOL | 02/01/2013 | |
| ChargeID: 751782C ACN: 007025J130751782004 | | | | |
| Arrest: | | | | |

### PARTY INFORMATION

| | | Attorneys |
|---|---|---|
| **Defendant** | **Lodge, Richard** [redacted] | **Brodich, Nicholas, ESQ**<br>*Retained*<br>603-226-3900(W) |
| **Arresting Agency** | **Scott, Dick**<br>*c/o Concord City Prosecutor*<br>*32 Clinton Street*<br>*Concord, NH 03302* | |
| **Prosecutor** | **Concord City Prosecutor**<br>*41 Green Street*<br>*Concord, NH 03301* | |

| DATE | EVENTS & ORDERS OF THE COURT | INDEX |
|---|---|---|
| 02/04/2013 | Notice to Defendants Eligible for Bail | *Index #1* |
| 02/04/2013 | Orders and Conditions of Bail | *Index #2* |
| 02/04/2013 | Pre Trial Release Questionnaire | *Index #3* |
| 02/04/2013 | Personal Recognizance Bond<br>*2000 pr cd 2/11/13* | *Index #4* |
| 02/08/2013 | Complaint As Accepted For Filing | |
| 02/11/2013 | **Arraignment on Complaint** | |
| 02/12/2013 | Appearance<br>Party: Attorney Brodich, Nicholas, ESQ | *Index #5* |
| 02/12/2013 | Notice Under RSA 265-A:12<br>Party: Attorney Brodich, Nicholas, ESQ | *Index #6* |
| 02/12/2013 | Waiver of Arraignment | *Index #7* |

# CASE SUMMARY

## CASE NO. 429-2013-CR-00724

*ng plea entered*

02/12/2013 Notice of Hearing

02/22/2013 Letter — *Index #8*
*copy addressed to Atty Flanner from Atty Brodich requesting additional discovery*

03/04/2013 Motion to Suppress — *Index #9*
Party: Attorney Brodich, Nicholas, ESQ

03/11/2013 Objection — *Index #10*
Party: Prosecutor Concord City Prosecutor

03/12/2013 Order — *Index #11*
*to be heard at time of trial*

03/19/2013 Other Motions (Judicial Officer: Spath, M. Kristin ) — *Index #12*
Party: Attorney Brodich, Nicholas, ESQ
*assented to motion to reschedule matter for plea/sentencing*

04/01/2013 **Plea**

04/01/2013 **Disposition** (Judicial Officer: Boyle, Gerard J)
1. DUI Driving While Intoxicated
Finding of Guilty

04/01/2013 **Plea** (Judicial Officer: Boyle, Gerard J)
1. DUI Driving While Intoxicated
Guilty
2. Transporting Alcoholic Beverages
Not Guilty
3. Traffic Control Device Violation
Not Guilty
4. Highway Markings Unbroken Line Violation
Not Guilty

04/01/2013 **Disposition** (Judicial Officer: Boyle, Gerard J)
2. Transporting Alcoholic Beverages
Placed on File w/o Finding
3. Traffic Control Device Violation
Placed on File w/o Finding
4. Highway Markings Unbroken Line Violation
Placed on File w/o Finding

04/01/2013 **Sentence** (Judicial Officer: Boyle, Gerard J)
1. DUI Driving While Intoxicated
Sentenced
Fees
Fines: $620.00
Condition - Adult:
1. Interlock Device Ordered, 3 months interlock device ordered, 04/01/2013, 04/01/2013
2. Impaired Driver Care Management Program, phase one refusal no prior dwi, 04/01/2013, 04/01/2013
3. License Revocation, 9 months, 04/01/2013, 04/01/2013

04/01/2013 **Sentence** (Judicial Officer: Boyle, Gerard J)
2. Transporting Alcoholic Beverages
Sentenced
Condition - Adult:

# CASE SUMMARY

## CASE NO. 429-2013-CR-00724

1. Good Behavior for One Year, 04/01/2013, 04/01/2013

3. Traffic Control Device Violation
   Sentenced
   Condition - Adult:
   1. Good Behavior for One Year, 04/01/2013, 04/01/2013

4. Highway Markings Unbroken Line Violation
   Sentenced
   Condition - Adult:
   1. Good Behavior for One Year, 04/01/2013, 04/01/2013

| | | |
|---|---|---|
| 04/01/2013 | Acknowledgement and Waiver of Rights (Judicial Officer: Boyle, Gerard J )<br>*dwi first offense class b misd.* | *Index #13* |
| 04/01/2013 | DWI First Sentencing Order (Judicial Officer: Boyle, Gerard J ) | *Index #14* |
| 04/04/2013 | Impaired Driver Care Management<br>*phase one* | *Index #15* |
| 04/04/2013 | Notice of Revocation<br>*9 months* | *Index #16* |
| 04/16/2013 | *CANCELED* **Trial**<br>*scheduled a plea for 4/1/13* | |
| 07/23/2013 | Other<br>*caip referral to a service provider was made* | *Index #18* |
| 07/24/2013 | Other<br>*cert copies to National Conf. of Bar Ex.* | *Index #17* |
| 12/27/2013 | Report<br>*idcmp-CONFIDENTIAL* | *Index #19* |
| 02/05/2014 | Other<br>*Notice of Client Status with IDCMP enrollment date 4/10/13. Completion date 1/29/14.* | *Index #20* |

| DATE | FINANCIAL INFORMATION | |
|---|---|---|
| | **Defendant** Lodge, Richard | |
| | Total Charges | 620.00 |
| | Total Payments and Credits | 620.00 |
| | **Balance Due as of 07/22/2024** | **0.00** |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Micro-Tech (Nanjing) Co., Ltd
Address: No. 10, Gaoke 3rd Road, National Hi-Tech Zone City: Nanjing State: China Zip: 210032

Name: Micro-Tech Endoscopy USA
Address: 2855 Boardwalk Drive City: Ann Arbor State: MI Zip: 48104

Name: Salter Labs
Address: PO Box 639780 City: Cincinnati, State: OH Zip: 45263-9780

Name: N/A
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Tennesse
Parent Company (if any): N/A
Corporation/Organization Name: FSI, Inc
Mailing Address: 1714 Heil Quaker Blvd., Suite 160
City: Nashville State: TN Zip: 37086
Telephone: 800-647-5923 Email: bhadfield@myfsi.net
Contact Person Name: Brian Hadfield

**Section 6: Partnership**

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

FSI, Inc.

Facility Name

Brian Hadfield

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/17/24

Date

| Board Use Only | Date Received: 12/3/24 | Amount: $1000 - ck 314012 |
|---|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search  Back To Search Results

**Establishment:**
FSI, INC.
1714 Heil Quaker Blvd.
Suite 160
La Vergne, TN 37086
**Registration Number:** 3013227939
**FEI Number*:** 3013227939
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
**Date Of Registration Status:** 2025

**Owner/Operator:**
FSI, Inc.[6]
1714 Heil Quaker Blvd.
Suite 160
La Vergne, TN US 37086
**Owner/Operator Number:** 10089738[7]

**Official Correspondent:**
Brian Hadfield
1714 Heil Quaker Blvd.
Suite 160
La Vergne, TN 37086
**Phone:** 1-615-5667022

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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# FSI, Inc. List of Owners & Officers

## Owners & Officers

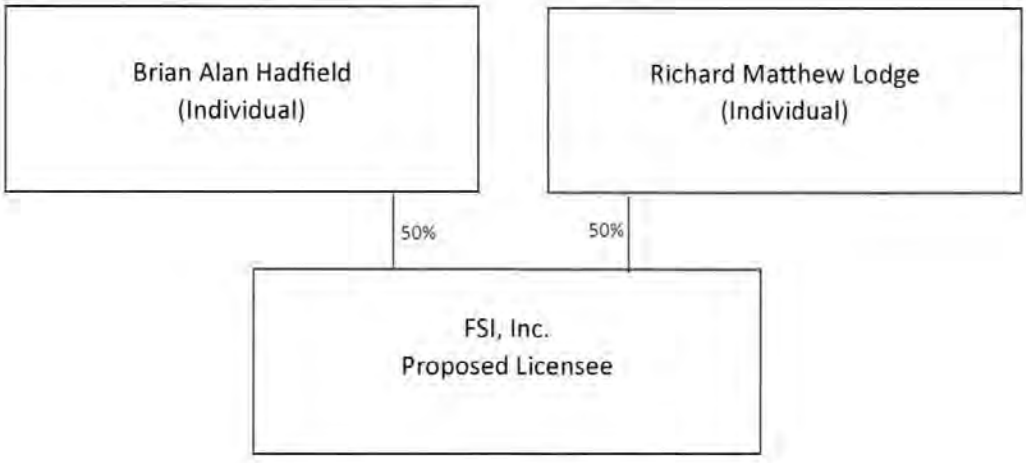
FSI, Inc's executive office and owners information follows.

| | |
|---|---|
| Name: | Brian Hadfield |
| Position/ Title: | CEO |
| Business Address: | 1714 Heil Quaker Blvd., Suite 160, LaVergne, TN 37086 |
| Home Address: | [redacted] |
| Date of Birth: | |
| SSN: | |
| Percentage of Ownership: | 50% |

| | |
|---|---|
| Name: | Richard Lodge |
| Position/ Title: | President/COO |
| Business Address: | 1714 Heil Quaker Blvd., Suite 160, LaVergne, TN 37086 |
| Home Address: | [redacted] |
| Date of Birth: | |
| SSN: | |
| Percentage of Ownership: | 50% |

**Ownership Chart**

**FSI, Inc.**



**Tre Hargett**
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

NORTHWEST REGISTERED AGENT LLC
STE 200B
784 S CLEARWATER STE 200B
POST FALLS, ID 83854

August 6, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0595721

Issuance Date: 08/06/2024
Copies Requested: 1

Document Receipt

Receipt # : 009169801 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3879324480 — $20.00

| | | | |
|---|---|---|---|
| Regarding: | FSi, Inc. | | |
| Filing Type: | For-profit Corporation - Domestic | Control # : | 274107 |
| Formation/Qualification Date: | 01/03/1994 | Date Formed: | 01/03/1994 |
| Status: | Active | Formation Locale: | TENNESSEE |
| Duration Term: | Perpetual | Inactive Date: | |
| Business County: | DAVIDSON COUNTY | | |

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FSi, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 069079937

34834

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000010003
EXPIRATION DATE: 04/30/2026

*This is to certify that all requirements of the State of Tennessee have been met.*

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
FSI, INC

COMMISSIONER OF HEALTH

BRIAN HADFILED
FSI, INC
1714 HELL QUAKER BLVD
SUITE 160
LA VERGNE TN 37086

1385511
34834

# State of Tennessee
# Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
FSI, INC
1714 HEIL QUAKER BLVD
SUITE 160
LA VERGNE TN 37086

*This is to certify that all requirements of the State of Tennessee have been met.*

**ID NUMBER:** 0000010003
**EXPIRATION DATE:** 04/30/2026

Jennifer L. Rothaus, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

DCF171

Last Updated: 2/7/2025

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

# Health Care Facilities

## Licensed Facilities

### Current Listings

Type = Pharmacy-Manufacturer/Wholesaler/Distributor
County = All
Results = 2

Click here to return to the search page

1

FSI, Inc
1714 Heil Quaker Blvd Suite 160
La Vergne, TN 37086
Attn: Kyle Pence
270-307-5175

Rank: Third Party Logistics

Facility License Number: 00009963
Status: Licensed
Date of Original Licensure: 04/10/2024
Date of Expiration: 04/30/2026
**No Disciplinary Actions**

2

FSI, Inc
1714 Heil Quaker Blvd Suite 160
La Vergne, TN 37086
Attn: Kyle Pence
270-307-5175

Rank: Wholesale/Distributor

Facility License Number: 00010003
Status: Licensed
Date of Original Licensure: 04/10/2024
Date of Expiration: 04/30/2026
**No Disciplinary Actions**

FSILOGI-02 MNEVILS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/9/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER License # 1298<br>Hub International Mid-South<br>3011 Armory Drive<br>Suite 250<br>Nashville, TN 37204 | CONTACT NAME:<br>PHONE (A/C, No, Ext): (615) 383-9761 FAX (A/C, No): (615) 383-4628<br>E-MAIL ADDRESS: |
| INSURED<br>FSI, Inc.<br>1714 Hell Quake Blvd., Suite 160<br>La Vergne, TN 37086 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Cincinnati Insurance Company — 10677<br>INSURER B : Accident Fund Insurance Company of America — 10166<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY X PRO-JECT X LOC<br>OTHER: | | | EPP 0440635 | 6/1/2024 | 6/1/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 500,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY X SCHEDULED AUTOS<br>X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | EPP 0440635 | 6/1/2024 | 6/1/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 0 | | | EPP 0440635 | 6/1/2024 | 6/1/2025 | EACH OCCURRENCE<br>AGGREGATE | $ 5,000,000<br>$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | AFWCP100114946 | 6/1/2024 | 6/1/2025 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A | Commercial Property | | | EPP 0440635 | 6/1/2024 | 6/1/2025 | BPP | 13,415,252 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

For Information Only

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**
**PRODUCTS / COMPLETED OPERATIONS LIABILITY COVERAGE PART**

**SECTION II - WHO IS AN INSURED** is amended to include as an insured any person or organization (referred to below as vendor) shown in the Schedule, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

1. The insurance afforded the vendor does not apply to:
   a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
   b. Any express warranty unauthorized by you;
   c. Any physical or chemical change in the product made intentionally by the vendor;
   d. Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
   e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
   f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
   g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.
2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
3. **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance** is amended to include:

   Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:
   a. As otherwise provided in **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance**; or
   b. For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.

**SCHEDULE**

**Name of Person or Organization (Vendor):**

ENVISION HEALTHCARE CORP
1A BURTON HILLS BLVD
NASHVILLE, TN 37215-6187

**Your Products:**

MEDICAL PRODUCTS

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB00114500095

Application/License No. _____

FSI, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1714 Heil Quaker Blvd., Suite 160, LaVergne, TN 37086 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 28, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.


Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of August, 2024.

APPLICANT/PRINCIPAL
FSI, Inc.

Authorized Representative

SURETY COMPANY
Philadelphia Indemnity Insurance Company

Surety Company's Representative

Thomas W. Powell, Jr., Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

1 PB00114500095

**PHILADELPHIA INDEMNITY INSURANCE COMPANY**
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Jeffrey Garner Corvin, Robert L. Harris, Michelle Sauls, Amy E. Comer, Kathryn Geegan, James Patrick McCoin, Cooper Jones, Thomas W. Powell, Jr., and Patricia S. Phipps of The City of Nashville, TN**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$25,000000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 14TH DAY OF NOVEMBER, 2016.

(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 14th day of November, 2016, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Nora Howard, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Jan. 8, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Notary Public: Nora Howard

residing at: Bala Cynwyd, PA

(Notary Seal)

My commission expires: January 8, 2018

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 14th day of November, 2016 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 28th day of August, 20 24.

Edward Sayago, Corporate Secretary
**PHILADELPHIA INDEMNITY INSURANCE COMPANY**

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG FSI, Inc. MDEG License # (if applicable) applying

Physical Address 1714 Heil Quaker Blvd., Suite 160

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) Same as Above

City _____ State _____ Zip _____

Telephone 800-647-5923 Website myfsi.net

Licensing Company Email bhadfield@myfsi.net

**Section 2: Personal Information**

First Brian Middle Alan Last Hadfield

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres [redacted]

City LaVergne State TN Zip [redacted]

Telephon [redacted] Ema [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Vanderbilt University Owen School of Business | | 08/2014 - 07/2016 | |
| Address | City | State | Zip |
| 2201 W End Ave | Nashville | TN | 37235 |
| Diploma/Degree obtained, if any | | | |
| Master of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Tennessee | | 08/2005 - 12/2008 | |
| Address | City | State | Zip |
| 1331 Circle Park Dr | Knoxville | TN | 37916 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science in Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Ravenwood High School | | 08/2002 - 05/2005 | |
| Address | City | State | Zip |
| 1724 Wilson Pike | Brentwood | TN | 37027 |
| Diploma/Degree obtained, if any | | | |
| High School | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2019 - present | [redacted] | Nashville | TN | [redacted] |
| 10/2017 - 03/2019 | | Nashville | TN | |
| 10/2015 - 10/2017 | [redacted] | Nashville | TN | 37205 |
| 07/2011 - 10/2015 | | Nashville | TN | 37205 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FSI, Inc. | | | 01/09-present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1714 Heil Quaker Blvd, Suite 160 | | LaVergne | TN | 37086 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 615-889-5200 | CEO | | 31064 | |
| **Description of Duties** | | | | |
| see attachment | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| N/A | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

9/17/24
Date

I, Brian Hadfield, **certify that as the MDEG Administrator for**

FSI, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. BH Have a high school diploma or its equivalent;
2. BH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. BH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. BH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Brian Hadfield
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/17/24
Date

| Board Use Only | Date Received: 12/3/24 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler FSI, Inc.

Pharmacy/Wholesaler License # (if applicable) applying

Physical Address 1714 Heil Quaker Blvd., Suite 160

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) Same as Above

City _____ State _____ Zip _____

Telephone 800-647-5923 Website myfsi.net

Licensing Company Email bhadfield@myfsi.net

**Section 2: Personal Information**

First Brian Middle Alan Last Hadfield

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City LaVergne State TN Zip [redacted]

Telephone 800-647-5923 Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Vanderbilt University Owen School of Business | | 08/2014 - 07/2016 | |
| **Address** | **City** | **State** | **Zip** |
| 2201 W End Ave | Nashville | TN | 37235 |
| Diploma/Degree obtained, if any | | | |
| Master, Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Tennessee | | 08/2005 - 12/2008 | |
| **Address** | **City** | **State** | **Zip** |
| 1331 Circle Park Dr | Knoxville | TN | 37916 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science in Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Ravenwood High School | | 08/2002 - 05/2005 | |
| **Address** | **City** | **State** | **Zip** |
| 1724 Wilson Pike | Brentwood | TN | 37027 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2019 - present | [redacted] | Nashvile | TN | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 10/2017 - 03/2019 | | Nashville | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| October 2015 - October 2017 | [redacted] | Nashville | TN | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| July 2011 - October 2015 | | Nashville | TN | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FSI, Inc. | | | 01/09-present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1714 Heil Quaker Blvd, Suite 160 | | LaVergne | TN | 37086 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 615-889-5200 | CEO | | 31064 | |
| **Description of Duties** | | | | |
| see attachment | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

Brian A. Hadfield
[redacted]

## OBJECTIVE

Use my skills and experience to make a material impact on business development and growth.

## EDUCATION

**Vanderbilt University, Nashville, TN**
Master of Business Administration, August 2016

**University of Tennessee, Knoxville, TN**
Bachelor of Science in Business Administration, December 2008

## EMPLOYMENT HISTORY

**FSI, Inc., Nashville, TN** January 2009-Present

Chief Executive Officer
Remain responsible for business development efforts and overall company growth
Implemented and remain Designated Representative for the company's medical device and pharmaceutical distribution service and product lines, including:

- Supervising day to day operations of the prescription drug and device wholesale facility operated by the company to ensure compliance with applicable state licensure regulations
- Purchasing and inventory management for prescription drug and devices
- Recordkeeping for storage, distribution, and shipment of prescription drug and devices from wholesale facility operated by the company
- Ensuring storage safety, control and maintenance for prescription drugs and devices warehoused in wholesale facility operated by the company
- Developing, updating and implementing policies and procedures for company related to purchasing, sales and inventory management for prescription drugs and devices distributed by the company

Chief Development Officer
Responsible for business development efforts and overall company growth

**Synchevents, LLC, Nashville, TN** May 2007-June 2010

Vice President and Chief Technology Officer
Co-founded online calendar synchronization software firm
Managed software development cycles and deployment schedules

**Merasys, LLC, Nashville, TN** March 2005-Janury 2008

Vice President, Business Development
Co-founded information systems consulting firm
Developed and maintained relationships critical to business growth

**PlanLife, LLC, Nashville, TN** March 2005-2008

President
Founded software company to organize important personal information, manage documents, and create a household inventory.

**Nashville Predators NHL Franchise, Nashville, TN** August 2004-August 2005

Network Technician

Updated IT infrastructure in Bridgestone Arena
Deployed new technologies, trained users, and maintained infrastructure

**Juris, Inc., Brentwood, TN**
Junior ASP Software Developer May 2001-August 2004
Developed a system to centralize the processes related to legal software sales

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| N/A | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

Date 9/17/24

I, Brian Hadfield, **certify that as the designated representative for**

FSI, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. BH I am at least 21 years of age;
3. BH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brian Hadfield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 9/17/24

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Brian Hadfield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 9/13/24

---

**Please have this section completed in the presence of a Notary Public.**

State of Tennessee, ss. County of Rutherford

I, Brian Hadfield, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

**Date** 9/17/24

Subscribed and Sworn to before me this 17 day of September.

**Notary Public Signature**

BRITTANY MATHIS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FSI, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) applying

Physical Address 1714 Heil Quaker Blvd., Suite 160

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) Same as Above

City _____ State _____ Zip _____

Telephone 800-647-5923 Website myfsi.net

Licensing Company Email bhadfield@myfsi.net

### Section 2: Personal Information

First Brian Middle Alan Last Hadfield

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City LaVergne State TN Zip [redacted]

Telephone 800-647-5923 Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Vanderbilt University, Owen School of Business | | 08/2014 - 07/2016 | |
| **Address** | **City** | **State** | **Zip** |
| 2201 W End Ave | Nashville | TN | 37235 |
| Diploma/Degree obtained, if any | | | |
| Master of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Tennessee | | 08/2005 - 12/2008 | |
| **Address** | **City** | **State** | **Zip** |
| 1331 Circle Park Dr | Knoxville | TN | 37916 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science in Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Ravenwood High School | | 08/2002 - 05/2005 | |
| **Address** | **City** | **State** | **Zip** |
| 1724 Wilson Pike | Brentwood | TN | 37027 |
| Diploma/Degree obtained, if any | | | |
| High School | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2019 - present | [redacted] | Nashville | TN | [redacted] |
| 10/2017 - 03/2019 | | Nashville | TN | |
| 10/2015 - 10/2017 | | Nashville | TN | [redacted] |
| 07/2011 - 10/2015 | | Nashville | TN | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| FSI, Inc. | | | 01/09-present |
| **Business Address** | **City** | **State** | **Zip** |
| 1714 Heil Quaker Blvd, Suite 160 | LaVergne | TN | 37086 |
| **Phone** | **Title** | | |
| 615-889-5200 | CEO | | |
| **Description of Duties** | | | |
| see attachment | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| N/A | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

9/17/24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Brian Hadfield

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/17/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Tennessee, ss. County of Rutherford

I, Brian Hadfield, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

**Date** 9/17/24

Subscribed and Sworn to before me this 17 day of September.

**Notary Public Signature**

BRITTANY MATHIS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

**(Seal)**

Y

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Personal History Application

Rev (05/18/2023)

## Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FSI, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) applying

Physical Address 1714 Heil Quaker Blvd., Suite 160

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) Same as Above

City _____ State _____ Zip _____

Telephone 800-647-5923 Website myfsi.net

Licensing Company Email bhadfield@myfsi.net

## Section 2: Personal Information

First Richard Middle Matthew Last Lodge

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City LaVergne State TN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: The University of New Hampshire School of Law | | | From - To (MM/YY – MM/YY): 08/2010 - 05/2013 |
| Address: 2 White St | City: Concord | State: NH | Zip: 03301 |
| Diploma/Degree obtained, if any: Jurisdoctorate (JD) | | | |
| School Name: The University of the South, Sewanee | | | From - To (MM/YY – MM/YY): 08/2003 - 05/2007 |
| Address: 735 University Avenue | City: Sewanee | State: TN | Zip: 37383 |
| Diploma/Degree obtained, if any: Bachelor of Arts | | | |
| School Name: Hillsboro High School | | | From - To (MM/YY – MM/YY): 08/1999 - 05/2003 |
| Address: 3812 Hillsboro Pike | City: Nashville | State: TN | Zip: 37215 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name: N/A | | | From - To (MM/YY – MM/YY): |
| Address: | City: | State: | Zip: |
| Diploma/Degree obtained, if any: | | | |
| School Name: N/A | | | From - To (MM/YY – MM/YY): |
| Address: | City: | State: | Zip: |
| Diploma/Degree obtained, if any: | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/22-present | [redacted] | Brentwood | TN | [redacted] |
| 07/20-04/22 | | Nashville | TN | |
| 11/18-07/20 | | Nashville | TN | |
| 08/2016 - 11/2018 | 4808 Nebraska Ave. | Nashville | TN | |
| 9/2014 - 08/2016 | 46 Appletreewick St. | Sewanee | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FSI, Inc. | | | 03/16-present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1714 Heil Quaker Blvd, Suite 160 | | LaVergne | TN | 37086 |
| **Phone** | **Title** | | | |
| 615-889-5200 | President/COO | | | |
| **Description of Duties** | | | | |
| Oversight of operations for non-healthcare related service lines; labor and employment management and supervision; insurance management | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | 01/2014 - 03/2016 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 204 East 5th Street | | South Pittsburg | TN | 37380 |
| **Phone** | **Title** | | | |
| (423) 837-7181 | Second Shift Foundry Supervisor | | | |
| **Description of Duties** | | | | |
| Supervised finishing and packing departments of cast iron manufacturing operation | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | ✓ | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 02/01/2013 | 04/05/2013 | NH | Concord | Merrimack |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 429-2013-CR-00724 | | Scott, Dick, Concord City Prosecutor | | |
| **Reason/Charge** | | | | |
| DUI Driving While Intoxicated,Transporting Alcoholic Beverages, Traffic Control Device Violation, Highway Markings Unbro | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Lodge, Richard | | | | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

Please see attached

Original Signature (electronic, copies or stamps not accepted)

9/24/24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 06/28/2009 | 09/15/2009 | TN | Nashville | Davidson |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| GS446606 | | Davidson County Criminal Court Clerk | | |
| **Reason/Charge** | | | | |
| DUI, Implied Consent-Civil | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| Lodge, Richard M | | N/A | | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

Please see attached

Original Signature (electronic, copies or stamps not accepted)

9/24/24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Richard Lodge

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/24/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Tennessee, ss. County of Rutherford

I, Richard Lodge, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9/24/24

**Date**

Subscribed and Sworn to before me this 24 day of September.

**Notary Public Signature**

BRITTANY MATHIS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

**(Seal)**

| Legal Name | First Name | Middle Name | Last Name | Department | |
|---|---|---|---|---|---|
| FSI, Inc. | Kurdistan | | Adam | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Tom | | Albert | 120 - Office & Admin | IT Director |
| FSI, Inc. | Saw | Myat | Aye | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Cody | | Bean | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Stephanie | | Bean | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Jaimie | Ann | Bennett | 120 - Office & Admin | CSR |
| FSI, Inc. | Aaron | Tyler | Black | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | William | | Black | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Melissa | | Briggs | 110 - Sales & Executive | Sales Rep |
| FSI, Inc. | William | | Brooks | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | PATRICK | Nolan | BRUNNER | 120 - Office & Admin | CSR |
| FSI, Inc. | Fernand | | Buhendwa | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | John | Charles | Campbell | 120 - Office & Admin | Accounting Clerk |
| FSI, Inc. | Kerry | L | Clark | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Mary | Elizabeth | Clark | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | LaRae | L. | Cox | 120 - Office & Admin | CSR |
| FSI, Inc. | Ryan | Jacob | Cox | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Wanda | Fay | Crook | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Kenneth | Brassfield | Dillon | 120 - Office & Admin | Field Manager |
| FSI, Inc. | Jonathan | | Dominguez | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Landon | Ross | Dorman | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Omar | | Ferrer | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Steven | L | Grissim | 110 - Sales & Executive | Sales Rep |
| FSI, Inc. | Brian | | Hadfield | 110 - Sales & Executive | Owner/CEO |
| FSI, Inc. | Abigale | | Hicks | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | ASHLEY | | HIGGINS | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Devin | Donovan | Holt | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Kiosha | | Kennedy | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Levi | James | Kershaw | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Marjorie | | King | 120 - Office & Admin | CSR |
| FSI, Inc. | Jeffrey | Daniel | Lacuniak | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Gustavo | Enrique | Lameda Suarez | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Chun | | Liu | 120 - Office & Admin | CSR |
| FSI, Inc. | RICHARD | | LODGE | 110 - Sales & Executive | Owner/President |
| FSI, Inc. | LUIS | | MALAVE | 120 - Office & Admin | CSR |
| FSI, Inc. | Brittany | | Mathis | 120 - Office & Admin | CSR |
| FSI, Inc. | Emnet | | McGlothin | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Allie | R. | Miller | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Eric | | Moody | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Montarius | | Newsom | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | AMANDA | Brooke | NEWSOM | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Billy | Gene | Oden | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Brandon | Richard | Paddock | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Zachary | | Peach | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Kyle | | Pence | 120 - Office & Admin | VP of Operations |
| FSI, Inc. | Alex | K | Pinkerton | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Salvador | | Rivera | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Timothy | | Ryan | 120 - Office & Admin | Warehouse Manager |
| FSI, Inc. | Krystal | B | Smalls | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Misha | | Smiley | 120 - Office & Admin | CSR |
| FSI, Inc. | Tyhisha | | Smith | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Andrew | Jordan | Smithson | 120 - Office & Admin | CSR |
| FSI, Inc. | Brayden | Ray | Squires | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Roger | | St. Jean | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Robert | James | Stagich | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Carmen | N | Suits | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Nicholas | Grant | Swagler | 120 - Office & Admin | Director of Business Development |
| FSI, Inc. | Garry | | Swanger | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Collin | R | Thomason | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Elizabeth | | Thomason | 120 - Office & Admin | Warehouse Manager |
| FSI, Inc. | SUZANNE | | THOMPSON | 110 - Sales & Executive | Sales Rep |
| FSI, Inc. | Pamela | J | Tillett | 120 - Office & Admin | CSR |
| FSI, Inc. | Tyler | | Underwood | 101 - Speedway Warehouse Employee | Warehouse Employee |
| FSI, Inc. | James | | Wameling | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Ronnie | | Williams | 100 - Heil Quaker Warehouse Employee | Warehouse Employee |
| FSI, Inc. | Roseanne | M | York | 120 - Office & Admin | Production and Events Coordinator |

4Y

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (05/12/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>■ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 03366 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Hugel America, Inc. dba Hugel Aesthetics

Physical Address: 1200 Newport Center Drive, Suite 200

City: Newport Beach State: CA Zip: 92660

Mailing Address (if different from physical address): 1200 Newport Center Drive, Suite 200

City: Newport Beach State: CA Zip: 92660

Telephone: (949) 674-5355 Website: hugel-aesthetics.com

Name of Designated Representative (DR): Angie Wang

Licensing Company Email: See Non-Publicly Traded Section DR Email: angie.wang@hugel-aesthetics.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ■ Others: Biologics | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ■ Others: Virtual Manufacturer |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): Hugel, Inc.

Corporation/Organization Name: Hugel America, Inc.

Mailing Address: 1200 Newport Center Drive, Suite 200

City: Newport Beach State: CA Zip: 92660

Telephone: (949) 674-5355 Email: statelicense@hugel-aesthetics.com

Contact Person Name: Angie Wang

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Hugel America, Inc.
Facility Name

Angie Wang
Print Name of Authorized Person Submitting Application

Angie Wang
Original signature of Authorized Person (copies or stamps not accepted)

09 Dec 2024
Date

| Board Use Only | Date Received: 12/8/25 | Amount: $1000 ck 3141 |
|---|---|---|

HUGEL

## Hugel America, Inc.

### Description of Operations

Hugel America, Inc. is a virtual manufacturer of pharmaceutical products located in Newport Beach, CA. Hugel America, Inc. is a privately held corporation owned by Hugel Inc. Hugel America, Inc.'s biologic product is focused on the treatment of Glabellar (Frown) Lines. Hugel America, Inc.'s product is manufactured by a Contract Manufacturer and will be distributed directly to physician's offices, by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

**Contract Manufacturer Information:**

Hugel, Inc.
23, Geodudanji 1-gil Dongnae-myeon
Chuncheon-si Gangwon-do, South Korea 24398
FDA Establishment #: 3012163998
Contact Person: Sangjun Cho +82.33.815.5207

Hugel, Inc. manufactures Hugel America, Inc.'s product and packages finished product. At no time does Hugel, Inc. own the product, contract with Hugel America, Inc.'s customers, invoice, nor sell Hugel America, Inc.'s product. Hugel America, Inc.'s product is not a Controlled Substances.

**Labeler Code:**
81165

**Third Party Logistics Provider:**

For distribution into the commercial supply channels, Hugel America, Inc utilizes the following Third-Party Logistics (3PL) provider to manage the storage and distribution of Hugel America, Inc's product to customers throughout the United States:

Cardinal Health SPS
15 Ingram Blvd, Suite 140
La Vergne, TN 37086
Contact Person: Joel Waymont (615) 720-7255

Hugel America, Inc's Hours of operation are Monday-Thursday 10:00am-3:00pm Pacific Standard Time.

Verified
2/5/25
WDS

HUGEL

## Corporate Information

Hugel America, Inc.
1200 Newport Center Drive, Suite 200
Newport Beach, CA 92660
Phone: (949) 674-5355
Website: www.hugel.co.kr/en
E-mail: quality@hugel-aesthetics.com

FEIN: 36-4909230
State of Formation: DE
Date Incorporated: 08/28/2018

## Ownership Information

Hugel America, Inc. is a privately held corporation owned by:

Hugel Inc. (100%)

61-20, Sinbuk-ro, Sinbuk-eup
Chuncheon-si, Gangwon-do
South Korea, 24206

## Officers

**Angie Wang, V.P. of Tech Ops and Supply Chain**
Business Address: 1200 Newport Center Drive, Suite 200 Newport Beach, CA 92660
Business Phone: (949) 674-5355
Email: angie.wang@hugel-aesthetics.com
Ownership %: 0

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUGEL AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUGEL AMERICA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

6995436 8300

SR# 20243053876

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204158718

Date: 08-20-24

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

«Renewal License

# Wholesale Drug Permit

License No. WLS 8118
Receipt No. 42040171

Valid Until: 9/1/2025

HUGEL AMERICA INC DBA HUGEL AESTHETICS
1200 NEWPORT CENTER DR STE 200
NEWPORT BEACH, CA 92660-0933

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

CALIC100 RENWALR 07242024 26757 SEQID678

HUGEL AMERICA INC DBA HUGEL AESTHETICS
1200 NEWPORT CENTER DR STE 200
NEWPORT BEACH, CA 92660-0933 678

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

N/A

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2024

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| | |
|---|---|
| PRODUCER<br>Marsh & McLennan Agency LLC<br>Marsh & McLennan Ins. Agency LLC<br>PO Box 85638<br>San Diego CA 92186<br>License#: 0H18131 | CONTACT NAME: Kristin Mitchell<br>PHONE (A/C, No, Ext): 509-946-2655 FAX (A/C, No):<br>E-MAIL ADDRESS: Kristin.Mitchell@MarshMMA.com |
| INSURED<br>Hugel America, Inc.<br>1200 Newport Center Drive Suite 200<br>Irvine CA 92618<br>HUGELAMERI | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Pacific Employers Insurance Company — 22748<br>INSURER B : ACE Property & Casualty Insurance Co — 20699<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** 81651100 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | | | D9596073A | 3/15/2024 | 3/15/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 2,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 2,000,000<br>$ 4,000,000<br>$<br>$ |
| A | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | D9596073A | 3/15/2024 | 3/15/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| B | X UMBRELLA LIAB [ ] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED X RETENTION $ 0 | | | D95960741 | 3/15/2024 | 3/15/2025 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $ 1,000,000<br>$ 1,000,000<br>$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | 71795381 | 3/15/2024 | 3/15/2025 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A | Business Incomes | | | D9596073A | 3/15/2024 | 3/15/2025 | | 12 months ASL |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

Evidence of Insurance

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0828243

Application/License No. _____

Hugel America, Inc. DBA Hugel Aesthetics (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1200 Newport Center, Newport Beach, CA 92660 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Road, suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/29/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of September, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Patricia White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

# POWER OF ATTORNEY

Bond # 0828243

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609**

**KNOW ALL MEN BY THESE PRESENTS:** That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SANDRA CORONA, SHANNON ALVAREZ, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2021

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2021, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said orginals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 29, 2022

A00874

Irene Martins, Assistant Secretary

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (04/22/2021)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Hugel America. Inc. dba Hugel Aesthetics

Physical Address 1200 Newport Center Drive, Suite 200

City Newport Beach State CA Zip 92660

Mailing Address (if different from physical address) 1200 Newport Center Drive, Suite 200

City Newport Beach State CA Zip 92660

Telephone (949) 674-5355 Website hugel-aesthetics.com

Licensing Company Email statelicense@hugel-aesthetics.com

**Section 2: Personal Information**

First Angie Middle Yen Hung Last Wang

Alias(es, nicknames, name changes, etc.) Yen Hung Wang; Angie Y. Wang

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 1200 Newport Center Drive, Suite 200

City Newport Beach State CA Zip 92660

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | N/A | |

Applicant's initials AW

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of California | | 8/1990 – 5/1994 | |
| Address | City | State | Zip |
| 110 Sprout Hall | Berkeley | California | 94720 |
| Diploma/Degree obtained, if any | | | |
| B.A., molecular and cell biology/economics (double major) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of San Francisco | | 1997-1999 | |
| Address | City | State | Zip |
| 2130 Fulton St. | San Francisco | CA | 94117 |
| Diploma/Degree obtained, if any | | | |
| MBA – Emphasis in Marketing | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of California | | 2000 | |
| Address | City | State | Zip |
| 1995 University Ave., Suite 200 | Berkley | CA | 94704 |
| Diploma/Degree obtained, if any | | | |
| Project Management Certification | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Sanger High School | | 9/1986-6/1990 | |
| Address | City | State | Zip |
| 1045 N Bethel Ave | Sanger | CA | 93657 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/1/2007-Present | [redacted] | Danville | CA | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Hugel America, Inc. | | | July 2021- Present | |
| Business Address | | City | State | Zip |
| 1200 Newport Center Drive, Suite 200 | | Newport Beach | CA | 92660 |
| Phone | Title | | Number of Employed Hours | |
| (949) 674-5355 | Vice President of Technical Operations and Supply Chain | | 800 | |
| Description of Duties | | | | |
| See Attached Resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| VIVUS, INC. | | | 2014-July 2021 | |
| Business Address | | City | State | Zip |
| 900 E. Hamilton Ave., Suite 550 | | Campbell | CA | 95008 |
| Phone | Title | | Number of Employed Hours | |
| | Head/Director, Manufacturing Operations (CMO) and Supply | | 12K | |
| Description of Duties | | | | |
| See Attached Resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Continue on next page if additional space is needed.

**ANGIE WANG**

[redacted]

Experienced in leading manufacturing/operation and supply chain management teams. Hands on experience in identifying, qualifying, auditing, and managing contract manufacturers, packagers, 3PL, and Wholesalers. Strong experienced in supply planning, new product launch, technical transfers, setting procurement / sourcing strategies and setting business operating processes. Strong interpersonal skills with the ability to lead and influence teams to work positively and collaboratively. Consistently achieving exceed expectations performance rating, department and corporate goals. Experience in working in multicultural companies and teams. Biotech, pharmaceuticals, dermatology pharmaceuticals, and medical device experience includes:

- Mammalian Biopharmaceuticals
- Pharmaceutical & Dermatology
- Medical Device
- Manufacturing Technology Transfer
- Process Development
- Contract Compliance Management
- Direct to Patient Distribution
- Wholesaler Management
- Procurement
- Planning and Scheduling
- Contract Mfg/CMO
- 3PL Management
- High Volume Electronic Mfg
- Strategic Sourcing
- Alliance Management
- Mail Order Pharmacy
- Trade and Distribution
- Customer Service Mgmt
- Continuous Process Improvement
- New Product Introduction (NPI)
- FDA Guidelines/cGMP
- S&OP process
- Global Mfg and Supply Chain
- Project Management
- Patient Assistance Program
- Logistics Management

## EMPLOYMENT HISTORY

**Hugel America, Inc. - 1200 Newport Center Drive, Suite 200, Newport Beach, CA 92660**
**Vice President, Technical Operations and Supply Chain** **July 2021 - Present**

Responsible for Operations and Supply Chain strategy and execution.

**VIVUS, INC., CAMPBELL, CA (900 E. Hamilton Ave., Suite 550, Campbell, CA 95008)**
***Head/Director, Manufacturing Operations (CMO) and Supply Chain*** **2014 – July 2021**
***Director, Manufacturing Operations (CMO)*** ***2012 - 2014***

VIVUS is a bio/pharmaceutical company that focuses on commercializing and developing innovative, next-generation therapies to address unmet needs. As Head of Manufacturing Operations and Supply Chain, responsibilities include overseeing and managing the API supply, (contract) manufacturing operations, supply planning, 3PL/Customer Service, wholesaler network, logistics, and alliance management. Work with internal and external teams to transit productions from clinical to commercial, support on-going process and quality systems improvements, support clinical requirements, ensure conformance to stability program commitments and supply/licensing agreements, etc. Lead the supplier management team to set KPIs and monitor supplier performance and improvement. Ensure project spends >$75,000 adheres to the company procurement policy and best practice (ie., sourcing, manage RFP process, and internal approval process).

**Summary of Achievements and Responsibilities:**

- Lead distribution and supply chain efforts to re-launch commercial product purchased from Janssen to Canada Market (new market to Vivus). (i.e., sourcing a 3PL service provider and set up business operating guidelines/processes, establish service contracts with wholesalers/pharmacy chains)
- Successfully completed product transition acquired from Janssen to Vivus systems and supported re-launch activities for the US Market.

- Successfully sourced, defined, and implemented serialization (and VRS) for multiple commercial products and multiple CMOs to comply with DSCSA (Drug Supply Chain Security Act). Consistently achieving implementation ahead of compliance requirement schedule.
- Successfully launched multiple commercial products on time and led cross functional project team to achieve FDA (PAS filing) approval for the Qsymia titration packaging configurations (line extensions).
- Responsible for CMO, 3PL, and Wholesaler management: Manage CMOs to ensure processes/products meet defined specifications; established supplier management team to address and monitor on-going production, process improvements, supplier performance, achieve team alignment, etc.; established performance metrics (KPIs) and business review process with key CMOs; lead and facilitate cross functional and CMOs to resolve on-going manufacturing non-conformances (deviations, CAPA, etc.); Oversee and define 3PL operating processes and customer service; Work closely with Wholesalers (brand managers and buyers) to ensure high service level and minimize returns.
- Created planning and production infrastructure for manufacturing (develop planning/tracking tool, S&OP process, CMO communication, business review, performance metrics (KPIs), etc.).
- Provided manufacturing and inventory analysis to support monthly and quarterly financial filings.
- Lead/Support supplier selection, qualification, and audits (ASQ Certified Quality Auditor).
- Responsible for managing procurement process for spend >$75,000 across the company. In the first 9 months, negotiated savings >25% (contract savings have ranged from 10%-80+%). Drove cost reductions in commercial printing, materials fulfillment, patient discount offer marketing program, REMS program management, 3PL, distribution, transportation, market research projects, Rx data subscriptions, etc..
- Achieved year over year cost savings despite reduction in sales volumes with 3PL services.
- Initiated and implemented a distribution cost reduction program (direct to patient channel) which is projected to reduce cost to patience by >30%.
- Sourced and implemented patient assistance program.
- Support global (Alliances) commercial partners' regulatory filing activities and liaise with CMO to support market launches.
- Responsible for global supply planning and logistics for multiple commercial products.
- Manage contracts with CMO, 3PL (+customer service), Wholesalers, and Alliances to ensure compliance.
- Responsible for supplying clinical programs.
- Consistently achieving defined department budgets goals.

**ABBOTT DIABETES CARE, a Division of Abbott Laboratories, Alameda, CA** **2006 – 2012**
**1360 S Loop Rd, Alameda, CA 94502**
*Held a position of **Director of Worldwide Contract Manufacturing** from 2006 – 2010 and **Director of Business Operations from** 2010 – 2012*

Abbott Diabetes Care is a global medical device company that specializes in developing, manufacturing, distributing, and commercializing class 2 and 3 medical devices (glucose monitoring systems). As Director of Worldwide Contract Manufacturing, responsibilities included overseeing 4 device manufacturers and 3 packaging sites located in US, Europe and Asia with an annual through put of 7+ million glucose monitoring systems, implementing and establishing manufacturing capabilities and capacities for commercial and new products, resolve on going tactical materials and quality issues, maintain and report performance reports, minimize distress inventory, improve supply chain efficiencies, interface with internal and external auditors, etc.. As Director of Business Operations, responsibilities included developing, leading, and supporting, various gross margin improvement initiatives and cross functional product development team.

**Summary of Achievements:**

- Responsible for developing strategies and leading cross functional product development team, outlining and implementing opportunities for margin improvement, and ongoing planning, scheduling monitoring and reporting of the projects to Executive Management. Responsibilities including driving an 80+MM capital and 18MM in direct expense project.

- Initiated, led, and supported various Commercial strategic programs including gross margin improvement initiative to reduce EMEA distress inventory (achieved project goal 30% reduction), Singapore warehouse hub/distribution elimination, and regulatory strategies for China to ensure business continuity.
- Built a team with a strong reputation for on-time execution, drives for results, and work collaboratively with cross functional teams. In 2008, 7 of the 10 team members received at least one Divisional Vice President award for outstanding and significant contributions. For 2009, 8 of the 10 team members received/approved for at least one Divisional Vice President award for outstanding and significant contributions (Two member of the team received 2 DVP awards).
- Successfully launched over 6 products in three years.
- Successfully transferred and exited two manufacturing sites in 2009 (for cost reduction and consolidation purposes). Contributing a total saving of $20+million (or 17%).
- Member of the ADC Supplier Management Core Team that established the supply management team framework and performance rating metrics. Presented supply management topic at American Society for Quality professional organization.
- Created and responsible for a new team of Operations Project Managers to coordinate and manage cross functional operations projects (i.e., cost reduction projects, process improvement projects, product transition from R&D to manufacturing, etc.)
- Significantly improved materials excess/obsolescence by improving the reporting process, product ramp up/ramp down processes at the contract manufacturers.
- Implemented a material reject review process with cross functional teams to reduce compliance risks and visibilities for process improvement opportunities.
- Significantly reduced the number of quality exceptional reports by implementing a formal procedure for routine business driven deviations decisions.
- Consistently met department and project budgets goals.
- Successfully completed and mitigated observations during FDA audits relating to Contract Manufacturing activities.
- Led and supported a cross Abbott Division Supplier Quality Initiatives project.
- Recipient of the President's Award for significant contribution to the Gross Margin Improvement Program.
- Recipient of Divisional Vice President Award for significant contribution and leadership.
- Selected as the division chair for the Employee Giving Campaign. Drove participation rate from 67% to 83%.
- Selected to attend the Operations Leadership Summit, a one-week training program for high performing Abbott Leaders with participants across Abbott business units.
- Selected to attend the Premier League, leadership training for Abbott Diabetes Care for high performing leaders.

**VALEANT PHARMACEUTICALS INTERNATIONAL, Costa Mesa, CA** **2004 – 2006**
3300 Hyland Avenue, Costa Mesa, CA 92626
***Director, Global Procurement (Strategic Sourcing) and***
***Third Party Supply (Contract Manufacturing and Packaging)***

Led the global strategic sourcing team to source and select contract manufacturers and packagers, improved and developed contract manufacturer relations, negotiated supply agreements / consultation agreements / contract amendments in accordance with procurement, sourcing, internal manufacturing, and manufacturing site sales strategies, reduced costs to meet COG goals, facilitated issue resolution, reduced suppliers in the network, and managed supply chain and inventory as part of corporate strategic master plan and Lean Six Sigma initiatives.

- Responsible for 80+ contract manufacturing and packaging sites in the global supply network (for product categories ranged from biopharmaceuticals, pharmaceuticals, medical devices, and 'cosmeceuticals'.
- Completed and began to implement supplier reduction strategies (20% reduction over three years)

- Sourcing team achieved >$1mil savings during 2005 calendar year and was on target to achieve $1mil savings for 2006 calendar year.
- Built a team with a strong reputation for launching projects on time. Hired and managed two project managers to work with various cross-functional teams to successfully sourced and launched new products. Product categories ranged from biologics, Rx/OTC, medical devices, and cosmetics. During 2005 calendar year, the team launched more than 15 new projects with >90% on time delivery.
- Led technical transfer and procurement teams in product (Infergen) and company (Xcel Pharmaceuticals) acquisitions, integration, and contract termination. Infergen is a biologic inject-able product with a development program to launch a pre-filled syringe delivery method.
- Recipient of "Bravo" award (recognition for outstanding achievement and contribution).

**CONNETICS CORPORATION, Palo Alto, CA** **2001 – 2004**
3290 West Bayshore Road, Palo Alto, California 94303
***Sr. Manager, Technical Operations - Contract Manufacturing***

Led and managed technology / site transfer projects to contract manufacturers, activities related to production of stability/clinical batches, scale-up, validation, and commercial and physician samples, review and approve contract manufacturers' manufacturing and quality documents, sourcing of packaging materials, site audits, sourcing of contract manufacturing sites for new products, preparing regulatory documentation for regulatory filings to the FDA, negotiating supply agreements and various contract amendments, and product price reduction in accordance with corporate expense and COG reduction goals.

- Worked with cross-functional team to develop and submit four CBE-30 and one PAS supplements to the FDA.
- Managed various R&D studies that relates to customer complaint and process improvement.
- Qualified contract manufacturer to launch multiple pharmaceutical products.
- Reduced the lead-time between production and product release by >25% (successfully met all Sales Operations' distribution requirements).
- Improved contract manufacturer performance to reduce on site oversight (from monthly to quarterly then to half annually).

**GENENTECH, INC., 1 DNA WAY, South San Francisco, CA** **1994 – 2001**

Joined Genentech in 1994 as a **Biochemical Technician** and advanced to several positions to becoming a **Project Manager**. Received several company awards and successfully completed leadership programs.

## ACADEMIC EDUCATION and PROFESSIONAL TRAINING

**University of California, Berkeley:** Project Management certification

**University of San Francisco:** MBA – Emphasis in Marketing

**University of California, Berkeley:** B.A., molecular and cell biology/economics (double major)

**Professional Training:**

- **American Production Inventory Control Society (APICS):** have taken courses in the certification program (Just-In-Time, Systems and Technology)
- **UCB Extension:** HVAC for electronics and biotechnology industries, business law, Intellectual property law
- **Lean Six Sigma:** leadership training course
- **Continuous Process Improvement and Project Management:** intensive and practical course instructed by Richard Chang and Associates
- **Women-Unlimited:** leadership training program for managers
- **Stanford Executive Program:** leadership training program for Woman Leaders

- **Stanford Executive Program:** Strategies and Leadership in Supply Chain, August 2012
- **ASQ Certified Quality Auditor,** December 2013

**PUBLICATIONS:**

Santell, L., Ryll,T., Etcheverry,T., Sartoris, M., Dutina, G., Wang, A., Gunson,J., and Warner, T.G.

Metabolic Labeling for Near Online Monitoring of Glycosylation of Recombinant Proteins in Growing Chinese Hamster Ovary Cell Cultures. Glycoconjugate J.14:S120, 1997

Santell, L., Ryll.T., Etcheverry, T., Sartoris, M., Dutina, G., Wang, A., Gunson, J., and Warner, T.G.

Metabolic Labeling for Monitoring Sialylation of Recombinant Proteins in Growing Chinese Hamster Ovary Cell Cultures. FASEB J. 11:A1249, 1997

**OTHER BUSINESS VENTURES:**

- Managing Partner - Restaurant
- Licensed Real Estate Salesperson/Broker – California Bureau of Real Estate #02022816
- NMLS #2157736

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Angie Wong
Original Signature (electronic copies or stamps not accepted)

09 Dec 2024
Date

Applicant's initials AW

I, Angie Wang, **certify that as the designated representative for**

Hugel America, Inc.,

**that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Angie Wang

Print Name (First, Last)

Angie Wang

Original Signature (electronic, copies or stamps not accepted)

09Dec2024

Date

Applicant's initials AW

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Angie Wang
Print Name (First, Last)

Angie Wang
Original Signature (electronic, copies or stamps not accepted)

13 Dec 2024
Date

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**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Contra Costa

I, Angie Wang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Angie Wang
**Original Signature**

13 Dec 2024
**Date**

Subscribed and Sworn to before me this 13th day of December, 2024.

Sara Goeman
**Notary Public Signature**

SARA GOEMAN
COMM. # 2458518
CONTRA COSTA COUNTY
NOTARY PUBLIC-CALIFORNIA
MY COMMISSION EXPIRES
AUGUST 10, 2027

**(Seal)**

Applicant's initials AW

**Hugel America, Inc.**
**Name**
Angie Wang
Vanessa Spears
Vasantha Pisipati

4Z

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Lupin Pharmaceuticals, Inc.

Physical Address: 5801 Pelican Bay Blvd. Suite 500

City: Naples State: FL Zip: 34108

Mailing Address (if different from physical address): 111 S. Calvert St., 21st Floor

City: Baltimore State: MD Zip: 21202

Telephone: 239-316-1900 Website: http://www.lupinpharmaceuticals.com/

Name of Designated Representative (DR): Raghuram Amperayani

Licensing Company Email: DebashisMohanty@lupin.com DR Email: raghuramsharma2@lupin.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☒ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☒ Others: Virtual manufacturer |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | x |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | x |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): Lupin Inc

Corporation/Organization Name: Lupin Pharmaceuticals, Inc.

Mailing Address: 111 S. Calvert St., 21st Floor

City: Baltimore State: MD Zip: 21202

Telephone: (410) 576-2000 Email: somerset-lupinlicensing@lupin.com

Contact Person Name: Vinita Gupta

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | x |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | x |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form at:** http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Lupin Pharmaceuticals, Inc.
Facility Name

Emmanuel Obanu
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07/15/2024
Date

| Board Use Only | Date Received: 10/3/24 | Amount: $1000-ck2026 |
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| Albuterol sulfate | 68180-963-01 | 90ug/1 | AEROSOL, METERED | RESPIRATORY (INHALATION) | ANDA209954 | Lupin Pharmaceuticals, Inc. | 68180-963 | Albuterol sulfate | ALBUTEROL SULFATE | HUMAN PRESCRIPTION DRUG | 08/25/2020 | N/A |
| Amlodipine Besylate | 68180-233-01 | 2.5mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-233 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 04/11/2024 | N/A |
| Amlodipine Besylate | 68180-455-01 | 5mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-455 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 09/01/2024 | N/A |
| Amlodipine Besylate | 68180-455-02 | 5mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-455 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 06/12/2024 | N/A |
| Amlodipine Besylate | 68180-719-09 | 2.5mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-719 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 10/31/2018 | 01/31/2026 |
| Amlodipine Besylate | 68180-720-03 | 5mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-720 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 10/31/2018 | 01/31/2026 |
| Amlodipine Besylate | 68180-720-09 | 5mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-720 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 08/15/2018 | 12/31/2025 |
| Amlodipine Besylate | 68180-721-03 | 10mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-721 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 10/23/2018 | N/A |
| Amlodipine Besylate | 68180-721-09 | 10mg/1 | TABLET | ORAL | ANDA078043 | Lupin Pharmaceuticals, Inc. | 68180-721 | Amlodipine Besylate | AMLODIPINE BESYLATE | HUMAN PRESCRIPTION DRUG | 08/15/2018 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-459-01 | 5mg/1, 20 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-459 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/01/2018 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-463-01 | 5mg/1, 40 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-463 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 10/04/2018 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-472-01 | 10mg/1, 20 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-472 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/01/2018 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-473-01 | 10mg/1, 40 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-473 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 10/04/2018 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-755-01 | 2.5mg/1, 10 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-755 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 02/05/2010 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-756-01 | 5mg/1, 10 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-756 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 02/05/2010 | N/A |
| Amlodipine Besylate and Benazepril Hydrochloride | 68180-757-01 | 5mg/1, 20 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, Inc. | 68180-757 | Amlodipine Besylate and Benazepril Hydrochloride | AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 02/05/2010 | N/A |
| Amlodipine Besylate and | 68180-757-02 | 5mg/1, 20 mg/1 | CAPSULE | ORAL | ANDA078466 | Lupin Pharmaceuticals, | 68180-757 | Amlodipine Besylate and Benazepril | AMLODIPINE BESYLATE; BENAZEPRIL | HUMAN PRESCRIPTION | 02/05/2010 | N/A |

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| AMLODIPINE AND VALSARTAN | 43386-080-03 | 10mg/1, 320 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-080 | amlodipine and valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-080-09 | 10mg/1, 320 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-080 | amlodipine and valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-081-03 | 5mg/1, 320 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-081 | amlodipine and valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-081-09 | 5mg/1, 320 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-081 | amlodipine and valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-082-03 | 10mg/1, 160 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-082 | amlodipine and valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-082-09 | 10mg/1, 160 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-082 | amlodipine and valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-083-03 | 5mg/1, 160 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-083 | Amlodipine and Valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| AMLODIPINE AND VALSARTAN | 43386-083-09 | 5mg/1, 160 mg/1 | TABLET | ORAL | ANDA202829 | Lupin Pharmaceuticals,Inc. | 43386-083 | Amlodipine and Valsartan | AMLODIPINE BESYLATE; VALSARTAN | HUMAN PRESCRIPTION DRUG | 03/30/20 |
| Carbidopa | 43386-980-01 | 25mg/1 | TABLET | ORAL | ANDA204763 | Lupin Pharmaceuticals,Inc. | 43386-980 | Carbidopa | CARBIDOPA | HUMAN PRESCRIPTION DRUG | 10/20/20 |
| clobetasol propionate | 43386-028-60 | .5mg/mL | SOLUTION | TOPICAL | ANDA206075 | Lupin Pharmaceuticals,Inc. | 43386-028 | clobetasol propionate | CLOBETASOL PROPIONATE | HUMAN PRESCRIPTION DRUG | 11/23/201 |
| clobetasol propionate | 43386-096-60 | .5mg/g | OINTMENT | TOPICAL | ANDA208841 | Lupin Pharmaceuticals,Inc. | 43386-096 | clobetasol propionate | CLOBETASOL PROPIONATE | HUMAN PRESCRIPTION DRUG | 06/02/20 |
| clobetasol propionate | 43386-096-61 | .5mg/g | OINTMENT | TOPICAL | ANDA208841 | Lupin Pharmaceuticals,Inc. | 43386-096 | clobetasol propionate | CLOBETASOL PROPIONATE | HUMAN PRESCRIPTION DRUG | 06/02/20 |
| clobetasol propionate | 43386-096-62 | .5mg/g | OINTMENT | TOPICAL | ANDA208841 | Lupin Pharmaceuticals,Inc. | 43386-096 | clobetasol propionate | CLOBETASOL PROPIONATE | HUMAN PRESCRIPTION DRUG | 06/02/20 |
| clobetasol propionate | 43386-096-63 | .5mg/g | OINTMENT | TOPICAL | ANDA208841 | Lupin Pharmaceuticals,Inc. | 43386-096 | clobetasol propionate | CLOBETASOL PROPIONATE | HUMAN PRESCRIPTION DRUG | 06/02/20 |
| Cyanocobalamin | 43386-237-60 | 500ug/1 | SPRAY, METERED | NASAL | ANDA210629 | Lupin Pharmaceuticals,Inc. | 43386-237 | Cyanocobalamin | CYANOCOBALAMIN | HUMAN PRESCRIPTION DRUG | 01/29/20 |
| Dexmethylphenidate Hydrochloride | 43386-860-01 | 5mg/1 | TABLET | ORAL | ANDA204534 | Lupin Pharmaceuticals,Inc. | 43386-860 | Dexmethylphenidate Hydrochloride | DEXMETHYLPHENIDATE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 12/04/20 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ANTARA | 27437-109-06 | 43mg/1 | CAPSULE | ORAL | NDA021695 | Lupin Pharmaceuticals, Inc. | 27437-109 | FENOFIBRATE | FENOFIBRATE | HUMAN PRESCRIPTION DRUG | 09/25/2009 | N/A |
| ANTARA | 27437-110-06 | 130mg/1 | CAPSULE | ORAL | NDA021695 | Lupin Pharmaceuticals, Inc. | 27437-110 | FENOFIBRATE | FENOFIBRATE | HUMAN PRESCRIPTION DRUG | 09/25/2009 | N/A |
| BROVANA | 27437-055-30 | 15ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | NDA021912 | Lupin Pharmaceuticals, Inc. | 27437-055 | Arformoterol Tartrate | ARFORMOTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 10/01/2023 | N/A |
| BROVANA | 27437-055-60 | 15ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | NDA021912 | Lupin Pharmaceuticals, Inc. | 27437-055 | Arformoterol Tartrate | ARFORMOTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 10/01/2023 | N/A |
| BROVANA | 27437-060-30 | 15ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | NDA021912 | Lupin Pharmaceuticals, Inc. | 27437-060 | Arformoterol Tartrate | ARFORMOTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 04/15/2024 | N/A |
| BROVANA | 27437-060-60 | 15ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | NDA021912 | Lupin Pharmaceuticals, Inc. | 27437-060 | Arformoterol Tartrate | ARFORMOTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 04/15/2024 | N/A |
| Methergine | 27437-050-56 | .2mg/1 | TABLET | ORAL | ANDA091577 | Lupin Pharmaceuticals,Inc. | 27437-050 | Methylergonovine maleate | METHYLERGONOVINE MALEATE | HUMAN PRESCRIPTION DRUG | 04/04/2016 | N/A |
| Methergine | 27437-050-57 | .2mg/1 | TABLET | ORAL | ANDA091577 | Lupin Pharmaceuticals,Inc. | 27437-050 | Methylergonovine maleate | METHYLERGONOVINE MALEATE | HUMAN PRESCRIPTION DRUG | 04/04/2016 | N/A |
| SOLOSEC | 27437-051-01 | 2g/4.8g | GRANULE | ORAL | NDA209363 | Lupin Pharmaceuticals, Inc. | 27437-051 | secnidazole | SECNIDAZOLE | HUMAN PRESCRIPTION DRUG | 10/30/2017 | N/A |
| SOLOSEC | 27437-051-02 | 2g/4.8g | GRANULE | ORAL | NDA209363 | Lupin Pharmaceuticals, Inc. | 27437-051 | secnidazole | SECNIDAZOLE | HUMAN PRESCRIPTION DRUG | 03/19/2019 | N/A |
| XOPENEX HFA | 27437-056-01 | 45ug/1 | AEROSOL, METERED | ORAL | NDA021730 | Lupin Pharmaceuticals, Inc. | 27437-056 | levalbuterol tartrate | LEVALBUTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 11/10/2023 | N/A |

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| Arformoterol tartrate | 70748-175-30 | 15ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | ANDA213068 | Lupin Pharmaceuticals, Inc. | 70748-175 | Arformoterol tartrate | ARFORMOTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 07/27/2022 | N/A |
| Arformoterol tartrate | 70748-175-60 | 15ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | ANDA213068 | Lupin Pharmaceuticals, Inc. | 70748-175 | Arformoterol tartrate | ARFORMOTEROL TARTRATE | HUMAN PRESCRIPTION DRUG | 07/27/2022 | N/A |
| ATOVAQUONE | 70748-299-01 | 750mg/5mL | SUSPENSION | ORAL | ANDA210692 | Lupin Pharmaceuticals, Inc. | 70748-299 | ATOVAQUONE | ATOVAQUONE | HUMAN PRESCRIPTION DRUG | 06/01/2021 | N/A |
| DOXORUBICIN HYDROCHLORIDE | 70748-339-01 | 2mg/mL | INJECTION, SUSPENSION, LIPOSOMAL | INTRAVENOUS | ANDA215178 | Lupin Pharmaceuticals, Inc. | 70748-339 | DOXORUBICIN HYDROCHLORIDE | DOXORUBICIN HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/26/2024 | N/A |
| DOXORUBICIN HYDROCHLORIDE | 70748-340-01 | 2mg/mL | INJECTION, SUSPENSION, LIPOSOMAL | INTRAVENOUS | ANDA215178 | Lupin Pharmaceuticals, Inc. | 70748-340 | DOXORUBICIN HYDROCHLORIDE | DOXORUBICIN HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/26/2024 | N/A |
| DOXYCYCLINE | 70748-308-06 | 40mg/1 | CAPSULE | ORAL | ANDA216631 | Lupin Pharmaceuticals, Inc. | 70748-308 | doxycycline | DOXYCYCLINE | HUMAN PRESCRIPTION DRUG | 04/08/2024 | N/A |
| DOXYCYCLINE | 70748-338-10 | 100mg/10mL | INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION | INTRAVENOUS | ANDA217794 | Lupin Pharmaceuticals, Inc. | 70748-338 | doxycycline | DOXYCYCLINE HYCLATE | HUMAN PRESCRIPTION DRUG | 06/01/2024 | N/A |
| formoterol fumarate | 70748-261-30 | 20ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | ANDA215053 | Lupin Pharmaceuticals, Inc. | 70748-261 | formoterol fumarate | FORMOTEROL FUMARATE | HUMAN PRESCRIPTION DRUG | 11/28/2022 | N/A |
| formoterol fumarate | 70748-261-60 | 20ug/2mL | SOLUTION | RESPIRATORY (INHALATION) | ANDA215053 | Lupin Pharmaceuticals, Inc. | 70748-261 | formoterol fumarate | FORMOTEROL FUMARATE | HUMAN PRESCRIPTION DRUG | 11/28/2022 | N/A |
| Ganirelix Acetate | 70748-274-01 | 250ug/.5mL | INJECTION, SOLUTION | SUBCUTANEOUS | ANDA216075 | Lupin Pharmaceuticals, Inc. | 70748-274 | Ganirelix Acetate | GANIRELIX ACETATE | HUMAN PRESCRIPTION DRUG | 02/14/2024 | N/A |
| Ibuprofen and Famotidine | 70748-312-09 | 26.6mg/1, 800 mg/1 | TABLET, COATED | ORAL | NDA022519 | Lupin Pharmaceuticals, Inc. | 70748-312 | Ibuprofen and Famotidine | FAMOTIDINE; IBUPROFEN | HUMAN PRESCRIPTION DRUG | 09/14/2021 | N/A |
| Leflunomide | 70748-129-06 | 10mg/1 | TABLET, FILM COATED | ORAL | ANDA211863 | Lupin Pharmaceuticals, Inc. | 70748-129 | Leflunomide | LEFLUNOMIDE | HUMAN PRESCRIPTION DRUG | 08/31/2020 | N/A |
| Leflunomide | 70748-130-06 | 20mg/1 | TABLET, FILM COATED | ORAL | ANDA211863 | Lupin Pharmaceuticals, Inc. | 70748-130 | Leflunomide | LEFLUNOMIDE | HUMAN PRESCRIPTION DRUG | 08/31/2020 | N/A |
| mesalamine | 70748-214-16 | 375mg/1 | CAPSULE, EXTENDED RELEASE | ORAL | NDA022301 | Lupin Pharmaceuticals, Inc. | 70748-214 | mesalamine | MESALAMINE | HUMAN PRESCRIPTION DRUG | 05/18/2020 | 06/2 |
| MYCOPHENOLATE MOFETIL | 70748-186-01 | 250mg/1 | CAPSULE | ORAL | ANDA210181 | Lupin Pharmaceuticals, Inc. | 70748-186 | mycophenolate mofetil | MYCOPHENOLATE MOFETIL | HUMAN PRESCRIPTION DRUG | 10/01/2019 | 07/2 |
| MYCOPHENOLATE MOFETIL | 70748-186-02 | 250mg/1 | CAPSULE | ORAL | ANDA210181 | Lupin Pharmaceuticals, Inc. | 70748-186 | mycophenolate mofetil | MYCOPHENOLATE MOFETIL | HUMAN PRESCRIPTION DRUG | 10/01/2019 | 07/2 |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Application Number or Monograph ID | Labeler Name | Product NDC | Non-Proprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NAPROXEN AND ESOMEPRAZOLE MAGNESIUM | 70748-215-07 | 20mg/1, 375 mg/1 | TABLET, DELAYED RELEASE | ORAL | NDA022511 | Lupin Pharmaceuticals, Inc. | 70748-215 | NAPROXEN AND ESOMEPRAZOLE MAGNESIUM | ESOMEPRAZOLE MAGNESIUM; NAPROXEN | HUMAN PRESCRIPTION DRUG | 03/04/2020 | 09/2 |
| NAPROXEN AND ESOMEPRAZOLE MAGNESIUM | 70748-216-07 | 20mg/1, 500 mg/1 | TABLET, DELAYED RELEASE | ORAL | NDA022511 | Lupin Pharmaceuticals, Inc. | 70748-216 | NAPROXEN AND ESOMEPRAZOLE MAGNESIUM | ESOMEPRAZOLE MAGNESIUM; NAPROXEN | HUMAN PRESCRIPTION DRUG | 03/04/2020 | 09/2 |
| Penicillamine | 70748-153-01 | 250mg/1 | TABLET | ORAL | ANDA212933 | Lupin Pharmaceuticals, Inc. | 70748-153 | Penicillamine | PENICILLAMINE | HUMAN PRESCRIPTION DRUG | 03/01/2021 | N/A |
| POSACONAZOLE | 70748-258-07 | 100mg/1 | TABLET, DELAYED RELEASE | ORAL | ANDA213454 | Lupin Pharmaceuticals, Inc. | 70748-258 | POSACONAZOLE | POSACONAZOLE | HUMAN PRESCRIPTION DRUG | 02/17/2021 | N/A |
| ROCURONIUM BROMIDE | 70748-348-02 | 10mg/mL | INJECTION, SOLUTION | INTRAVENOUS | ANDA216234 | Lupin Pharmaceuticals, Inc. | 70748-348 | ROCURONIUM BROMIDE | ROCURONIUM BROMIDE | HUMAN PRESCRIPTION DRUG | 10/23/2023 | N/A |
| ROCURONIUM BROMIDE | 70748-349-02 | 10mg/mL | INJECTION, SOLUTION | INTRAVENOUS | ANDA216234 | Lupin Pharmaceuticals, Inc. | 70748-349 | ROCURONIUM BROMIDE | ROCURONIUM BROMIDE | HUMAN PRESCRIPTION DRUG | 10/23/2023 | N/A |
| Sevelamer hydrochloride | 70748-173-26 | 800mg/1 | TABLET | ORAL | ANDA213145 | Lupin Pharmaceuticals, Inc. | 70748-173 | Sevelamer hydrochloride | SEVELAMER HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 02/25/2022 | N/A |
| THIAMINE HYDROCHLORIDE | 70748-347-02 | 100mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA215692 | Lupin Pharmaceuticals, Inc. | 70748-347 | THIAMINE HYDROCHLORIDE | THIAMINE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 06/15/2023 | N/A |
| VARENICLINE | 70748-126-13 | 1mg/1 | TABLET, FILM COATED | ORAL | ANDA211862 | Lupin Pharmaceuticals, Inc. | 70748-126 | VARENICLINE | VARENICLINE TARTRATE | HUMAN PRESCRIPTION DRUG | 02/16/2024 | N/A |
| VARENICLINE | 70748-127-49 | .5mg/1 | TABLET, FILM COATED | ORAL | ANDA211862 | Lupin Pharmaceuticals, Inc. | 70748-127 | VARENICLINE | VARENICLINE TARTRATE | HUMAN PRESCRIPTION DRUG | 01/09/2024 | N/A |
| VARENICLINE | 70748-128-49 | 1mg/1 | TABLET, FILM COATED | ORAL | ANDA211862 | Lupin Pharmaceuticals, Inc. | 70748-128 | VARENICLINE | VARENICLINE TARTRATE | HUMAN PRESCRIPTION DRUG | 01/09/2024 | N/A |
| VARENICLINE TARTRATE | 70748-125-13 | N/A | KIT | N/A | ANDA211862 | Lupin Pharmaceuticals, Inc. | 70748-125 | VARENICLINE TARTRATE | N/A | HUMAN PRESCRIPTION DRUG | 03/20/2024 | N/A |

Previous 1 Next

Background Information

Drug questions email: DRUGINFO@FDA.HHS.GOV

See also: Drug Registration and Listing Instructions
National Drug Code Directory Data Files

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services




## Company Information

Lupin Pharmaceuticals, Inc.
111 S. Calvert St., Harborplace Tower #2150
Baltimore, MD 21202
(410) 576-2000
debashismohanty@lupin.com

FEIN 16-1674598
Incorporated in the State of Delaware on 03/08/2016

## Owner

Lupin Inc. – Parent Company
5801 Pelican Bay Blvd
Naples, FL 34108
239-316-1900
*Owns 100% of Lupin Pharmaceuticals, Inc.*

## Officers

**Emmanuel Obanu, Senior Vice President & CFO**

Business Address: 5801 Pelican Bay Blvd
Naples, FL 34108
(239) 316-1843

LUPIN
PHARMACEUTICALS, INC.

## Description of Operations

Lupin Pharmaceuticals, Inc. ("LPI") uses a contract manufacturer to produce its product and a Third-Party Logistics Provider, UPS Supply Chain Solutions, to distribute its product. Our hours of operation are Monday – Friday, 8AM – 5PM.

**Contract Manufacturer Information:**

We utilize the below Contract Manufacturers to manufacturer our products. Our products are Human Prescription Drugs, Controlled Substances II-V, and OTC Products. They are distributed to Wholesalers.

Novel Laboratories, Inc. (Affiliated company)
400 Campus Drive
Somerset, NJ 08873
FDA Establishment: 3006271438

Allergan Sales, LLC
8301 Mars Drive, Waco, Texas (TX) 76712-6578, United States (USA)
FDA Establishment: 1643525

Catalent Pharma Solutions, LLC
160 N Pharma Drive, Morrisville, North Carolina (NC) 27560, United States (USA)
FDA Establishment: 100011091

Kindeva Drug Delivery L.P.
19901 Nordhoff Street,
Northridge, California (CA) 91324-3213, United States (USA)
FDA Establishment: 2010441

The Ritedose Corporation
1 Technology Circle,
Columbia, South Carolina (SC) 29203, United States (USA)
FDA Establishment: 3001237796

The Ritedose Corporation
1135 Performance Parkway,
Columbia, South Carolina (SC) 29203, United States (USA)
FDA Establishment: 3001237796

Woodstock Sterile Solutions, Inc.
2210 Lake Shore Drive,
Woodstock, Illinois (IL) 60098, United States (USA)
FDA Establishment: 1419377

Lupin Limited
Unit-1, 198-202, New Industrial Area No. 2,
Dist. Raisen, Mandideep, Madhya Pradesh 462046, India (IND)
FDA Establishment: 3002807511

Lupin Limited
Plot No. 15-B, Phase 1-A, Verna Industrial Area,
Verna, Salcette, Goa 403722, India (IND)
FDA Establishment: 3004819820

Lupin Limited
A 28-1, MIDC Industrial Area,
Chikalthana, Aurangabad, Maharashtra 431210, India (IND)
FDA Establishment: 3004995645

Lupin Limited
Unit-2, Plot No. M-2 and M-2-A, Special Economic Zone Phase II, Misc. Zone, Apparel Park,
Dist. Dhar,
Pithampur, Madhya Pradesh 454775, India (IND)
FDA Establishment: 3007549629

Lupin Limited
Unit-3, Plot No. M-1 and M-3-A, Special Economic Zone, Phase - II, Misc. Zone, Apparel Park,
Dist. Dhar,
Pithampur, Madhya Pradesh 454775, India (IND
FDA Establishment: 3009107538

Lupin Limited
Unit-1, Plot No. M-2 and M-2-A, Special Economic Zone, Phase - II, Misc. Zone, Apparel Park,
Dist. Dhar, Pithampur, Madhya Pradesh 454775, India (IND)
FDA Establishment: 3009831799

Lupin Limited
Unit-1, Plot No. 6A1, 6A2, Sector - 17, Special Economic Zone, Mihan,
Nagpur, Maharashtra 441108, India (IND)
FDA Establishment: 3009843207

Lupin Limited
Unit-2, Plot No. 6B, Sector - 17, Special Economic Zone,
Mihan, Nagpur, Maharashtra 441108, India (IND)
FDA Establishment: 3015392060

AET LABORATORIES PRIVATE LIMITED
Survey No.42, Gaddapotharam Village, Kazipally Industrial Area, Sangareddy, Telangana 502319, India (IND)
FDA Establishment: 3015218020

Bausch Health Companies Inc.
2150 boul Saint-Elzear O, Laval,
Quebec H7L 4A8, Canada (CAN)
FDA Establishment: 3002807186

CAPLIN STERILES LIMITED
SURVEY No.895 & 897. GURUVARAJAKANDIGAI, SIRUPUZHALPETTAI (POST), THIRUVALLUR (DISTRICT), GUMMIDIPOONDI, TAMIL NADU 601201, India (IND)
FDA Establishment: 3005035920

Ethypharm
Chemin de la Poudrière, Le Grand Quevilly,
76120, France (FRA)
FDA Establishment: 3004715600

Hetero Labs Limited
Unit III, Plot No. 22-110, Part-II, IDA, Jeedimetla,
Hyderabad, Telangana 500055, India (IND)
FDA Establishment: 3005406526

NATCO PHARMA LIMITED
Pharma Division, Kothur, Rangareddy,
Telangana 509 228, India (IND)
FDA Establishment: 3004540906

NATCO PHARMA LIMITED
Plot No.: 89 & 90, JNPC, Ramky Pharma City, Parawada, Visakhapatnam,
Andhra Pradesh 531019, India (IND)
FDA Establishment: 3015380536

NEXTPHARMA PLOERMEL
ZONE INDUSTRIELLE DE CAMAGNON,
PLOERMEL, 56800, France (FRA)
FDA Establishment: 3004298189

**Labeler Codes:**

| | |
|---|---|
| 68180 | 70748 |
| 27437 | 43386 |

✓ verified
M.H 18/11/24

**Third Party Logistics Information:**

We are utilizing UPS Supply Chain Solutions as our third-party logistics provider to manage the storage and distribution of our products to wholesalers. UPS Supply Chain Solutions is located at 1920 Outer Loop, Louisville, KY 40219 and 1860 Outer Loop Road, Louisville, KY 40219.

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUPIN PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5983739 8300

SR# 20241901162

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203409709

Date: 05-06-24

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

# STATE OF FLORIDA
# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Manufacturer - Virtual HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

## LUPIN PHARMACEUTICALS, INC.

5801 PELICAN BAY BLVD.
SUITE 500
NAPLES FL 34108

**LICENSE NUMBER: 4538**

**EXPIRATION DATE: JUNE 30, 2026**

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/27/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Florida dbpr Department of Business & Professional Regulation



## ONLINE SERVICES

Apply for a License
Verify a Licensee
View Food & Lodging Inspections
File a Complaint
Continuing Education Course Search
View Application Status
Find Exam Information
Unlicensed Activity Search
AB&T Delinquent Invoice & Activity List Search

## LICENSEE DETAILS

*12:11:19 PM 2/4/2025*

### Licensee Information

| | |
|---|---|
| Name: | **LUPIN PHARMACEUTICALS, INC.** (Primary Name) |
| Main Address: | **5801 PELICAN BAY BLVD.<br>SUITE 500<br>NAPLES Florida 34108** |
| County: | **COLLIER** |
| License Location: | **5801 PELICAN BAY BLVD.<br>SUITE 500<br>NAPLES FL 34108** |
| County: | **COLLIER** |

### License Information

| | |
|---|---|
| License Type: | **Prescription Drug Manufacturer - Virtual** |
| Rank: | **Rx Drug Manu V** |
| License Number: | **4538** |
| Status: | **Current** |
| Licensure Date: | **06/27/2024** |
| Expires: | **06/30/2026** |

### Alternate Names

View Related License Information
View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RU0337887 | 05-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N,4, 5 | DISTRIBUTOR | 04-03-2024 |

UPS SUPPLY CHAIN SOLUTIONS INC
1920 OUTER LOOP
LOUISVILLE, KY 402193431

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RU0337887 | 05-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N,4, 5 | DISTRIBUTOR | 04-03-2024 |

UPS SUPPLY CHAIN SOLUTIONS INC
1920 OUTER LOOP
LOUISVILLE, KY 402193431

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RU0337887 | 05-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N,4, 5 | DISTRIBUTOR | 04-03-2024 |

UPS SUPPLY CHAIN SOLUTIONS INC
1920 OUTER LOOP
LOUISVILLE, KY 402193431

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   **Drug Enforcement Administration**
   **P.O. Box 2639**
   **Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

# Citibank,N.A.

DATE : FEB. 06, 2024

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69629925

ISSUING BANK:
CITIBANK, N.A.
ATTN: US STANDBY UNIT
3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR
TAMPA, FL 33610
PHONE: 866-945-6284
FAX NO.: 609-681-2734

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE 206
RENO, NEVADA-89521

APPLICANT:
LUPIN PHARMACEUTICALS, INC.
5801 PELICAN BAY BOULEVARD, STE 500
NAPLES, FLORIDA-34108
ATTN: KIM WASHINGTON

LADIES AND GENTLEMEN,

BY ORDER OF OUR CLIENT, LUPIN PHARMACEUTICALS, INC. (THE "APPLICANT"), WE HEREBY OPEN OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69629925, IN YOUR FAVOR FOR AN AMOUNT NOT TO EXCEED IN USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS), EFFECTIVE IMMEDIATELY AND EXPIRING AT THE OFFICE OF OUR SERVICER, CITIBANK N.A., AT 3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR, TAMPA, FLORIDA 33610 ATTN. STANDBY LETTER OF CREDIT UNIT OR SUCH OTHER OFFICE AS WE MAY ADVISE YOU FROM TIME TO TIME (THE "OFFICE"), ON JANUARY 23, 2025

FUNDS HEREUNDER ARE AVAILABLE TO YOU AGAINST PRESENTATION OF YOUR SIGHT DRAFT(S), DRAWN ON US, MENTIONING THEREON OUR LETTER OF CREDIT NUMBER 69629925.

WE HEREBY AGREE WITH YOU TO HONOR EACH DRAFT DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT IF PRESENTED, TOGETHER WITH THE DOCUMENTS SPECIFIED AT THIS OFFICE ON OR BEFORE THE STATED EXPIRATION DATE.

SHOULD YOU HAVE OCCASION TO COMMUNICATE WITH US REGARDING THIS LETTER OF CREDIT, PLEASE DIRECT YOUR CORRESPONDENCE TO OUR OFFICE, MAKING SPECIFIC MENTION OF THE LETTER OF CREDIT NUMBER INDICATED ABOVE.

IT IS CONDITION OF THIS LETTER OF CREDIT THAT IT IS TRANSFERABLE AND MAY BE TRANSFERRED IN ITS ENTIRETY, BUT NOT IN PART, AND MAY BE SUCCESSIVELY TRANSFERRED BY YOU OR ANY TRANSFEREE HEREUNDER TO A SUCCESSOR TRANSFEREE(S). TRANSFER UNDER THIS LETTER OF CREDIT TO SUCH TRANSFEREE SHALL BE EFFECTED UPON PRESENTATION TO US OF THE ORIGINAL OF THIS LETTER OF CREDIT AND ANY AMENDMENTS HERETO ACCOMPANIED BY A REQUEST DESIGNATING

THE TRANSFEREE IN THE FORM OF EXHIBIT "A", ATTACHED HERETO, APPROPRIATELY COMPLETED, ALONG WITH THE PAYMENT OF OUR TRANSFER FEE OF 1/4 OF 1 PERCENT (MINIMUM USD 250.00) ON THE OUTSTANDING AMOUNT OF LETTER OF CREDIT, WHICH SHALL BE PAID BY THE BENEFICIARY.

EXCEPT AS FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS STANDBY LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES ("ISP98"), INTERNATIONAL CHAMBER OF COMMERCE, PUBLICATION NO. 590, AND AS TO MATTERS NOT GOVERNED BY THE ISP98, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK AND APPLICABLE U.S. FEDERAL LAW.

THE U.S. GOVERNMENT (INCLUDING, WITHOUT LIMITATION, THE OFFICE OF FOREIGN ASSETS CONTROL OF THE U.S. DEPARTMENT OF THE TREASURY AND THE U.S. DEPARTMENT OF STATE) AND SANCTIONS AUTHORITIES IN OTHER RELEVANT JURISDICTIONS HAVE IN PLACE SANCTIONS AGAINST CERTAIN JURISDICTIONS, INDIVIDUALS, ENTITIES, AND VESSELS (INCLUDING SHIPS AND AIRCRAFT). ALL PARTIES ACKNOWLEDGE AND AGREE THAT CITIGROUP ENTITIES, INCLUDING BRANCHES AND SUBSIDIARIES (TOGETHER "CITIBANK"), RESERVE THE RIGHT, AT CITIBANK'S REASONABLE DISCRETION, TO REFUSE PERFORMANCE UNDER THIS LETTER OF CREDIT, OR TAKE OTHER ACTION, WHERE CITIBANK DETERMINES THAT ANY PARTY OR ANY ACTIVITY RELATING, DIRECTLY OR INDIRECTLY, TO THE LETTER OF CREDIT ARE THE SUBJECT OF U.S. SANCTIONS OR SANCTIONS ISSUED BY ANY OTHER RELEVANT SANCTIONS AUTHORITY. ALL PARTIES ACKNOWLEDGE AND AGREE THAT CITIBANK WILL NOT BEAR ANY LIABILITY WHERE IT REFUSES PERFORMANCE UNDER THIS LETTER OF CREDIT OR TAKES OTHER ACTION IN SUCH CIRCUMSTANCES.

CITI'S GLOBAL PRIVACY NOTICE FOR INSTITUTIONAL CLIENTS AND ITS CALIFORNIA SUPPLEMENTAL PROVISION CAN BE ACCESSED ONLINE USING DIRECT LINKS ENTITLED 'PRIVACY' AND 'NOTICE AT COLLECTION', WHICH ARE PROMINENTLY DISPLAYED IN THE WEBSITE FOOTER OF WWW.ICG.CITI.COM



AUTHORIZED SIGNATURE(S).
CITIBANK, N.A.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Lupin Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5801 Pelican Bay Blvd. Suite 500

City Naples State FL Zip 34108

Mailing Address (if different from physical address) 111 S. Calvert St., 21st Floor

City Baltimore State MD Zip 21202

Telephone 239-316-1900 Website http://www.lupinpharmaceuticals.com/

Licensing Company Email DebashisMohanty@lupin.com

### Section 2: Personal Information

First Raghuram Middle _____ Last Amperayani

Alias(es, nicknames, name changes, etc.) Raghuram Amperayani Pattabhi

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 5801 Pelican Bay Blvd Suite 500

City Naples State FL Zip 34108

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | Not Applicable | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| College of Pharmaceutical Sciences | | 08/99 - 05/03 | |
| **Address** | **City** | **State** | **Zip** |
| Manipal Dr, Madhav Nagar, | Manipal | India | 576104 |
| Diploma/Degree obtained, if any | | | |
| Masters in Pharmaceutics, | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/19 - Present | [redacted] | Naples | FL | [redacted] |
| 02/16 - 02/19 | | Naples | FL | |
| 01/14 - 02/16 | | Baltimore | MD | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lupin Pharmaceuticals, Inc. | | | 04/22 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 5801 Pelican Bay Blvd. Suite 500 | Naples | FL | 34108 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 239-316-1900 | Executive Director, Intellectual Property | 4,160 | |
| **Description of Duties** | | | |
| See attached resume | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lupin Pharmaceuticals, Inc. | | | 04/20 - 04/22 |
| **Business Address** | **City** | **State** | **Zip** |
| 111 S. Calvert Street, 21st Floor | Baltimore | MD | 21202 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (410) 576-2000 | Senior Director, Intellectual Property | 4,160 | |
| **Description of Duties** | | | |
| See attached resume | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lupin Pharmaceuticals, Inc. | | | 11/13 - 06/16 |
| **Business Address** | **City** | **State** | **Zip** |
| 111 S. Calvert Street, 21st Floor | Baltimore | MD | 21202 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (410) 576-2000 | Senior Director-Portfolio Management | 5240 | |
| **Description of Duties** | | | |
| See attached resume | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | x |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | x |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | x |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | x |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | x |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | x |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | x |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | x |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | x |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Raghuram Amperayani, **certify that as the designated representative for**

Lupin Pharmaceuticals, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Raghuram Amperayani

Print Name (First, Last)

Raghu

Original Signature (electronic, copies or stamps not accepted)

MAY 14, 2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Raghuram Amperayani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

MAY 14, 2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Collier

I, Diana N. Luciano-Conley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

MAY 14, 2024

**Date**

Subscribed and Sworn to before me this 14th day of May, 2024

Diana N. Luciano-Conley

**Notary Public Signature**

Diana N. Luciano-Conley
Comm.#HH042749
Expires: Oct. 16, 2024
Bonded Thru Aaron Notary

(Seal)

# Raghuram Amperayani Pattabhi

[redacted]

## Executive Director – Strategy Planning and Portfolio Management

**Portfolio Identification | Program Leadership | Organizational Management | | Multi-Team Development**

### PROFESSIONAL SUMMARY

Innovation-driven and dedicated technology executive with comprehensive experience in providing oversight, direction, and expertise for intellectual property functions and operations to drive success in biotechnology. Distinguished background in identifying products, supporting litigation, protecting IP, licensing patents, and formulating effective strategies to propel successful product launches. Recognized for creating a competitive pipeline and promoting technological innovations.

- **Portfolio Identification:** Proven success identifing and adding products to the R&D pipeline and prioritization of products in portfolio based on technical & IP assessment.
- **Integrated Business Planning-** Portfolio Management Review Lead: Driven strategy to execution by successfully implementing PMR Process and Review Mechanism. Proven success in creating and managing a plan for all products/services in the portfolio ensuring that the portfolio is adequately resourced and aligned to strategy.
- **Project Management:** Proven success in leading and completing strategic IP projects within timely, budgetary, and scope constraints while ensuring alignment with technical scopes, core business values, and regulatory frameworks.
- **Team Leadership:** Track record of building and spearheading high-performing teams to deliver exceptional outcomes and results; adept at achieving remarkable capacity through training and creating a collaborative culture to value individual skills.
- **Intellectual Property:** Demonstrated expertise in IP due diligence, patent portfolio management, mergers and acquisitions, financial analysis, litigation support, strategy development, investment decision-making, market research, and trend analysis.
- **Regulatory Compliance:** Solid history of success in studying, researching, and maintaining up-to-date knowledge of IP laws and regulations, patent law, global best practices, company policies, business requirements, and innovative approaches.

### CORE COMPETENCIES

**IP Asset Management**
**Team Building and Support**
**Operations Management**
**Research and Development**
**Patent Filings and Prosecution**
**Cross-functional Collaboration**
**Staff Training and Development**
**Intelligence Reporting**
**Policy & Procedure Enforcement**
**Continuous Process Improvement**
**Risk Assessment and Mitigation**
**Conflict and Problem Resolution**
**Regulatory Compliance**
**Performance Management**
**Program Development**

### WORK EXPERIENCE

**Lupin Inc., Naples, Florida** **April 2022 – Present**
**Executive Director, Intellectual Property**

*Oversee all activities associated with the intellectual property portfolio, including financial analysis, litigation functions, launch calendar planning, regulatory compliance, due diligence M&A, and product identification in US, CA, and AU. Led the product management review for US and Ex-US regulated markets in the IBP process to provide leadership with clear business transparency.*

- **Drove** business growth by recommending new products to the brand pipeline and identifying authorized generic opportunities; built an external pipeline and wish-list products for potential alliances with third-party.
- **Delivered** business analysis based on financial modeling for the existing pipeline products to determine net present value, address intellectual property barriers, accelerate product launch, prevent potential risks, and adjust the pipeline.
- **Built** and spearheaded high-performing teams to accomplish organizational objectives, deliver exceptional outcomes, and ensure successful management of IP projects; enabled executive management to excel in assigned roles through training.

- **Advanced** through multiple positions with increased responsibilities for displaying strong leadership skills and consistently receiving high marks on performance reviews, exceeding expectations, and going above and beyond
- **Developed** and protected the IP portfolio, including preparing and prosecuting patent applications; created a robust plan for all products and services in the portfolio to ensure pipeline sufficiency and alignment with strategy.

**Senior Director-Intellectual Property** **April 2020 – April 2022**

*Managed day-to-day operations, including identifying products with maximum revenue and growth potential. Orchestrated the development and implementation of both short- and long-term strategies for the organization. Delegated tasks, duties, and projects to employees based on individual expertise, performance, and skills to ensure successful management and timely execution.*

- **Monitored** team performance, identified learning needs, provided coaching, promoted collaboration, and encouraged the team to use different (innovative) ways to meet business objectives and strategic goals.
- **Identified** improvement opportunities and recommended product filing strategy to the regulatory teams: conducted extensive assessments to ensure conformance with regulatory frameworks and organizational practices.
- **Enhanced** staff expertise and supported leadership development through the implementation of effective training initiatives; conducted performance evaluations to determine learning needs and training requirements.
- **Single-handedly** managed all legal matters related to intellectual property for the company, including providing expert advice on global patent and IP strategy to achieve optimal protection of the company's business and innovations.
- **Defined** effective policies and procedures to drive organizational efficiencies and effectiveness

**Senior Director-Portfolio Management** **November 2013 – June 2016**

*Headed the planning and development of short- and long-term strategies for the organization to drive expansion and ensure successful portfolio management. Collaborated cross-functionally within the company to influence actionable initiatives and reduce legal risk.*

- **Developed** and managed company patent portfolios, including actively shaping portfolios consistent with shifting business objectives, company core values, strategic goals, and regulatory procedures or policies.
- **Provided** clear and actionable intellectual property advice through all phases of patient-focused research, development, and commercialization; created and executed global IP strategies for various pipeline assets.
- **Led** the development of effective policies, programs, and guidelines to ensure maximum intellectual property protection.

**Director-Intellectual Property** **April 2016 – April 2020**

*Provided oversight and direction for intellectual property, including developing and executing a set of metrics that measure the effectiveness and impact of intellectual property efforts. Minimized communication gaps, drove synergies, and increased engagement by establishing and promoting a collaborative environment and positive work culture.*

- **Leveraged** technical knowledge and conducted intellectual property assessments to ensure the successful identification, addition, and prioritization of new products to the R&D pipeline as part of the portfolio.
- **Recognized** for successfully managing and completing qualitative and quantitative primary market research projects to support New Product Development (NPD) and New Business Development (NBD).
- **Coordinated** and supported Japan, LATAM, and Europe business teams with new product identification and competitive intelligence; increased employee engagement, morale, and collaboration by establishing a positive work environment.
- **Informed** decision-making and supported product pipeline management by compiling and presenting competitive intelligence and insights around emerging trends, technologies, and regulatory changes.
- **Contributed** to business expansion by managing a diversified portfolio, reflecting sales of $100M annually per product; identified a best-in-class pipeline that enabled the R&D department to accomplish high-valuable targets.
- **Lead** the identification of areas of concern and improvement opportunities to support SKU rationalization and optimization; collaborated cross-functionally to ensure consistency and alignment with relevant measures.
- **Provided** support from pre-litigation counseling through trial and appeal in the litigation covering all aspects of the discovery and claim construction process to ensure successful outcomes and results.

- 

**Research Associate II to Principal Scientist - Intellectual Property Management Group December 2004 – October 2013**
*Monitored and coordinated research and development activities, including screening of molecules across various therapeutic segments and markets (US & CA) to address intellectual property challenges and identify potential improvement opportunities.*

- **Spearheaded** and facilitated a team of 14 staff members to accomplish company short and long-term goals; built employee capacity, enhanced skills, and maximized potential by delivering training, guidance, and assistance.
- **Formulated** patent strategies, provided internal governance to technical teams in India, and reviewed legislative documents while liaising between the technical and legal teams throughout the litigation cycle.
- **Identified** improvement opportunities and recommended product filing strategy to the regulatory teams based in US and India: conducted extensive assessments to ensure conformance with regulatory frameworks and organizational practices.
- **Prepared** and prosecuted patent applications in the pharmaceutical domain; collaborated with outside counsel to obtain freedom in operating, identifying, and mitigating IP risk via product clearances and competitor portfolio analysis.
- **Participated** in designing patent strategies, executing global IP plans, governing the technical team, processing invention disclosure forms, handling patent mining, and ensuring strategic alignment to create high-value patents.
- **Pioneered** utility design patents in the pharmaceutical space; achieved successful launch in the US and generated revenue from international markets; devised a robust strategy that enabled early launch scenarios for multiple products.
- **Improved** professional acumen and updated job knowledge by participating in educational opportunities, building personal networks, collaborating with peers and professional organizations, and attending training programs or meetings.

## EDUCATION

**Masters in Pharmaceutics, College of Pharmaceutical Sciences, Manipal, 2003**
**Post Graduate Diploma in Intellectual Property Law, National Law School Bangalore, 2008**

## LANGUAGES

**English, Japanese (Beginners Level), German (Level Eins), Telugu, Tamil, Kannada, Hindi, Marathi, Gujarati**

## AWARDS

**Antara Caps (Fenofibrate): First to File ANDA; Successful Brand Acquisition & ANDA Divestiture**
**Solodyn Tabs ER (Minocycline): Successful Patent Litigation Settlement**
**Geodon Caps (Ziprasidone): Successful Day 1 Launch**
**Tiotropium-Sucessful First to File Launch.**

# Lupin Pharmaceuticals, Inc.

| Employee Name | Job Title Description |
|---|---|
| Anderson, Elizabeth | Executive Assistant |
| Bademosi, Adeola | Government Programs Analyst |
| Bhardwaj, Upkar | Director, Portfolio Management |
| Black, Tyler | Supply Chain Planner |
| Bradshaw, Dawn | Payroll Manager |
| Chakraborty, Arindam | Senior Director, Information Technology |
| Clark, Crystal | Senior Specialist, Talent Acquisition |
| Cushler III, Donald | Sr. Director, National Sales |
| Dougherty, Kristen | Associate Director, Customer Service |
| Douglas, Rossmary | Benefits & Wellness Administrator |
| Ebenezer, Victor | Senior Manager, IT |
| Ellis, Lawrence R. | Logistics Coordinator |
| Gajwani, Neeraj Haresh | Senior Analyst, Procurement Operations |
| Gavaris, Spiro | President - US Generics |
| Gensburger, Jason | VP, Marketing, Pricing, & Analytics |
| Godino, Andrea Marie | National Account Manager |
| Grant, Michele Denise | Executive Assistant |
| Guida, Brittney | Senior Financial Analyst |
| Hasan, Areeb | Financial Analyst |
| Hoffman, Robert G. | Chief Commercial Officer, US Generics |
| Im, Joyce | Marketing Coordinator |
| Jadhav, Rajesh B. | Senior SAP Solution Architect |
| Jaguste, Geetanjali | Senior Manager, Regulatory Affairs |
| Kabra, Mangal | Associate Director, Trade Finance & GTN |
| Keeney, Darlene | Procurement Coordinator |
| Khanna, Kamal | Director, IT Infrastructure & Networking |
| Kim, Esther | Senior Product Manager |
| Lotlikar, Siddharth | Sr. Manager, Business Analytics |
| McGovern, Mitchell | Director, US Injectables Sales |
| Mohanty, Debashis | Associate Director, Regulatory |
| Mududhudla, Sanjay Kumar | Sr. Solution Architect |
| Musumeci, Devon | Sales Analyst |
| Oyawusi, Akintunde | Logistics Manager - US Domestic Operations |
| Palin, Vashti Michelle | Customer Service Specialist II |
| Pangia, Thomas | Director, New Business Assessment |
| Patel, Jinal | Sr. Quality Assurance Specialist |
| Patel, Urvi | Sr. Regulatory Affairs Associate |
| Peavy, Leah | Sr. Medicaid Analyst |
| Price, Meredith | Manager, Pricing & Sales Analytics |
| REILLY, ASHLEY ANNE | Senior Coordinator, Procurement |
| Rajan, Abel | Vice President - Market Access & Branded Trad |
| Rana, Zarna Krunal | Sales Analyst |
| Reading, Sean | Director, Contracts & Business Insights |
| Regina, Beth | Senior Director, Regulatory Affairs |

| | |
|---|---|
| Rieping, Robert | Vice President, Supply Chain |
| Rodarmer, Chessa | National Account Director |
| SRIVASTAVA, ANUJ | SVP Strategic Planning & PMO |
| Shah, Rushabh | Associate Director, Procurement |
| Singh, Joginder | Director, US Procurement |
| Tang, Ye | Manager, Forecasting & Market Analytics |
| Teston, Joel M | Sr. Demand Planner |
| Topalovic, Petar | Director, New Product Launches |
| VANAM, KALPANA RAO | SVP, Regulatory Affairs |
| Wang, Xinzi | Financial Analyst |
| Washington, Kim | Sr. Analyst, Treasury Operations |
| Watson, Dorothy | (30002) Customer Service Representative |
| Whalen, Erika | Commercial Client Services Supervisor |
| Wilson, Denise | Customer Support Specialist II |
| Wutti, Justin | Director, Government Pricing & Contracts |
| Dawodu, Afopefoluwa | Intern |
| McKennon, Kaitlyn | Human Resources Generalist |
| Ramesh, Dhamini | Intern |

4AA

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Lupin Pharmaceuticals, Inc.

Physical Address: 15 Jensen Drive

City: Somerset State: NJ Zip: 08873

Mailing Address (if different from physical address): 400 Campus Dr

City: Somerset State: NJ Zip: 08873

Telephone: 908-603-6022 Website: www.lupin.com

Name of Designated Representative (DR): Robert P. Rieping

Licensing Company Email: somerset-lupinlicensing@lupin.com DR Email: RobertRieping@lupin.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies<br>☐ Practitioners<br>☐ Hospitals<br>■ Wholesalers<br>☐ Veterinarians<br>☐ Others: | ■ Dangerous Drugs<br>☐ Controlled Substances<br>☐ [a]Medical devices, equipment, supplies, gases<br>■ Others: OTC | ☐ Manufacturer<br>☐ Repacker<br>☐ Reverse Distributor<br>☐ Warehouse<br>☐ Retail pharmacy wholesale distributor<br>■ Others: Private Label Distributor |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

N/A **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

11/11/24
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Novel Laboratories Inc.
Address: 400 Campus Dr. City: Somerset State: NJ Zip: 08873

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): Lupin, Inc.
Corporation/Organization Name: Lupin Pharmaceuticals, Inc.
Mailing Address: 400 Campus Dr
City: Somerset State: NJ Zip: 08873
Telephone: 908-603-6022 Email: somerset-lupinlicensing@lupin.com
Contact Person Name: Robert Rieping

**Section 6: Partnership**

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Lupin Pharmaceuticals, Inc.

Facility Name

Emmanuel Obanu

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/11/24

Date

| Board Use Only | Date Received: 12/10/24 | Amount: $1000 CK 659029 |
|---|---|---|

Lupin Pharmaceuticals, Inc.

**Parent Company**: Lupin Inc.
**FEIN**: 46-3204814
**Ownership**: 100%
**Business Address**: 111 South Calvert St, Harborplace Tower, 21st Floor, Baltimore 21202

List of Officers

1. **Name**: Thomas Ghignone
**Title**: Senior Vice President, Legal
**Ownership**: 0%
**Business Address**: 400 Campus Dr, Somerset, NJ 08873
**Business Phone**: 908-603-6022
[redacted]

1. **Name**: Emmanual Obanu
**Title**: Chief Financial Officer and Treasurer
**Ownership**: 0%
**Business Address**: 400 Campus Dr, Somerset, NJ 08873
**Business Phone**: 908-603-6022
[redacted]

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUPIN PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

5983739 8300

SR# 20241901162

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203409709

Date: 05-06-24

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUPIN PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*







5983739 8300

SR# 20240213701

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202649219

Date: 01-23-24

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/7/2025

**Registration Number:** 5005159 **Registered as:** Manufacturer and Wholesale

**Name:** LUPIN PHARMACEUTICALS, INC.

**DBA:**

**Address:** 400 CAMPUS DR, SOMERSET, NJ 08873

**Original Issue Date:** 03/27/2017 **Expiration Date:** 01/31/2026

**Current Issue Date:** 01/23/2025

**Disciplines:** No

**Additional Registered Addresses:**
15 JENSEN DR, SOMERSET, NJ 08873

# NEW JERSEY DEPARTMENT OF HEALTH
# CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0750720

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

400 CAMPUS DR SOMERSET, NJ 08873-
15 JENSEN DR SOMERSET,NJ 08873-

Reg. No.
5005159

LUPIN PHARMACEUTICALS, INC.
400 CAMPUS DR
SOMERSET, NJ 08873-

**ISSUED PURSUANT TO**
**N.J.S.A. 24:6B**

**EXPIRES: January 31, 2025**

*Establishment Copy*

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/27/2025

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**Current Issue Date:** 01/23/2025

**Disciplines:** No

**Additional Registered Addresses:**
15 JENSEN DR, SOMERSET, NJ 08873

# Citibank,N.A.

DATE : MAY 17, 2024

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69630671

ISSUING BANK:
CITIBANK, N.A.
ATTN: US STANDBY UNIT
3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR
TAMPA, FL 33610
PHONE: 866-945-6284
FAX NO.: 609-681-2734

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NEVADA- 89521
USA

APPLICANT:
LUPIN PHARMACEUTICALS, INC.
15, JENSEN DRIVE
SOMERSET, NJ 08873
USA
ATTN: KIM WASHINGTON

ISSUANCE: WE, CITIBANK, N.A, 3800 CITIBANK CENTER, BUILDING B 1ST FLOOR, TAMPA, FL 33610 (THE "ISSUER") HEREBY ESTABLISH IN FAVOR OF NEVADA STATE BOARD OF PHARMACY (THE "BENEFICIARY") OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69630671 (THE "STANDBY") AT THE REQUEST OF LUPIN PHARMACEUTICALS, INC. (THE "APPLICANT"), IN A MAXIMUM AGGREGATE AMOUNT OF USD 25,000.00 (TWNETY-FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS).

PURPOSE OF STANDBY: THIS STANDBY IS ISSUED TO OBTAIN DISTRIBUTOR LICENSE.

AVAILABILITY OF FUNDS: FUNDS UNDER THIS STANDBY ARE AVAILABLE TO YOU BY PAYMENT AT SIGHT, UPON ISSUER'S RECEIPT OF YOUR DRAWING CERTIFICATE, WITH ALL BLANKS FILLED OUT, IN THE FORM OF EXHIBIT A ATTACHED HERETO.

DRAWINGS: PARTIAL AND MULTIPLE DRAWINGS UNDER THIS STANDBY ARE ALLOWED.

EXPIRATION: THIS STANDBY EXPIRES AT ISSUER'S OFFICE STATED ABOVE (THE "OFFICE") ON MAY 14, 2025.

AUTOMATIC EXTENSION: THE EXPIRATION DATE OF THIS STANDBY SHALL BE AUTOMATICALLY EXTENDED FOR SUCCESSIVE ONE-YEAR PERIODS, UNLESS NO LESS THAN THIRTY (30) DAYS BEFORE THE THEN-CURRENT EXPIRATION DATE, WE SEND BENEFICIARY WRITTEN NOTICE REFERRING TO THIS STANDBY BY REFERENCE NUMBER AND STATING THAT THE EXPIRATION DATE OF THIS STANDBY WILL NOT BE EXTENDED BEYOND THE THEN-CURRENT EXPIRATION DATE. ANY SUCH NOTICE OF NON-EXTENSION OF EXPIRATION DATE SHALL BE SENT BY COURIER, CERTIFIED MAIL OR OTHER RECEIPTED MEANS TO BENEFICIARY AT ITS ADDRESS STATED ABOVE (OR SUCH OTHER ADDRESS AS BENEFICIARY MAY SPECIFY, AS PROVIDED BELOW). THE EXPIRATION DATE IS NOT SUBJECT TO AUTOMATIC EXTENSION BEYOND MAY 14, 2034, AND ANY

PENDING AUTOMATIC EXTENSION OF EXPIRATION DATE SHALL BE INEFFECTIVE BEYOND THAT DATE, WHICH SHALL BE THE FINAL EXPIRATION DATE OF THIS STANDBY.

BENEFICIARY MUST NOTIFY US IN WRITING AT OUR OFFICE, SPECIFYING THIS STANDBY BY REFERENCE NUMBER, OF ANY CHANGE TO ITS ADDRESS FROM THAT STATED AT THE TOP OF THIS STANDBY. UPON RECEIPT BY US OF ANY SUCH NOTICE, WE WILL PROMPTLY ADJUST OUR RECORDS ACCORDINGLY, PROVIDED THAT ANY NOTICE SENT BY US UNDER THIS STANDBY PRIOR TO ANY SUCH ADJUSTMENT SHALL BE EFFECTIVE IF SENT TO THE ADDRESS FOR BENEFICIARY STATED AT THE TOP OF THIS STANDBY OR, IF APPLICABLE, TO THE ADDRESS LAST NOTIFIED TO US BY BENEFICIARY AS PROVIDED ABOVE.

ISSUER'S UNDERTAKING: WE HEREBY UNDERTAKE TO BENEFICIARY TO PAY BENEFICIARY'S DEMAND FOR PAYMENT MADE IN THE FORM OF THE ANNEXED DRAWING CERTIFICATE, PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS STANDBY TO ISSUER AT ITS OFFICE ON OR BEFORE THE EXPIRATION DATE.

PAYMENT METHOD: PAYMENT(S) HEREUNDER SHALL BE MADE BY ISSUER TO YOU BY WIRE TRANSFER OF IMMEDIATELY AVAILABLE FUNDS IN THE AMOUNT OF SUCH DRAWING IN ACCORDANCE WITH YOUR INSTRUCTIONS SET FORTH IN THE DRAWING CERTIFICATE.

COMMUNICATIONS: SHOULD YOU NEED TO COMMUNICATE WITH ISSUER REGARDING THIS STANDBY, SUCH COMMUNICATIONS MUST BE IN WRITING AND ADDRESSED TO CITIBANK, N.A, 3800 CITIBANK CENTER, BUILDING B 1ST FLOOR, TAMPA, FL 33610, ATTN: U.S. STANDBY TRADE UNIT.

IT IS CONDITION OF THIS LETTER OF CREDIT THAT IT IS TRANSFERABLE AND MAY BE TRANSFERRED IN ITS ENTIRETY, BUT NOT IN PART, AND MAY BE SUCCESSIVELY TRANSFERRED BY YOU OR ANY TRANSFEREE HEREUNDER TO A SUCCESSOR TRANSFEREE(S). TRANSFER UNDER THIS LETTER OF CREDIT TO SUCH TRANSFEREE SHALL BE EFFECTED UPON PRESENTATION TO US OF THE ORIGINAL OF THIS LETTER OF CREDIT AND ANY AMENDMENTS HERETO ACCOMPANIED BY A REQUEST DESIGNATING THE TRANSFEREE IN THE FORM OF EXHIBIT "B", ATTACHED HERETO, APPROPRIATELY COMPLETED.OUR TRANSFER FEE OF 1/4 OF 1 PERCENT (MINIMUM USD 250.00) ON THE OUTSTANDING AMOUNT OF LETTER OF CREDIT SHALL BE PAID BY THE APPLICANT. BENEFICIARY'S RIGHT TO TRANSFER SHALL NOT BE DEPENDENT UPON PAYMENT OF SUCH TRNASFER FEE AND EXPENSES.

APPLICABLE RULES AND LAW: THIS STANDBY IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590 ("ISP98") AND AS TO MATTERS NOT ADDRESSED BY ISP98, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK.

SANCTIONS: THE U.S. GOVERNMENT (INCLUDING, WITHOUT LIMITATION, THE OFFICE OF FOREIGN ASSETS CONTROL OF THE U.S. DEPARTMENT OF THE TREASURY AND THE U.S. DEPARTMENT OF STATE) AND SANCTIONS AUTHORITIES IN OTHER RELEVANT JURISDICTIONS HAVE IN PLACE SANCTIONS AGAINST CERTAIN JURISDICTIONS, INDIVIDUALS, ENTITIES, AND VESSELS (INCLUDING SHIPS AND AIRCRAFT). ALL PARTIES ACKNOWLEDGE AND AGREE THAT CITIGROUP ENTITIES, INCLUDING BRANCHES AND SUBSIDIARIES (TOGETHER "CITIBANK"), RESERVE THE RIGHT, AT CITIBANK'S REASONABLE DISCRETION, TO REFUSE PERFORMANCE UNDER THIS LETTER OF CREDIT, OR TAKE OTHER ACTION, WHERE CITIBANK DETERMINES THAT ANY PARTY OR ANY ACTIVITY RELATING, DIRECTLY OR INDIRECTLY, TO THE LETTER OF CREDIT ARE THE

SUBJECT OF U.S. SANCTIONS OR SANCTIONS ISSUED BY ANY OTHER RELEVANT SANCTIONS AUTHORITY. ALL PARTIES ACKNOWLEDGE AND AGREE THAT CITIBANK WILL NOT BEAR ANY LIABILITY WHERE IT REFUSES PERFORMANCE UNDER THIS LETTER OF CREDIT OR TAKES OTHER ACTION IN SUCH CIRCUMSTANCES.

CITI'S GLOBAL PRIVACY NOTICE FOR INSTITUTIONAL CLIENTS AND ITS CALIFORNIA SUPPLEMENTAL PROVISION CAN BE ACCESSED ONLINE USING DIRECT LINKS ENTITLED "GLOBAL NOTICE FOR INSTITUTIONAL CLIENTS" AND "CPRA NOTICE AT COLLECTION", WHICH ARE PROMINENTLY DISPLAYED IN THE WEBSITE FOOTER OF GLOBAL NOTICE FOR INSTITUTIONAL CLIENTS & CPRA NOTICE AT COLLECTION



AUTHORIZED SIGNATURE(S).
CITIBANK, N.A.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Lupin Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 15 Jensen Drive

City Somerset State NJ Zip 08873

Mailing Address (if different from physical address) 400 Campus Dr

City Somerset State NJ Zip 08873

Telephone 908-603-6022 Website www.lupin.com

Licensing Company Email somerset-lupinlicensing@lupin.com

**Section 2: Personal Information**

First Robert Middle P Last Rieping

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 400 Campus Dr

City Somerset State NJ Zip 08873

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Stevens Institute of Technology | | | | |
| Address | | City | State | Zip |
| 1 Castle Point Ter | | Hoboken | NJ | 07030 |
| Diploma/Degree obtained, if any | | | | |
| Bachelor of Engineering - Chemical Engineering | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Dumont High School | | | | |
| Address | | City | State | Zip |
| 101 New Milford Ave. | | Dumont | NJ | 07628 |
| Diploma/Degree obtained, if any | | | | |
| Graduate | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | | City | State | Zip |
|---|---|---|---|---|
| 11/20- Present | [redacted] | Flemington | NJ | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 04/16-11/20 | | Raritan | NJ | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 05/09-04/16 | | Skillman | NJ | |
| From - To (MM/YY – MM/YY) | [redacted] | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Lupin Inc | | | 09/21 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 15 Jensen Drive | | Somerset | NJ | 08873 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 908-603-6022 | Vice President - Supply Chain & Logistics | | 6,000 | |
| **Description of Duties** | | | | |
| Head of US Supply Chain and Logistics responsible to ensure that customer service levels are maintained at the highest levels, utilizing a minimum of inventory, at the lowest costs and in full compliance of all relevant regulations and standards. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Amneal Pharmaceuticals | | | 04/19 - 09/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 400 Crossing Blvd | | Bridgewater Township | NJ | 08807 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (908) 947-3120 | Senior Director - Global Supply Chain Planning | | 6,000 | |
| **Description of Duties** | | | | |
| Head of Global Planning in the newly created Supply Chain organization, which includes internal and external manufacturing sites over a wide range of drug delivery systems. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Allergan (formerly Actavis and Watson) | | | 09/11-04/19 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5 Giralda Farms, Dodge Dr | | Madison | NJ | 07940 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (862) 261-7000 | Director - Supply Chain | | 6,000 | |
| **Description of Duties** | | | | |
| Head of U.S. General Medicines Supply Chain Management team with overall accountability of the end to end execution for the demand planning, supply planning, and procurement of APIs. Responsibilities include 6 internal sites and 77 external suppliers over a wide range of drug delivery systems. Supply Planning lead for multibillion dollar acquisitions and divestitures. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Robert Rieping
Original Signature (electronic, copies or stamps not accepted)

3-12-2024
Date

I, Robert P. Rieping, **certify that as the designated representative for**

Lupin Pharmaceuticals, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. RR I am at least 21 years of age;
3. RR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Rieping

Print Name (First, Last)

Robert Rieping

Original Signature (electronic, copies or stamps not accepted)

3-Dec-2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert Rieping

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-Dec-2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Somerset.

I, Prakash Salunke, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

P.S. Salunke

**Original Signature**

12/03/2024

**Date**

Subscribed and Sworn to before me this 3rd day of December 2024.

P.S. Salunke

**Notary Public Signature**

PRAKASH S. SALUNKE
NOTARY PUBLIC OF NEW JERSEY
Commission # 50146366
My Commission Expires 12/21/2025

PRAKASH S. SALUNKE
NOTARY PUBLIC OF NEW JERSEY
Commission # 5014636...
My Commission Expires 12/21/20...

(Seal)

Lupin Pharmaceuticals, Inc.-employees

| Payroll Name | Payroll Company Name | Hire/Rehire Date | Reports To Name | Home Department | Job Title Description |
|---|---|---|---|---|---|
| Ellis, Lawrence R. | Lupin Pharmaceutical | 03/05/2018 | Oyawusi, Aki | Logistics 031308 | Logistics Coordinator |
| Oyawusi, Akintunde | Lupin Pharmaceutical | 09/06/2023 | Rieping, Robert | Logistics 031308 | Logistics Manager - US Domestic Operations |
| Rieping, Robert | Lupin Pharmaceutical | 09/20/2021 | Hoffman, Bob | Logistics 031308 | Vice President, Supply Chain |
| Garcia, Wandy | Novel Laboratories | 08/19/2010 | Oyawusi, Aki | Shipping | Warehouse Operator |
| Ramos, John S | Novel Laboratories | 07/13/2022 | Oyawusi, Aki | Shipping | Warehouse Associate |
| Benitez, Jose G | Novel Laboratories | 09/12/2016 | Mullur, Saji | Warehouse | Senior Warehouse Associate |
| Couch, Michael | Novel Laboratories | 08/15/2022 | Mullur, Saji | Warehouse | Warehouse Associate |
| Constanza-Pineda, Amilcar Ernesto | Novel Laboratories | 07/30/2014 | Mullur, Saji | Warehouse | Warehouse Operator |
| Cortez, Edwin | Novel Laboratories | 08/15/2022 | Mullur, Saji | Warehouse | Warehouse Associate |
| Desai, Jigarkumar | Novel Laboratories | 05/03/2021 | Mullur, Saji | Warehouse | Warehouse Associate |
| Khamar, Krish J | Novel Laboratories | 01/07/2019 | Mullur, Saji | Warehouse | Group Leader, Warehouse |
| Mullur, Saji J | Novel Laboratories | 07/12/2021 | Valenzuela, James | Warehouse | Supervisor, Warehouse |
| Patel, Mahendra | Novel Laboratories | 11/18/2013 | Mullur, Saji | Warehouse | Warehouse Operator |
| Thompson, Joseph | Novel Laboratories | 04/25/2016 | Mullur, Saji | Warehouse | Warehouse Operator |

4BB

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application
## Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☐ New Wholesaler<br>☒ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH WH03389 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Pierre Fabre Pharmaceuticals, Inc.

Physical Address: 8 Campus Drive, 2nd Floor

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.pierre-fabre.com/en-us

Name of Designated Representative (DR): Chester Ka Yan Lam

Licensing Company Email: PFP@slsny.com DR Email: chester.lam@pierre-fabre.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☒ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☒ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☒ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Distributors | | ☒ Others: Manufacturer - Virtual |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | X | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: FARMEA

Address: 10 Bouche Thomas St., Zac D'orgemont City: Angers State: N/A Zip: 49007

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): New Ways to Care Pharma Inc.

Corporation/Organization Name: Pierre Fabre Pharmaceuticals, Inc.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: PFP@slsny.com

Contact Person Name: Christine Cannon

**Section 6: Partnership**

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 12/06/2017 | AL | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 17-L-0090 | Alabama State Board of Pharmacy |

| Reason/Charge |
|---|
| Violations of the Alabama Pharmacy Practice Act |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| Pierre Fabre Pharmaceuticals, Inc. |

**Provide explanation below:**

Violated Code of Alabama - involved in the distribution of drug products in the state of AL without a current or valid permit to do so.

Please see attached Consent Order

Iliya Aleksandrovich Ganov

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

AL Case # 17-L-0090
Consent Order

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **PIERRE FABRE PHARMACEUTICALS, INC.** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **Private Label Distributor Virtual Permit No. 193303** | ) | **CASE NO: 17-L-0090** |
| | ) | |

**CONSENT ORDER**

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Pierre Fabre Pharmaceuticals, Inc. (hereinafter referred to as "Pierre Fabre") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) counsel for the Board and a representative of Pierre Fabre have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Pierre Fabre violated the applicable provisions based upon the conduct set out in Count One of the Statement.

2. Pierre Fabre shall pay to the Board an administrative fine in the amount of Three Thousand dollars ($3,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Pierre Fabre shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Pierre Fabre expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Pierre Fabre further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Pierre Fabre hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That Pierre Fabre agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Pierre Fabre acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Pierre Fabre acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 6th day of December, 2017.

Pierre Fabre Pharmaceuticals, Inc.

By: _____
Its: CFO

DONE this the 6th day of December, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 03/20/2018 | FL | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2018-007941 | Florida Department of Business and Professional Regulation |

| Reason/Charge |
|---|
| Violation of Section 499.0121 (10) Florida Statue (2017) |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| Pierre Fabre Pharmaceuticals, Inc. |

**Provide explanation below:**

Violated Section 499.0121 (10) Florida Statute (2017) by failing to operate in compliance with applicable state law, specifically Section 34-23-32 Code of Alabama.

Please see attached Final Order

Jacob Ilya Aleksandrovich Ganov

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

FL Case # 2018-007941
Final Order

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 5/4/2018
File # 2018-03334

**STATE OF FLORIDA**
**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI**

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

**Petitioner,**

**v.** **Case No.: 2018-007941**

**PIERRE FABRE PHARMACEUTICALS, INC.,**

**Respondent.**

_____/

## FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Pierre Fabre Pharmaceuticals, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves an alleged violation of Section 499.0121(10), Florida Statutes (2017), by failing to operate in compliance with applicable state law, specifically 34-23-32, Code of Alabama.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

[SIGNATURE PAGE AND CERTIFICATE OF SERVICE FOLLOW]

DONE and ORDERED this 3rd day of May, 2018 in Tallahassee, Florida.

JONATHAN ZACHEM, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Drew F. Winters
Division Director
Drugs, Devices, and Cosmetics

Prepared by:
Andrew Butler
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

**NOTICE OF RIGHT TO APPEAL**

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: Pierre Fabre Pharmaceuticals, Inc., c/o CT Corporation System, Registered Agent at 1200 S. Pine Island Road, Plantation, Florida 33324 this 4th day of May, 2018.

By: Brenda M. Nichols
Agency Clerk's Office

**STATE OF FLORIDA**
**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

**Petitioner,**

**v.**

**PIERRE FABRE PHARMACEUTICALS, INC.,**

**Respondent.**
_____/

**Case No.: 2018-007941**

RECEIVED
APR 20 2018
Drugs, Devices and Cosmetics

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2018-007941 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Pierre Fabre Pharmaceuticals, Inc. (hereinafter, "Respondent") is permitted by the Department to operate as a nonresident prescription drug manufacturer and as a complimentary drug distributer, at 8 Campus Drive, 2nd Floor, Parsippany, New Jersey 07054, having been issued permit numbers 26:596 and 40:766, respectively.

2. Respondent was issued a Notice of Violation on March 20, 2018, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

## CONCLUSIONS OF LAW

3. Respondent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

4. Respondent admits that the allegations, if proven, would constitute violations of Chapter 499, Florida Statutes.

## SETTLEMENT TERMS

5. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes, and the rules adopted pursuant thereto.

6. Respondent agrees to pay a settlement amount of one-thousand dollars ($1,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida, 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

7. The acceptance of this settlement agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code.

## STANDARD PROVISIONS

8. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which

disciplinary action may be taken.

9. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2018-007941. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided that the final order does not conflict with this agreement.

11. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

12. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

13. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

14. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

15. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics and has no force or effect until the Division accepts this agreement and adopts it in a final order.

16. The signatories hereto are vested with the authority to execute this agreement on

behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

**PIERRE FABRE PHARMACEUTICALS, INC.,**

By: _____

Name: Nick Pizzie

Title: CFO

Date: 4/17/18

**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

By: _____

Name: Drew E. Winters

Title: Division Director

Date: 5-3-2018

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 09/17/2018 | MD | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| N/A | Maryland State Board of Pharmacy |

| Reason/Charge |
|---|
| Shipping into MD without a Permit |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| Pierre Fabre Pharmaceuticals, Inc. |

**Provide explanation below:**

Admin Fine of $5,000 for not having a Distributor License

Please see attached Consent Order

Ilya Aleksandrovich Ganov

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

MD Discipline - Resolved

| | | |
|---|---|---|
| **IN THE MATTER OF** | * | **BEFORE THE** |
| **PIERRE FABRE PHARMACEUTICALS** | * | **MARYLAND STATE** |
| | * | **BOARD OF PHARMACY** |
| **PERMIT NO. D06266** | * | |

* * * * * * * * * * * * *

## CONSENT ORDER

### Background

The Maryland Board of Pharmacy (the "Board") received credible information indicating that Pierre Fabre Pharmaceuticals (the "Distributor"), a wholesale drug distributor licensed in Maryland under Permit No. D06266, had been disciplined by the Alabama Board of Pharmacy on December 6, 2017, for distributing drug products into Alabama without a current or valid permit. Subsequently, the Board received further information evidencing that the Distributor shipped prescription drugs into Maryland prior to obtaining a Maryland permit.

In lieu of instituting formal proceedings against Pierre Fabre Pharmaceuticals, in accordance with the Maryland Pharmacy Act, Md. Code Ann., Health Occ. § 12-101 *et seq.*, the Board and Pierre Fabre Pharmaceuticals have agreed to resolve this matter as set forth in this Consent Order.

## FINDINGS OF FACT

1. At all times relevant, the Distributor was a wholesale distributor located in Persippany, New Jersey.
2. On or about December 6, 2017, the Board issued a wholesale distributor's permit to Pierre Fabre Pharmaceuticals. The Distributor's permit is active and expires on

May 31, 2019.

3. On or about February 8, 2018, the Board received a self-report from the Distributor disclosing that it had been disciplined by the Alabama Board of Pharmacy on December 6, 2017, for distributing drug products into Alabama without a current or valid permit to do.
4. Subsequently, the Board obtained shipping records from the Distributor which revealed that the Distributor shipped approximately 103 prescription drug products, none of which were controlled dangerous substances, into Maryland prior to obtaining a wholesale distributor's permit from the Board.
5. The Distributor has since conducted a gap analysis of its operations and have engaged consultant services to appropriately manage its licensing processes.

## CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that Pierre Fabre Pharmaceuticals, is subject to discipline in accordance with Md. Code Ann., Health Occ. §§ 12-6C-03 and 12-6C-11 and COMAR 10.34.22.05A(4).

## ORDER

Based upon an affirmative vote of a majority of the Board under the authority of Md. Code Ann., Health Occ. § 12-6C-11 and COMAR 10.34.22.05, it this 17th day of September, 2018, hereby,

ORDERED that Pierre Fabre Pharmaceuticals, Permit No. D06266, shall pay a FINE in the amount of FIVE THOUSAND DOLLARS ($5,000.00), payable to the Maryland Board of Pharmacy within thirty (30) days of the date of this Order, and sent to:

Wells Fargo Bank
Attn: State of Maryland – Board of Pharmacy
Lockbox 2051
7175 Columbia Gateway Drive
Columbia, Maryland 21046
*(Please include the Case Number 18-183 to ensure proper assignment.)*

; and be it further,

ORDERED that Pierre Fabre Pharmaceuticals shall comply with all laws and regulations governing the wholesale distribution of prescription drugs and devices into, out of, and within the State of Maryland; and be it further,

ORDERED that in the event that Pierre Fabre Pharmaceuticals violates any of the terms above, the Board, after notice and an opportunity for a hearing, and a determination of a violation, may impose any disciplinary sanction it deems appropriate, including suspension, revocation, and fines, said violation being proven by a preponderance of the evidence; and be it further,

ORDERED that this is a formal order and as such is a public document pursuant to Md. Code Ann., General Provisions Art. § 4-301 *et seq.*

9-17-18
Date

Deena Speights-Napata
Executive Director for:

Kevin Morgan, Pharm.D.
Board President

## CONSENT

1. By signing this Consent, Pierre Fabre Pharmaceuticals submits to the foregoing Consent Order as a resolution of this matter and agree to be bound by its terms and conditions.

2. Pierre Fabre Pharmaceuticals acknowledges the validity of this Consent Order as if it were made after a hearing in which it would have had the right to counsel, to confront witnesses, and to all other substantial procedural protections provided by law.

3. Pierre Fabre Pharmaceuticals acknowledges that, by entering into this Consent Order, Pierre Fabre Pharmaceuticals is waiving its right to appeal any adverse ruling of the Board that might have followed such an evidentiary hearing.

4. Pierre Fabre Pharmaceuticals acknowledges the legal authority and the jurisdiction of the Board to enter and enforce this Consent Order.

5. Pierre Fabre Pharmaceuticals signs this Consent Order freely and voluntarily, after having had the opportunity to consult with counsel. Pierre Fabre Pharmaceuticals fully understands the language, meaning, and effect of this Consent Order.

09/12/2018
Date

Name: LAURENT ERMANNO SAFFAÉ
Title: PRESIDENT & CEO

STATE OF NEW JERSEY,
COUNTY/CITY OF Morris/Parsippany

I hereby certify that on this 12 day of September 2018, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared Laurent Emmanuel Saffre and made an oath in due form that the foregoing Consent was his/her voluntary act and deed on behalf of Pierre Fabre Pharmaceuticals.

Justine Westrich
Notary Public
My commission expires: 5/29/19

JUSTINE WESTRICH
NOTARY PUBLIC OF NEW JERSEY
ID # 2446777
My Commission Expires 5/29/2019

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 12/12/2018 | FL | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2018-054777 & 2018-054783 | Florida Department of Business & Professional Regulation |

| Reason/Charge |
|---|
| Violation of Section 499.0121(10) Florida Statute (2017) |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| Pierre Fabre Pharmaceuticals, Inc. |

**Provide explanation below:**

Florida served domino discipline based upon Pierre Fabre Pharmaceuticals, Inc. not having a Distributor permit in Maryland.

Please see attached Final Order

Jacob — Ilya Aleksandrovich Ganov

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

FL Case #s 2018-054777 and 2018-054783 Final Order

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 12/14/2018
File # 2018-10158

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

**Petitioner,**

**v.**

**Case Nos.: 2018-054777**
**2018-054783**

**PIERRE FABRE PHARMACEUTICALS, INC.,**

**Respondent.**

_____/

## FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Pierre Fabre Pharmaceuticals, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves an alleged violation of Section 499.0121(10), Florida Statutes (2017), by failing to operate in compliance with applicable state law, specifically Maryland Code, Health Occupations, Section 12-6C-03.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

[SIGNATURE PAGE FOLLOWS]

DONE and ORDERED this 12th day of December, 2018 in Tallahassee, Florida.

JONATHAN ZACHEM, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Drew F. Winters
Division Director
Drugs, Devices, and Cosmetics

Prepared by:
Andrew Butler
Assistant General Counsel
Division of Drugs, Devices, and Cosmetic

**NOTICE OF RIGHT TO APPEAL**

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Pierre Fabre Pharmaceuticals, Inc., c/o CT Corporation System, Registered Agent, at 1200 S. Pine Island Rd., Plantation, Florida 33324 this 14th day of December, 2018.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

PIERRE FABRE PHARMACEUTICALS, INC.,

Respondent.
_____/

RECEIVED
DEC 10 2018
DDC - LEGAL

Case Nos.: 2018-054777
2018-054783

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case numbers 2018-054777 and 2018-054783 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Pierre Fabre Pharmaceuticals, Inc. (hereinafter, "Respondent") is permitted by the Department to operate as a nonresident prescription drug manufacturer and as a complimentary drug distributor, at 8 Campus Drive, 2nd Floor, Parsippany, New Jersey 07054, having been issued permit numbers 26:596 and 40:766, respectively.

2. Respondent was issued a Notice of Violation on November 13, 2018, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

## CONCLUSIONS OF LAW

3. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

4. Respondent admits that the allegations, if proven, would constitute violations of Chapter 499, Florida Statutes.

## SETTLEMENT TERMS

5. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

6. Respondent agrees to pay a settlement amount of one-thousand dollars ($1,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida, 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

7. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

## STANDARD PROVISIONS

8. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

9. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case numbers 2018-054777 and 2018-054783. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

11. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

12. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

13. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

14. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

15. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

16. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such

principals.

| **PIERRE FABRE PHARMACEUTICALS, INC.,** | **FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,** |
|---|---|
| By: _____ | By: _____ |
| Name: Mathieu Clement | Name: Drew E. Winters |
| Title: CFO | Title: Division Director |
| Date: _____ | Date: 12-12-2018 |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | | City | County |
|---|---|---|---|---|
| | 11/05/2020 | GA | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| 2020-0139 | | Georgia State Board of Pharmacy | | |
| Reason/Charge | | | | |
| Failure to Notify the Board of location change | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| Pierre Fabre Pharmaceuticals, Inc. | | | | |

**Provide explanation below:**

Received Admin Fine of $5000 for continuing to ship into Georgia after location change, and before an application for change of location was submitted to the board.
Please see attached Consent Order

Jacob

Ilya Aleksandrovich Ganov

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

GA Case # 2020-00139
Consent Order

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

| | | |
|---|---|---|
| **IN THE MATTER OF:** | * | |
| | * | |
| **PIERRE FABRE PHARMACEUTICALS, INC.** | * | **DOCKET NO.** |
| | * | |
| | * | |
| **Applicant.** | * | |

GEORGIA STATE BOARD OF PHARMACY
NOV 24 2020
DOCKET NO. 2020-0139

## CONSENT ORDER FOR REGISTRATION AS WHOLESALER PHARMACY

By agreement of the Georgia State Board of Pharmacy ("Board") and Pierre Fabre Pharmaceuticals, Inc. ("Applicant") the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4.

## FINDINGS OF FACT

1.

On or about April 26, 2006, Applicant was licensed under License No. PHWH002285 as a wholesaler pharmacy in the State of Georgia. Applicant changed its location approximately over four years ago without filing a proper change in location application with the Board. On or about July 15, 2020, Applicant submitted an application for change of location with the Board.

2.

Applicant continued to ship medication products after the change of location and before the application for the change in location was submitted to the Board.

3.

Applicant waives any further findings of facts in this matter.

## CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, the application for a wholesaler pharmacy license can be denied by the Board. Applicant waives any further conclusions of law with respect to this matter in Georgia, but reserves the right to contest this matter and the allegations herein in other jurisdictions and courts of law.

## ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ORDERED, and the Applicant hereby AGREES, that Applicant shall be granted a new license to operate as a wholesaler pharmacy under the following terms and conditions:

1.

The Applicant shall submit to the Board an administrative fine in the amount of five thousand dollars (5,000.00) payable within ninety (90) days from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy and sent to the Board at 2 Peachtree Street, N.W., 6th Floor, Atlanta, Georgia 30303. The Applicant's failure to pay the administrative fine by the ninetieth day shall subject Applicant's license to further disciplinary action, including revocation.

2.

This Consent Order shall constitute a PUBLIC REPRIMAND.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Applicant's alleged conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Applicant, Pierre Fabre Pharmaceuticals, Inc. acknowledges he/she has read this Consent Order and understands its contents. Applicant understands that Applicant has a right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Order. Applicant understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Applicant further understands and agrees that the Board shall have the authority to review all relevant evidence in considering this Consent Order. Applicant further understands that this Consent Order, once approved, shall constitute a public record of the Board and may be disseminated as such. Applicant further understands that if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

(signatures continue on next page)

Approved, this 18th day of November, 2020




(BOARD SEAL)

**GEORGIA STATE BOARD OF PHARMACY**

BY: Bruce Michael Faulk
~~LISA C. HARRIS~~ Bruce Michael Faulk, R.Ph.
Vice President
**with express permission by**
**Eric Lacefield, Executive Director**

ATTEST: E R L
ERIC R. LACEFIELD
Executive Director

CONSENTED TO:

Mathieu Clement
AGENT, ON BEHALF OF
Applicant
PIERRE FABRE PHARMACEUTICALS, INC.

AS TO SIGNATURE OF AGENT ON BEHALF OF APPLICANT
Sworn to and subscribed before me
this 5th day of November, 2020.

NOTARY PUBLIC
My commission expires: 6/17/2021

#1217039

DANIEL R. THOMAS
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 6/17/2021

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | X | |
| 1. Copy of FDA registration Labeler Code: 64370<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Pierre Fabre Pharmaceuticals, Inc.

Facility Name

Ilya Aleksandrovich Ganov

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/8/2025

Date

| Board Use Only | Date Received: 1/21/25 | Amount: $1000-ck 383 |
|---|---|---|

An official website of the United States government Here's how you know

FDA

Home ▶ Drug Databases ▶ NDC ▶ Search Result

Share Tweet LinkedIn Email Print

Current through July 18, 2024

**You have searched Finished drug products**

**Search Results:** *'64370'*

**Back to Search Page**

Keyword Search RESET

Showing 1 to 2 of 2 entries Show entries

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Application Number / Monograph ID | Labeler Name | Product NDC | Non-Proprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Marketing Category | Package Description | Pharm Class | DEA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEMANGEOL | 64370-375-01 | 4.28mg/mL | SOLUTION | ORAL | NDA205410 | Pierre Fabre Pharmaceuticals, Inc. | 64370-375 | propranolol hydrochloride | PROPRANOLOL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 04/14/2014 | N/A | NDA | 1 BOTTLE, GLASS in 1 CARTON (64370-375-01) / 120 mL in 1 BOTTLE, GLASS | Adrenergic beta-Antagonists [MoA], beta-Adrenergic Blocker [EPC] | N/A |
| HEMANGEOL | 64370-375-50 | 4.28mg/mL | SOLUTION | ORAL | NDA205410 | Pierre Fabre Pharmaceuticals, Inc. | 64370-375 | propranolol hydrochloride | PROPRANOLOL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 04/14/2014 | N/A | NDA | 1 BOTTLE, GLASS in 1 CARTON (64370-375-50) / 50 mL in 1 BOTTLE, GLASS | Adrenergic beta-Antagonists [MoA], beta-Adrenergic Blocker [EPC] | N/A |

Previous 1 Next

Background Information

Drug questions email: DRUGINFO@FDA.HHS.GOV

See also: Drug Registration and Listing Instructions
National Drug Code Directory Data Files

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration

Labeler Code

0982

# Pierre Fabre Pharmaceuticals, Inc.

Pierre Fabre

**Corporate Address:** 8 Campus Drive, 2nd Floor, Parsippany , NJ 07054 USA
**FEIN:** 20-3804871
www.pierre-fabre.com/en-us

**Drug Labeler Code:** 64370
**Incorporation State:** DE
**Incorporation Date:** 04/08/2005

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| CAM | 8 Campus Drive<br>2nd Floor<br>Parsippany, NJ 07054<br>County: Morris County | N/A | N/A - No CS | 968997101 | No | (973) 647-1600 | (973) 898-6573 |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Chester Ka Yan Lam | 8 Campus Drive<br>2nd Floor<br>Parsippany , NJ 07054 | Designated Representative | | [redacted] | | |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| New Ways to Care Pharma Inc. | 8 Campus Drive<br>2nd Floor<br>Parsippany, NJ 07054 | N/A | 100% | N/A | 990895684 | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Adriana Herrera | [redacted] | CEO & President | No | [redacted] | | |
| Ilya Aleksandrovich Gan | | CFO, Vice President & Secretary | No | | | |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name | SSN | DOB | Driver's License |
|---|---|---|---|
| CT Corporation System | | | |

**3PLS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Cardinal Health 105, LLC dba Specialty Pharmaceutical Services (501 Mason) | 501 Mason Road<br>Ste. 200<br>LaVergne, TN 37086 | | | | | |

Disciplinary History: AL 2017, FL 2018, MD 2018, FL 2018

*For licensing issues, please contact State License Servicing, LLC (845) 544-2482 PFP@slsny.com*



Company Particulars

Good Standing

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIERRE FABRE PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIERRE FABRE PHARMACEUTICALS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2005.*

Jeffrey W. Bullock, Secretary of State

3952697 8300

SR# 20243185502

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203977381

Date: 07-22-24

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/23/2025

---

**Registration Number:** 5004567 **Registered as:** Manufacturer and Wholesale

**Name:** PIERRE FABRE PHARMACEUTICALS

**DBA:**

**Address:** 8 CAMPUS DR - 2ND FL , PARSIPPANY, NJ 07054

**Original Issue Date:** 10/04/2013 **Expiration Date:** 01/31/2026

**Current Issue Date:** 11/25/2024

**Disciplines:** No

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBJA1886

Application/License No. _____

Pierre Fabre Pharmaceuticals, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
8 Campus Drive, Suite 202, Parsippany, NJ 07054, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1776 on the Green, 67 Park Place East, Morristown, NJ 07960 as
(Address of Surely)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2, 2023.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of March, 2023.

APPLICANT/PRINCIPAL

Pierre Fabre Pharmaceuticals, Inc.

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Jessica Ciccone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

# POWER OF ATTORNEY

*Direct Inquiries/Claims to:*
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
*call:* 888-266-3488 *or fax:* 860-757-5835

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

Agency Name: A J GALLAGHER RISK MGMNT SVCS LLC
Agency Code: 13-656536

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Jessica Ciccone
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 13BSBJA1886
Naming Pierre Fabre Pharmaceuticals, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

**STATE OF FLORIDA**
**COUNTY OF SEMINOLE** } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of March 14, 2023.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Bond Continuance

THE HARTFORD

Billing Company:
Hartford Fire Insurance Company

# Insurance Bill



**Bill Date: 02/09/24**

## Pay The Minimum By The Due Date

| | |
|---|---|
| **Bill Account Number** | **16981717** |
| **Due Date** | **03/02/24** |
| **Minimum Due** | **$250.00** |
| **Balance** | **$250.00** |

## Your Upcoming Bill Installments

| Due Date | Minimum Due |
|---|---|
| 03/02/24 | $250.00 |

## Need Help?

**Visit business.thehartford.com** to pay bills, view policy documents, get certificates, and more.

**Need Help?** Chat online or call us at 1-866-467-8730. We're here Monday - Friday.

**Named Insured:** PIERRE FABRE PHARMACEUTICALS INC
**Agent:** A J GALLAGHER RISK MGMNT SVCS LLC

For policy changes please contact your agent.

002709 1/1

## Important Messages:

- If you didn't intend to buy or renew this policy, let us know as soon as possible.
- Please make sure to pay the minimum due by the due date on your invoice. Otherwise, you'll be charged a $35.00 late fee.

## Billing Details For Your Policies

| Policy Number | Policy Type | Policy Period | Policy Status | Bill Plan | Balance | Minimum Due |
|---|---|---|---|---|---|---|
| 13BSBJA1886 | Surety | 03/02/23-03/02/24 | Active | Full Pay | $0.00 | $0.00 |
| 13BSBJA1886 | Surety | 03/02/24-03/02/25 | Down Payment Billing | | $250.00 | $250.00 |
| | | | | TOTALS | $250.00 | $250.00 |

**Pay your bill online at business.thehartford.com. Make a one-time payment, or sign up for Autopay and never worry about missing a payment.**

Please detach here and insert with your payment. Write the account number on the check and make payable to The Hartford.

Account Number: **16981717**

Amount Enclosed: _____

| | |
|---|---|
| **Payment Due Date** | **03/02/24** |
| **Minimum Due** | **$250.00** |
| **Balance** | **$250.00** |

**Mail Payments To:**

The Hartford
P O Box 660916
Dallas, TX 75266-0916

MB 01 002709 69722 H 13 D

PIERRE FABRE PHARMACEUTICALS INC
8 CAMPUS DRIVE SUITE 202
PARSIPPANY, NJ 07054-4409

13169817177765653600000025000000000250008100007

11544517 02/09/24 27 13 16981717 07 NU57

## Transactions And Other Charges Since Your Last Bill

| Transaction Date | Transaction Detail | Policy Number | Policy Type | Payments and Activity | Billing Fees |
|---|---|---|---|---|---|
| 05/02/23 | Payment Received | | | -$250.00 | |
| 12/05/23 | Renewal | 13BSBJA1886 | Surety | $250.00 | |

*Payments and Activity amount may include premium and surcharges/fees. Please see the Transaction Detail column for complete breakdown.*

## Ways To Pay Your Bill

- **Pay online** at business.thehartford.com. Some policies may not be available in our automated system.
- **Set up AutoPay** to make automatic payments from your bank account. Never worry about missing a payment. Enroll at business.thehartford.com.
- **Pay by phone** with a one-time payment from your bank account. Call our automated system at 1-866-467-8730. Some policies may not be available in our automated system.
- **Pay by mail** with the enclosed envelope. Include only your bill stub and payment. Allow atleast 10 days for delivery. If you have other correspondence to send, do not send it with your payment. Mail it separately to: The Hartford, 301 Woods Park Drive, Clinton, NY 13323.
- **To mail Overnight/Express** payments, send payments only to: Deluxe - The Hartford Box #916, 3000 Kellway Drive Suite 120, Carrollton, TX 75006.

## Payment Rules And Bill Definitions

**Payment Application:** We will apply payments received in the following order:

- Past due and audit premium on expired or cancelled policies
- Past due premium on active policies
- Past due fees, then
- Current account changes

Alternate payment instructions with your check will not be honored. When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic transfer from your bank account or process your payment as a check transaction.

**Installment Fee:** We charge this fee with each installment, except where prohibited by law.
**Late Fee:** You will be charged $35.00 when the minimum amount due isn't paid by the due date.
**New Fees:** The total of all fees assessed on the current bill.
**NSF Fee:** You will be charged $30.00 if your payment fails because of insufficient funds.
**Policy Credits:** Some things, like audit results or endorsement changes, might put a credit back on your account. If your account has a balance, instead of issuing a refund, we use those credits toward your future payments. If your account has an overall credit balance, the refund will be issued to you using the same method you used to make your last payment (Electronic Funds Transfer, credit card or check).
**State/Local Surcharges or Fees:** Some states or municipalities require us to collect an extra amount on top of your premium.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pierre Fabre Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable): WH03389

Physical Address: 8 Campus Drive, 2nd Floor

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.pierre-fabre.com/en-us

Licensing Company Email: PFP@slsny.com

### Section 2: Personal Information

First: Chester Middle: Ka Yan Last: Lam

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Fresh Meadows State: NY Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| St. John's University, College of Pharmacy and Health Sciences | | 08/2012 - 05/2018 | |
| **Address** | **City** | **State** | **Zip** |
| 800 Utopia Pkwy | Queens | NY | 11439 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy (PharmaD)- Cum Laude | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Francis Lewis High School | | 09/2008 - 06/2012 | |
| **Address** | **City** | **State** | **Zip** |
| 73-67 196 Place | Fresh Meadows | NY | 11365 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/1999 - Present | [redacted] | Fresh Meadows | NY | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Pierre Fabre Pharmaceuticals, Inc. | | | March 2021 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 8 Campus Drive, 2nd Floor | Parsippany | NJ | 07054 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| (973) 647-1600 | Designated Representative | | ~ 7,040 hours |

Description of Duties
Ensure that collection, reporting and handling of Pierre Fabre products' safety info adheres to internal and regulatory requirements; maintain oversight of safety risk management and all other pharmacovigilanceand/ or Cosmetovigilance activities; ensures PVC compliance and inspection readiness across all affiliate functions; oversees handling and tracking of medication info requests Coordinate and organize, at the national/area leave and in liaison with the Corporate Cosmetovigilance Deparment (CCD), all activities in relation with oversight of the safety profile.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # N/A . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Chester Ka Yan Lam, **certify that as the designated representative for**

Pierre Fabre Pharmaceuticals, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. CL I am at least 21 years of age;
3. CL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chester Ka Yan Lam
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Chester Ka Yan Lam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New York, ss. County of Nassau

I, Chester Lam, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** Chester Ka Yan Lam

12/3/2024

**Date**

Subscribed and Sworn to before me this 3 day of December.

**Notary Public Signature**

WENDY CHAU
NOTARY PUBLIC, STATE OF NEW YORK
Registration Number # 01CH6313557
Qualified in Nassau County
Commission Expires October 20, 20 26

(Seal)

Employee List

**List of All Employees at Facility**

| | | |
|---|---|---|
| Abdulla | Hoda | |
| Ackerman | Monica | |
| Alvarez | Madeleine | |
| Appolonia | Patrick | |
| Arden | Tanner W | |
| Bacallao | Melissa Morris | (Lisa Morris) |
| Baldwin | Alinda | |
| Barnes | Sarah | |
| Barr | Nicole A | |
| Bassett | Dylan | |
| Beauchamp | Michael | |
| Berger | Laura | |
| Black | Jason Bjorn | |
| Blakeley | Brooke | |
| Boes | Sharon | |
| Bookman | Joshua | |
| Boren | Lisette | |
| Cade | Brent H. | |
| Chhabra | Navjeet | |
| Chidrawar | Priya | |
| Cinco | Delfina | |
| Cleary | Dana M | |
| Clement | Mathieu | |
| Corvi | Jena | |
| Craveiro | Mateus | |
| D'Ambra | Chloe | |
| DaVanzo | Sarah | |
| Delannoy | Olivier A. | |
| Dembeck | Gregory | |
| Denver | Marina Janet | |
| Deus | Rachel Ann | |
| DiFabrizio | Danielle | |
| Dowling | Trisha | |
| Drury | Megan | |
| Duchnowski | Heidi | |
| Dugas | Michelle Renee | |
| Dunkley | Jennifer M. | |
| Durkin | Heather | |
| Espinoza | Tommy | |
| Ferguson | Megan Kathleen | |
| Fernandez | Kelvin | |
| Frasch | Heather Amanda | |
| Froyen | Kylie | |
| Gaffey | George | |
| Golding | Matthew | |
| Guttridge | Thomas Stanley | |
| Haigh-Walsh | Kimberly | |

| | |
|---|---|
| Haikin | Maya |
| Happee | Nicole |
| Haskell | Tracey |
| Hezekiah | Charles |
| Hurd | Lynn |
| Jameson | Erin |
| Jarrin | Ashley |
| Joie | Emilie |
| KWON | SANDI |
| Kagan | Victoria |
| Kappel-Weiss | Helene |
| Kellner | Madelyn |
| Kivior | James |
| Konrad | Matthew |
| Koramoni | Manoj Kumar |
| Korniyenko | Oksana |
| Kunadia | Neeta K |
| Lam | Chester |
| Lanza III | Joseph Lawrence |
| Lattimer | Hillarie |
| Laurencot | Camille R |
| Lee | Nikki |
| Levy | Marni |
| Luyk | Barry |
| Marceau | Kerrie S |
| May | Ashley Elizabeth |
| McCall | Kristin |
| McGarry | Barbara |
| Mejia | Arlene |
| Messina | Katherine |
| Mills | Kacey |
| Morris | Laura |
| Nimbley | Arthur |
| O'Connell | Heather |
| O'Malley | Michaela |
| Otero | Maria |
| Pastorkovich | Joseph |
| Perreu | Aline |
| Petrosillo | Jeffrey P |
| Pierre | Sarah |
| Pletkovich | Thomas Preston |
| Poulos | Connie |
| Reinhart | Marisa J |
| Robertshaw | Beth |
| Rubinstein | Jaclyn |
| Sands | Claire |
| Schoen | Michele |

| | |
|---|---|
| Schutte | Aubrey |
| Serrain | Margaux |
| Shah | Akanksha |
| Sherman | Jamie |
| Smith | Jaclyn Hoesch |
| Stasiak | Olivia |
| Stuckey | Lara |
| Suarez | Elena Melissa |
| Sullivan | Mark J. |
| Svirskaya | Oksana |
| Szabo | Marianna |
| Takara | Andrew Kasembeli |
| Taylor-Sanders | Gayle |
| Thompson | Gina |
| Tironi | Marlina |
| Tobar | Lina |
| Tokuda | Shirley |
| Tseng | Grace |
| Turner | Michelle R. |
| Vorherr | Jeffrey |
| Westrich | Justine |
| Yu | Sarah |

# 4CC

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH N/A | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Prollenium US Inc.

Physical Address: 9121 Anson Way, Suite 232

City: Raleigh State: NC Zip: 27615

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.revanesseusa.com

Name of Designated Representative (DR): Douglas Roman Yoch

Licensing Company Email: PUI@slsny.com DR Email: doug@prolleniumus.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☒ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☒ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☒ Others: Drugs (Biologics) | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☒ Others: Manufacturer - Virtual |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Prollenium Canada
Address: 138 Industrial Pkwy N City: Aurora State: ON Zip: L4G 4C3

Name: Life Science Logistics
Address: 3100 Olympus Blvd, Suite 100 City: Dallas State: TX Zip: 75019

Name: Tallen Inc
Address: 272 Dunns Mill Rd, Suite 282 City: Bordentown State: NJ Zip: 08505

Name: Charleston Place Acquisitions LLC
Address: 205 Meeting St City: Charleston State: SC Zip: 29401

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE
Parent Company (if any): Prollenium Medical Technologies Inc
Corporation/Organization Name: Prollenium US Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: PUI@slsny.com
Contact Person Name: Christine Cannon

N/A

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: UDI # 669808 | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Prollenium US Inc.

Facility Name

Ghazal Majidi-Weese

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/13/2024

Date

| Board Use Only | Date Received: 1/13/25 | Amount: $1000-ck 443 |
|---|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search  Back To Search Results

**Establishment:**
Prollenium US
9121 Anson Way, Suite 213
Raleigh, NC 27615
**Registration Number:** 3014151870
**FEI Number*:** 3014151870
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
**Date Of Registration Status:** 2025

**Owner/Operator:**
Prollenium Medical Technologies Inc.[6]
138 Industrial Pkwy N.
Aurora, Ontario CA L4G4C3
**Owner/Operator Number:** 10055618[7]

**Official Correspondent:**
Ario Khoshbin
138 Industrial Pkwy N.
Aurora, Ontario CA L4G4C3
**Phone:** 1-905-5081469

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 01/20/2025

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10055618&OwnerOperatc

Proof of Label Code
UDI # 669808

PROLLENIUM®

9121 Anson Way, Suite 200 Raleigh NC 27613
Phone: 919 645 9900
Fax: 919 256 5173
Email: info@prolleniumus.com
prolleniumus.com

## Product List

Revanesse Versa 1.0 mL – UDI # 669808001007
Revanesse Versa 1.2 mL – UDI # 669808001021

Revanesse Versa+ with Lidocaine 1.0 mL – UDI # 669808001014
Revanesse Versa+ with Lidocaine 1.2mL - UDI # 669808001038

Revanesse Lips+ with Lidocaine 1.0mL – UDI # 669808003025
Revanesse Lips+ with Lidocaine 1.2mL – UDI # 669808003032

PROLLENIUM | US

# Prollenium US Inc.

**Corporate Address:** 9121 Anson Way , Suite 232, Raleigh , NC 27615 USA
**FEIN:** 81-3394535
www.revanesseusa.com

**Drug Labeler Code:** UDI # 669808
**Incorporation State:** DE
**Incorporation Date:** 6/28/2016

## FACILITY INFORMATION

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| RNC | 9121 Anson Way<br>Suite 232<br>Raleigh , NC 27615<br>County: Wake | N/A | N/A - No CS | N/A | No | (919) 987-1803 | (919) 256-5173 |

## FACILITY DESIGNATED REPRESENTATIVES

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Douglas Roman Yoch | [redacted] | Head of Pharmacy | No | [redacted] | | |

## OWNERSHIP

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| Prollenium Medical Technologies Inc | 138 Industrial Pkwy North<br>Aurora, ON L4G 4C3<br>CA | N/A | 100 | N/A | 863224655 | N/A | N/A |

## LIST OF OFFICERS

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Khashayar Ighanian | [redacted] | Vice President | | [redacted] | | |
| Aryou Khoshbin | | President | No | | | |
| Ghazal Majidi-Weese | | Secretary & Treasurer | | | | |

## REGISTERED AGENT IN ALL APPLICABLE STATES

| Name | SSN | DOB | Driver's License |
|---|---|---|---|
| Incorp Services, Inc. | | | |

## 3PLS

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| LifeScience Logistics, LLC | 1105 E. Northfield Drive<br>Brownsburg, IN 46112 | | | | | |

Company Particulars

Good Standing

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLLENIUM US INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLLENIUM US INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2016.







6081955 8300

SR# 20241379373

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203224140

Date: 04-10-24

Limited Liability

CANADIAN INSURANCE BROKERS INC.

245 Fairview Mall Dr., Ste. 203,
North York, ON, M2J 4T1 Canada
(t) 416.486.0951 (f) 416.489.5311 (toll) 800.790.0951
astuart@cibi.ca www.cibi.ca

# CERTIFICATE OF INSURANCE

**TO:** **To whom it may concern**

**INSURED:** **Prollenium Medical Technologies Inc.**
**Prollenium US Inc.**
**Prollenium UK Ltd.**
29 Wilmot Street E.
Richmond Hill ON L4B 1A3

This Certificate is only a statement of the existence of the policy or policies of Insurance herein referred to and neither affirmatively nor negatively amends, extends, or alters the coverage afforded by any policy described herein.

## PROPERTY & LIABILITY INSURANCE:

**INSURER:** HSB, HDI Global Specialty SE, Hannover RE and Certain Underwriters at Lloyds via Trinity Underwriting
**POLICY NO:** **HP302259**-2024-001
**POLICY TERM:** November 5, 2024 to November 5, 2025
**COVERAGES:**

**Property:**

Contents of Every Description, Broad Form, including Sewer back-up, Flood & Earthquake, Replacement Cost, Stated Amount of Co-Insurance, $20,000 All Loss Deductible, except: $5,000 Equipment Breakdown, $25,000 Flood & 5% with Minimum $100,000 Earthquake Deductible.

| | |
|---|---|
| $8,447,609 | COED Limit at 138 Industrial Parkway N, Aurora |
| $31,377,093 | COED Limit at 29 Wilmot Street E, Richmond Hill |
| $39,824,702 | Equipment Breakdown Limit (Both locations) |

**Liability (All Locations):**

| | |
|---|---|
| $5,000,000 | Commercial General Liability – per Occurrence |
| $5,000,000 | Personal & Advertising Injury Liability |
| $5,000,000 | Non-Owned Automobile |
| $2,000,000 | Medical Products Liability – per Claim |

*** All the above amounts are in Canadian Funds***

*Should any of the above-described policies be cancelled before the expiration date thereof, the Insurer(s) will endeavour to mail **30 days** written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon either the Insurer(s) or Canadian Insurance Brokers Inc.*

**Canadian Insurance Brokers Inc.**

.....
**Authorized Representative**

Dated: November 5, 2024

# NC Dept. of Agriculture & Consumer Services

## Food & Drug Protection Division

---

**Firm Name:** PROLLENIUM US INC.

**Address:** 9121 ANSON WAY, STE 232 RALEIGH, NC 27615

**License Type:** Distributor

**License Number:** 503

**Status:**ActiveInGoodStanding

**Discipline:** No

**Issue Date:** 11/4/2024

**Original Issue:** 8/30/2017

**Expiration Date:** 12/31/2025

Bond

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

# PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3527205

Application/License No. _____

Prollenium US, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 9121 Anson Way, Raleigh, NC 27615 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 985 Damonte Ranch Pkwy, Suite 206, Reno, NV 89521 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 30, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of August, 2024.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Lori F. Hamlet
Surety Company's Representative

Lori F. Hamlet, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness

# SureTec Insurance Company
## LIMITED POWER OF ATTORNEY

***Know All Men by These Presents,*** That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

John L. Cramer, Heidi M. O'Connor, Dan Sanderson, Lisa R. Scotto, Kurt Sokolowski,
Diane A. Hobbs, Lori F. Hamlet, Kimberly S. Sullivan, Holly Moore

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Fifty Million and 00/100 Dollars ($50,000,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

*Be it Resolved,* that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved,* that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

***In Witness Whereof,*** SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 8th day of February , A.D. 2024

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas ss:
County of Harris

On this 8th day of February , A.D. 2024 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company, and that he signed his name thereto by like order.

TANYA SNEED
Notary Public State of Texas
Commission # 128571231
Commission Expires 03/30/2027

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2027

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of Power of Attorney executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

## Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Prollenium US Inc. MDEG License # (if applicable): N/A

Physical Address: 9121 Anson Way, Suite 232

City: Raleigh State: NC Zip: 27615

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.revanesseusa.com

Licensing Company Email: PUI@slsny.com

## Section 2: Personal Information

First: Douglas Middle: Roman Last: Yoch

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Addres[redacted]

City: Denver State: NC Zip: [redacted]

Telephone[redacted] Email[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of South Carolina - College of Pharmacy | | 08/1997 - 12/2001 | |
| Address | City | State | Zip |
| 715 Sumter St | Columbia | SC | 29208 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Indiana University - School of Public and Environmental Affairs | | 08/1987 - 08/1991 | |
| Address | City | State | Zip |
| 1315 E 10th St | Bloomington | IN | 47405 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Indiana University - School of Business | | 08/1986 - 05/1990 | |
| Address | City | State | Zip |
| 1275 E 10th St | Bloomington | IN | 47405 |
| Diploma/Degree obtained, if any | | | |
| Certificate in Business Studies | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Spring Valley High School | | 09/1982 - 06/1986 | |
| Address | City | State | Zip |
| 120 Sparkleberry Ln | Columbia | SC | 29229 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2024 - Present | [redacted] | Denver | NC | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 05/2010-09/2024 | | Davidson | NC | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Prollenium US Inc. | | | 09/17 - Present | |
| Business Address | | City | State | Zip |
| 9121 Anson Way, Suite 232 | | Raleigh | NC | 27615 |
| Phone | Title | | Number of Employed Hours | |
| (919) 987-1803 | Head of Pharmacy | | ~ 14,680 Hours | |
| Description of Duties | | | | |
| Oversees the company facility in North Carolina. Act as designated representative for all the states in which we distribute out products. Assure compliance with home state and the other states in which we are permitted in. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | X | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 2 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 03/01/98 | | IN | Bloomington | Monroe |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 4 980 3 CM 00626 | | Monroe Circuit Court | | |
| **Reason/Charge** | | | | |
| Class A Misdemeanor of Operating While Intoxicated | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| Douglas Roman Yoch | | N/A | | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

On the early morning hours of 03/01/1998 I had been out having drinks with some former classmates while visiting Indiana University when I made the mistake of operating a motor vehicle while impaired. While there was no personal or property damage related to this event, it did carry negative personal consequences. I plead guilty to the driving while intoxicated charge. I had my driver's license suspended, was on probation for a brief period, had to attend an alcohol education course, and complete approximately 35 hours of community service. Since that time I have not had any other alcohol related incidents.

Douglas Roman Yoch

Original Signature (electronic, copies or stamps not accepted)

10·16·24

Date

CF 6651

Nicole L. Browne
Clerk of Monroe Circuit Court
Charlotte Zietlow Justice Building
301 N. College Ave., Ste. 201
Bloomington, IN 47404

# Requests for Copies of Documents

## Within a Single Court Record

Transaction ID: 369D-7F98-EB2F Submitted Date & Time: 01-27-2025 9:06 AM

Please check the box next to the preferred method of delivery. Please consult a Chronological Case Summary (CCS) on www.mycase.in.gov to relay to our office what documents within the case you may be requesting. Please do not make a payment until a request for payment is made by the Monroe County Clerk's Office.

**Your Name / Person to Contact**
Douglas Roman Yoch
**Street Address**
[redacted]
**City**
Denver
**State**
NC
**ZIP**
[redacted]
**Primary Phone**
[redacted]

NO RECORD FOUND
Date 01/27/2025

**Type of Document (Decree, Order, Charge, Judgement, Dismissal, etc.)**
Judgement
**Date of Filing/Order/Decree**
05-28-1998
**Number of Copies**
1
**When Needed**
01-31-2025
**Certified Copy (see below)**

**Names of Parties Involved**
Douglas Roman Yoch
**Court Case Number**
53C0 4 980 CM00626
**Comments**
This was a Class A Misdemeanor for driving under the influence.
**Method of Delivery**
Email

If you intend to use the copy for legal purposes, such as court proceedings, employment, or Social Security, please request that the copy be certified.

Effective July 1, 2021, the Clerk is required, by Indiana Law, to collect copy fees of $1.00 per page, and an additional $3.00 per certification of a document pursuant to I.C. 33-37-5-1 and I.C. 33-37-5-3. Please do not make a payment until a request for payment is made by the Monroe County Clerk's Office.

Please send your payment by money order made payable to "Clerk of the Monroe Circuit Court" indicating payment is for copies and include a self-addressed stamped envelope or pay online at https://www.govpaynow.com/gps/user/plc/4325

*Confidential Records: Persons requesting confidential records need to meet the requirements of Ind. Administrative Rule 9(B) and present a photo ID when picking up their documents.

## FW: From Monroe County Clerk

Prollenium US
doug@prollenium.com

**From:** Nathan Stonecipher <nstonecipher@co.monroe.in.us>
**Sent:** Monday, January 27, 2025 11:49 AM
**To:** [redacted]
**Subject:** From Monroe County Clerk

Douglas Yoch,

Regarding 53C04-9803-CM-00626,

No record of a Judgment is available for release. The Case File was destroyed as per Indiana Retention policy. The information available on the Chronological Case Summary is all that is available.

Respectfully,

Nathan Stonecipher
Deputy Clerk - Records
Monroe Co. Clerk's Office
812-335-7279




25.01.27 Douglas Yoch RQ.pdf
146.28 KB

I, Douglas Roman Yoch, **certify that as the MDEG Administrator for**

Prollenium US Inc.,

**that I (initial that you have read and meet the following requirements):**

1. DM Have a high school diploma or its equivalent;
2. DM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Douglas Roman Yoch
Print Name (First, Last)

Douglas Roman Yoch
Original Signature (electronic, copies or stamps not accepted)

10-16-24
Date

| **Board Use Only** | Date Received: 11/13/25 |
|---|---|

Discipline 5/28/98
Case #: 4 980 3 CM 00626
Resolved

# ORDER OF CHANGE OF PLEA, SENTENCING AND SUPERVISED PROBATION

STATE OF INDIANA

VS Douglas R. Yoch

IN THE MONROE CIRCUIT COURT

CAUSE 53C04 9803 CM 00626

ADDRESS: [redacted]

TELEPHONE: [redacted]

On May 18 98 the State of Indiana and the Defendant appear in person (and by counsel S. Stevens). The defendant acknowledges a full understanding of the nature of the charge(s), the full range of penalties and those rights specified in I.C. 35-35-1-2, and (upon waiver of such rights, pleads guilty to) ~~or (after trial is found guilty of)~~ Count I Operating While Intoxicated

The Court (finds the plea(s) to be voluntary, knowing and with a factual basis and accepts the pleas(s) and) finds the Defendant guilty and enters judgment. Judgment entered as a Class A Misdemeanor / Felony . The remaining counts, if any, are dismissed upon motion of the State.

SENTENCE: 180 days MC Jail all suspended upon 2 days CT Time served Court Fees

EXECUTED TIME _____ SUSPENDED TIME _____ CREDIT 1 day

PROBATION TERM 6 mos TO END _____ SUPERVISED TERM 6 mos (or until all conditions met)

Defendant's driver's license is suspended for 90 days from the date of administrative suspension; _____ of such suspension stayed, with probationary license issued (see separate order).

## STANDARD CONDITIONS OF SUPERVISED PROBATION

1. You shall not commit a criminal offense. You shall report any arrest or criminal charge to your Probation Officer within 24 hours. You shall not drive unless properly licensed.
2. You shall report to the Probation Department: immediately following your sentencing hearing or _____. Thereafter, you shall report as directed to the Probation Department and shall truthfully answer all reasonable inquiries. You shall permit authorized representatives of the Probation Department to visit you in your home and elsewhere at reasonable times.
3. You shall notify your Probation Officer in writing within 48 hours of any change in address or telephone from that listed above and shall not leave the State of Indiana without written permission of your Probation Officer. You shall abide by any curfew imposed by your Probation Officer.
4. You shall not carry, use or possess any firearms, destructive devices, or dangerous weapons without written authorization, if convicted of a felony.
5. You shall not consume alcohol and shall not consume, inhale or inject controlled substances unless prescribed by your physician. You shall submit to drug/alcohol tests at your own expense at the request of the Probation Department or when otherwise directed.
6. You shall maintain or seek suitable employment or pursue a course of study or vocational training. You shall notify your Probation Officer in writing of any changes in employment or educational status within 48 hours.
7. You shall successfully complete, at your own expense, and provide proof of completion of any inpatient or outpatient treatment, counseling, education or victim impact program directed by your Probation Officer.

## SUPPLEMENTAL CONDITIONS

☒ You shall successfully complete, subject to Community Corrections rules, including the payment of fees, and pursuant to standing orders, the following:

_____ days Home Detention
_____ days Day Reporting
35 hours Public Restitution
_____ days Road Crew

☐ Restitution: You shall pay monetary restitution through the Probation Department as directed by your Probation Officer, or in the following manner _____

## MONETARY CONDITIONS

Fine: $_____ Fine Suspended: YES NO

☒ Costs: $125.50 by 7/1/98

Countermeasures Fee: $100.00 Drug Interdiction Fee: $_____

Public Defender Fee: $_____

Court Alcohol Drug Program Fee: $150.00

Other Fees: _____

☒ Initial Probation User Fee: $50.00
Monthly Probation User Fee: $_____

Additional Orders / Instructions: A may be on work release. He will have daily Breathalyzer tests or urine tests

Pursuant to IC 35-38-2.2.3(b), if you violate a condition of probation during the probationary period, a Petition to Revoke may be filed before the earlier of the following: 1) One year after the term of probation or 2) 45 days after the State receives notice of the violation.

SO ORDERED this 28 day of May, 19 98. _____
JUDGE, MONROE CIRCUIT COURT

I, the undersigned, have read and/or had explained to me the above conditions of my probation and by my signature, do acknowledge and agree to all conditions. I acknowledge that I have received a copy of this order. I hereby knowingly, intentionally and specifically waive my rights against self-incrimination and search and seizure as provided for in the Constitution of the United States and the State of Indiana as it may be initiated by the Monroe Circuit Court, and/or Probation personnel. I further agree that if I am arrested on a warrant issued for violation of my probation, I hereby waive extradition to the State of Indiana and this Court.

Dated _____ Probationer's Signature _____

Witness _____

PA _____ DEFT _____ CR: _____ TAPE: _____

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Prollenium US Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 9121 Anson Way, Suite 232

City: Raleigh State: NC Zip: 27615

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.revanesseusa.com

Licensing Company Email: PUI@slsny.com

### Section 2: Personal Information

First: Douglas Middle: Roman Last: Yoch

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Denver State: NC Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of South Carolina - College of Pharmacy | | 08/1997 - 12/2001 | |
| Address | City | State | Zip |
| 715 Sumter St | Columbia | SC | 29208 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Indiana University - School of Public and Environmental Affairs | | 08/1987 - 08/1991 | |
| Address | City | State | Zip |
| 1315 E 10th St | Bloomington | IN | 47405 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Indiana University - School of Business | | 08/1986 - 05/1990 | |
| Address | City | State | Zip |
| 1275 E 10th St | Bloomington | IN | 47405 |
| Diploma/Degree obtained, if any | | | |
| Certificate in Business Studies | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Spring Valley High School | | 09/1982 - 06/1986 | |
| Address | City | State | Zip |
| 120 Sparkleberry Ln | Columbia | SC | 29229 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2024 - Present | [redacted] | Denver | NC | [redacted] |
| 05/2010 - 09/2024 | [redacted] | Davidson | NC | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Prollenium US Inc. | | | 09/2017 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 9121 Anson Way, Suite 232 | | Raleigh | NC | 27615 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (919) 987-1803 | Head of Pharmacy | | ~ 14,680 Hours | |
| **Description of Duties** | | | | |
| Oversees the company facility in North Carolina. Act as designated representative for all the states in which we distribute out products. Assure compliance with home state and the other states in which we are permitted in. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | ✔ | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 03/01/1998 | 05/28/1998 | IN | Bloomington | Monroe |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 4 980 3 CM 00626 | Monroe Circuit Court |

| Reason/Charge |
|---|
| Class A Misdemeanor of Operating While Intoxicated |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Douglas Roman Yoch | N/A |

| Name of Business/Industry/Entity |
|---|
| N/A |

**Provide explanation below:**

On the early morning hours of 03/01/1998 I had been out having drinks with some former classmates while visiting Indiana University when I made the mistake of operating a motor vehicle while impaired. While there was no personal or property damage related to this event, it did carry negative personal consequences. I plead guilty to the driving while intoxicated charge. I had my driver's license suspended, was on probation for a brief period, had to attend an alcohol education course, and complete approximately 35 hours of community service. Since that time I have not had any other alcohol related incidents.

Douglas Roman Yoch

Original Signature (electronic, copies or stamps not accepted)

10/16/24

Date

I, Douglas Roman Yoch, **certify that as the designated representative for**

Prollenium US Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. DY I am at least 21 years of age;
3. DY I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DY I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DY I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DY I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DY I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Douglas Roman Yoch

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10·16·24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Douglas Roman Yoch

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.16.24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of North Carolina, ss. County of Mecklenburg

I, Douglas Roman Yoch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

Douglas Roman Yoch

10.25.24

**Date**

Subscribed and sworn to before me this 25 day of October.

**Notary Public Signature**

ISSA HAWATMEH NOTARY PUBLIC MECKLENBURG COUNTY, NC

**(Seal)**

MY COMMISSION EXPIRES 02/26/2028

PROLLENIUM®

9121 Anson Way, Suite 232 Raleigh NC 27613
Phone: 919 645 9900
Fax: 919 256 5173
Email: Info@prolleniumus.com
prolleniumus.com

List of Prollenium US Inc. Employees

Bill Gildhaus

Douglas Yoch

# 4DD

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

### Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>■ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Purdue Pharma L.P.

Physical Address: 201 Tresser Blvd, One Stamford Forum

City: Stamford State: CT Zip: 06901

Mailing Address (if different from physical address): 201 Tresser Blvd. One Stamford Forum, Attn Lic. Coordinator, Law Dept

City: Stamford State: CT Zip: 06901

Telephone: 203-588-8000 Website: www.purduepharma.com

Name of Designated Representative (DR): Michael Ronning

Licensing Company Email: purdue.applications@pharma.com DR Email: michael.ronning@pharma.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ■ Dangerous Drugs | ■ Manufacturer (virtual manufacturer) |
| ☐ Practitioners | ■ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Repackagers | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | ✓ | |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | ✓ | |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1 & 4 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/21/2020 | TBD | NJ | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | U.S. District Court for the District of New Jersey | | |
| **Reason/Charge** | | | | |
| Plea agreement | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| US Dept. of Justice / Purdue Pharma L.P. | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Purdue Pharma L.P. | | | | |

**Provide explanation below:**

On October 21, 2020, PPLP entered into an agreement with the United States Department of Justice ("DOJ") to resolve DOJ's criminal and civil investigations of PPLP, including a criminal plea agreement (the "PPLP Plea Agreement"). Pursuant to the PPLP Plea Agreement, on November 24, 2020, PPLP pled guilty before the U.S. District Court for the District of New Jersey (the "NJ District Court") to three felony counts to resolve all potential criminal charges against PPLP and its subsidiaries and affiliates with respect to the production, sale, marketing and distribution of opioid products between May 2007 and the present.

While PPLP's guilty plea has been accepted by the NJ District Court, under the terms of the PPLP Plea Agreement, PPLP is not expected to be sentenced until approximately seven days before a plan of reorganization becomes effective in the bankruptcy cases of PPLP and its affiliates that are pending in the U.S. Bankruptcy Court for the Southern District of New York and jointly administered under the caption In re Purdue Pharma L.P. et al., Case No. 19-23649 (SHL) ("Plan"). The PPLP Plea Agreement also permits PPLP to withdraw its guilty plea in certain circumstances. A judgment of conviction will follow after PPLP's sentencing hearing.

A Plan was confirmed on September 17, 2021 (the "September Plan") by the bankruptcy court, however, on December 16, 2021, the U.S. District Court for the Southern District of New York ("SDNY") vacated the order confirming the September Plan. The SDNY order vacating the confirmation order was appealed to the U.S. Court of Appeals for the Second Circuit, (the "Second Circuit"), which on May 30, 2023 issued an order reversing the SDNY's order, affirming the bankruptcy court's approval of the Plan, and remanding to the SDNY for such further proceedings as may be required, consistent with the Second Circuit's decision. On August 10, 2023, the United States Supreme Court stayed the Second Circuit mandate and granted certiorari to review the Second Circuit opinion. On June 27, 2024, the Supreme Court rendered a decision that effectively prevents the September Plan from proceeding as provided thereunder. Consequently, as PPLP intends to negotiate a new plan of reorganization, the timing of sentencing and emergence remain unclear.

M. Ramos

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 3. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 4/5/23 | TBD | OH | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| A-2020-0777 | | Ohio Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Proposed disciplinary action | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Ohio Board of Pharmacy/ Purdue Pharma L.P. | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Purdue Pharma L.P. | | | | |

**Provide explanation below:**

A Preliminary Injunction is in effect with respect to Purdue Pharma L.P. ("PPLP") under the bankruptcy cases captioned In re Purdue Pharma et al., Case No. 19-23649 (the "Chapter 11 Cases") whereby, among other things, proceedings relating to PPLP's prescription opioid business, including any actions brought by a governmental agency, that were or could have been commenced prior to the Chapter 11 Cases have been enjoined.

Notwithstanding the foregoing, in April 2023, the State of Ohio Board of Pharmacy ("Ohio BOP") notified PPLP of a proposed disciplinary action ("Ohio Notice") which we believe is enjoined by the Preliminary Injunction because the Ohio Notice alleges substantially similar facts or causes of action as those alleged in proceedings that are already subject to the Preliminary Injunction. Therefore, we do not believe the Ohio Notice constitutes a pending action. Even if the Ohio Notice were not subject to the Preliminary Injunction, which we do not concede, the Ohio BOP has no basis for the Ohio Notice because it relies solely on PPLP's previously disclosed guilty plea which was entered pursuant to its October 2020 Plea Agreement with the U.S. Department of Justice, which provides that PPLP may withdraw its guilty plea if certain circumstances occur prior to consummation of its bankruptcy plan.

Michael Ronan

Original Signature (electronic, copies or stamps not accepted)

8/9/24

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 3 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 3/18/19 | TBD | UT | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| DCP Legal File No. CP-2019-005, DCP Case No. 107102 | | Utah Division of Consumer Protection | | |
| **Reason/Charge** | | | | |
| Administrative Action | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Utah Division of Consumer Protection / Purdue Pharma L.P. | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Purdue Pharma L.P. | | | | |

**Provide explanation below:**

On March 8, 2019, the Utah Division of Consumer Protection ("Division") filed a Notice of Agency Action regarding an Administrative Citation issued January 30, 2019, captioned In the Matter of: Purdue Pharma L.P., Purdue Pharma Inc., The Purdue Frederick Company, Richard Sackler, M.D., and Kathe Sackler, M.D., DCP Legal File No. CP-2019-005, DCP Case No. 107102. The administrative proceeding is brought pursuant to the authority granted to the Division by Utah Code § 13-2-6 to enforce the Utah Consumer Sales Practices Act, Utah Code § 13-11-1 et seq. There has not been an adjudication on the merits of the allegations in theCitation and the matter is currently stayed.

Original Signature (electronic, copies or stamps not accepted)

8/19/24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 3 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 5/29/19 | TBD | MD | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| CPD Case No. 19-023-311366 Case No. OAG-CPD-04-19-23474 | Consumer Protection Division of the Office of the Maryland Attorney General |

| Reason/Charge |
|---|
| Administrative Proceeding |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Consumer Protection Div Ofc of MD AG / Purdue Pharma L.P... | |

| Name of Business/Industry/Entity |
|---|
| Purdue Pharma L.P. |

**Provide explanation below:**

On May 29, 2019, the Consumer Protection Division of the Office of the Maryland Attorney General ("Division") filed an Amended Statement of Charges in the matter captioned Consumer Protection Division, Office of the Attorney General v. Purdue Pharma, L.P., The Purdue Frederick Company, Inc., Purdue Pharma Inc., Purdue Pharmaceutical Products L.P., Avrio Health Limited Partnership (f/k/a Purdue Products L.P.), Rhodes Pharmaceuticals L.P., Richard S. Sackler, Jonathan D. Sackler, Mortimer D.A. Sackler, Kathe A. Sackler, Ilene Sackler Lefcourt, Theresa Sackler, and David A. Sackler, CPD Case No. 19-023-311366, Case No. OAG-CPD-04-19-23474. The administrative proceeding is brought to enforce the Maryland Consumer Protection Act, Md. Code Ann. §§ 13-101 et seq. There has not been an adjudication on the merits of the Amended Statement of Charges and the matter is currently stayed.

Michael Monroe

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: See PPLPS1NV attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: Purdue Pharma L.P.

Mailing Address: 201 Tresser Blvd., One Stamford Forum

City: Stamford State: CT Zip: 06901

Telephone: 203-588-8000 Email: purdue.applications@pharma.com

Contact Person Name: Emily Casinelli

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration See PPLPS4<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See PPLPS18NV | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** See PPLPS12/13 | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See PPLPS19 | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attached | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** See PPLPS1 | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See PPLPS33NV | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See PPLPS10 | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** N/A | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Purdue Pharma L.P.

Facility Name

Michael Ronning, VP, Sales & Marketing

Print Name of Authorized Person Submitting Application

Michael Ronning

Original signature of Authorized Person (copies or stamps not accepted)

8/9/24

Date

| Board Use Only | Date Received: 8/26/24 | Amount: $1000-CK 104173 ✓ |
|---|---|---|

| | |
|---|---|
| **NAME:** | Purdue Pharma L.P. |
| **ADDRESS:** | One Stamford Forum<br>Stamford Connecticut 06901 |
| **JURISDICTION:** | Delaware |
| **TYPE OF ENTITY:** | Limited Partnership |
| **EIN:** | 06-1307484 |
| **GENERAL PARTNER:** | Purdue Pharma Inc. (0% ownership interest)<br>201 Tresser Blvd, One Stamford Forum, Stamford, CT 06901 |
| **LIMITED PARTNER:** | Pharmaceutical Research Associates L.P. (100% ownership interest)<br>201 Tresser Blvd, One Stamford Forum, Stamford, CT 06901 |

**OFFICERS:**

| NAME | TITLE | OWNERSHIP % |
|---|---|---|
| **Executive Officers** | | |
| Craig Landau, M.D. | President and Chief Executive Officer | 0% |
| Marc L. Kesselman | Executive Vice President, General Counsel and Secretary | 0% |
| **Officers** | | |
| Roxana Aleali | Vice President, Deputy General Counsel & Assistant Corporate Secretary | 0% |
| Sailaja Bhaskar, Ph.D. | Vice President, Clinical Research & Development | 0% |
| Dr. Sajjan Daniel | Vice President, Drug Safety & Pharmacovigilance | 0% |
| Keith Darragh | Vice President, Finance and Treasurer | 0% |
| Julie Ducharme | Vice President, Chief Scientific Officer | 0% |
| Margaret Feltz | Vice President, Chief Compliance Officer | 0% |
| Hussein Ghnaimeh | Vice President, Chief Information Officer | 0% |
| Monica Kwarcinski | Vice President, Medical Affairs | 0% |
| Karen Laurel | Vice President, Human Resources | 0% |
| Donogh McGuire | Vice President, Chief of Technical Operations | 0% |
| Joseph Northington | Vice President, Quality | 0% |
| Michael Ronning | Vice President, Sales and Marketing | 0% |
| Michele Sharp | Vice President, Corporate Communications & CSR | 0% |
| Richard W. Silbert | Vice President, Legal Strategy and Public Health Initiatives | 0% |
| Brianne Weingarten | Vice President, Chief Strategic Officer | 0% |

Top four suppliers PPLP has been associated with in regard to pharmaceutical products sold, dispensed or distributed over the past year:

**Description of Operations**

Purdue Pharma L.P. ("PPLP") is a virtual manufacturer of prescription drugs for human use in compliance with current good manufacturing practices. PPLP does not physically handle trade product at its business office. Other locations are used to manufacture and distribute its product.

**Distributors**:

A subsidiary is used to ship product on behalf of PPLP:

- Purdue Pharmaceuticals L.P.
  4701 International Boulevard W, Wilson, NC 27893
  Tel.: 252-265-1900. FEI: 3002960808

- PPLP has no direct sales or distribution customers (wholesalers) located in Nevada.

**CMOs**:

- Purdue Pharmaceuticals L.P.
  4701 International Boulevard W, Wilson, NC 27893
  Tel.: 252-265-1900. FEI: 3002960808

- LTS Lohmann Therapy Systems Corp.
  21 Henderson Dr., West Caldwell, NJ 07006-6607
  Tel.: 800-587-1872. FEI: 1000121692

NOTE: Purdue Pharma L.P. has been issued FDA Labeler Code 59011 and is the FDA NDA/ANDA holder of the products listed below.

/ NDC (index.cfm)

# National Drug Code Directory

Current through April 12, 2024

**You have searched Finished drug products**

**Search Results**: *'59011'*

Back to Search Page () | Search Again ()

CSV Excel

**Display** 50 **records per page**

**Search for text in the table:**

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category | Package Description |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Butrans | 59011-750-04 | 5 ug/h | PATCH, EXTENDED RELEASE | TRANSDERMAL | NDA021306 | Purdue Pharma LP | 59011-750 | buprenorphine | BUPRENORPHINE | HUMAN PRESCRIPTION DRUG | 02/14/2011 | N/A | NDA | 4 POUCH in 1 CARTON (59011-750-04) / 1 PATCH in 1 POUCH / 168 h in 1 PATCH |
| Butrans | 59011-757-04 | 7.5 ug/h | PATCH, EXTENDED RELEASE | TRANSDERMAL | NDA021306 | Purdue Pharma LP | 59011-757 | buprenorphine | BUPRENORPHINE | HUMAN PRESCRIPTION DRUG | 02/14/2011 | N/A | NDA | 4 POUCH in 1 CARTON (59011-757-04) / 1 PATCH in 1 POUCH / 168 h in 1 PATCH |
| Butrans | 59011-752-04 | 20 ug/h | PATCH, EXTENDED RELEASE | TRANSDERMAL | NDA021306 | Purdue Pharma LP | 59011-752 | buprenorphine | BUPRENORPHINE | HUMAN PRESCRIPTION DRUG | 02/14/2011 | N/A | NDA | 4 POUCH in 1 CARTON (59011-752-04) / 1 PATCH in 1 POUCH / 168 h in 1 PATCH |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category | Package Description |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Butrans | 59011-758-04 | 15 ug/h | PATCH, EXTENDED RELEASE | TRANSDERMAL | NDA021306 | Purdue Pharma LP | 59011-758 | buprenorphine | BUPRENORPHINE | HUMAN PRESCRIPTION DRUG | 02/14/2011 | N/A | NDA | 4 POUCH in 1 CARTON (59011-758-04) / 1 PATCH in 1 POUCH / 168 h in 1 PATCH |
| Butrans | 59011-751-04 | 10 ug/h | PATCH, EXTENDED RELEASE | TRANSDERMAL | NDA021306 | Purdue Pharma LP | 59011-751 | buprenorphine | BUPRENORPHINE | HUMAN PRESCRIPTION DRUG | 02/14/2011 | N/A | NDA | 4 POUCH in 1 CARTON (59011-751-04) / 1 PATCH in 1 POUCH / 168 h in 1 PATCH |
| Hysingla ER | 59011-271-60 | 20 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-271 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 01/15/2015 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-271-60) |
| Hysingla ER | 59011-273-60 | 40 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-273 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 01/15/2015 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-273-60) |
| Hysingla ER | 59011-272-60 | 30 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-272 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 01/15/2015 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-272-60) |
| Hysingla ER | 59011-276-60 | 100 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-276 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 12/02/2016 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-276-60) |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category | Package Description |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hysingla ER | 59011-275-60 | 80 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-275 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 01/15/2015 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-275-60) |
| Hysingla ER | 59011-274-60 | 60 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-274 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 01/15/2015 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-274-60) |
| Hysingla ER | 59011-277-60 | 120 mg/1 | TABLET, EXTENDED RELEASE | ORAL | NDA206627 | Purdue Pharma LP | 59011-277 | hydrocodone bitartrate | HYDROCODONE BITARTRATE | HUMAN PRESCRIPTION DRUG | 01/15/2015 | N/A | NDA | 60 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (59011-277-60) |
| NALMEFENE HYDROCHLORIDE | 59011-960-10 | 1 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS | ANDA212955 | Purdue Pharma L.P. | 59011-960 | NALMEFENE HYDROCHLORIDE | NALMEFENE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 02/08/2022 | N/A | ANDA | 10 VIAL, GLASS in 1 CARTON (59011-960-10) / 2 mL in 1 VIAL, GLASS |
| OxyContin | 59011-415-20 | 15 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-415 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-415-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-415-10 | 15 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-415 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-415-10) |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category | Package Description |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OxyContin | 59011-480-10 | 80 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-480 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-480-10) |
| OxyContin | 59011-460-10 | 60 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-460 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-460-10) |
| OxyContin | 59011-420-20 | 20 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-420 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-420-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-440-20 | 40 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-440 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-440-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-420-10 | 20 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-420 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-420-10) |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category | Package Description |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OxyContin | 59011-460-20 | 60 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-460 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-460-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-480-20 | 80 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-480 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-480-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-410-10 | 10 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-410 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-410-10) |
| OxyContin | 59011-410-20 | 10 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-410 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-410-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-430-10 | 30 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-430 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-430-10) |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category | Package Description |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OxyContin | 59011-430-20 | 30 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-430 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 2 BLISTER PACK in 1 CARTON (59011-430-20) / 10 TABLET, FILM COATED, EXTENDED RELEASE in 1 BLISTER PACK |
| OxyContin | 59011-440-10 | 40 mg/1 | TABLET, FILM COATED, EXTENDED RELEASE | ORAL | NDA022272 | Purdue Pharma LP | 59011-440 | oxycodone hydrochloride | OXYCODONE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/08/2010 | N/A | NDA | 100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (59011-440-10) |

Showing 1 to 27 of 27 entries Previous 1 Next

**Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
**National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURDUE PHARMA L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURDUE PHARMA L.P." WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.







2265816 8300

SR# 20241838160

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203399905

Date: 05-03-24

State of Connecticut

# Lookup Detail View

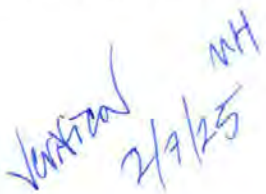
**Name and Address**

| Name | Mailing Address | License Address |
|---|---|---|
| PURDUE PHARMA L.P. | PURDUE PHARMA L.P.<br>201 Tresser Blvd.<br>One Stamford Forum<br>Stamford, CT 06901 | 201 Tresser Blvd.<br>One Stamford Forum<br>Stamford, CT 06901 |

**Credential Information**

| Credential | License Type | Effective Date | Expiration Date | Status |
|---|---|---|---|---|
| PMF.0000044 | PHARMACEUTICAL MARKETING FIRM | 07/01/2024 | 06/30/2025 | ACTIVE |

Generated on: 2/7/2025 11:54:21 AM



# STATE OF CONNECTICUT
# DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

**PURDUE PHARMA L. P.**
**201 TRESSER BLVD**
**ATTN: LAW DEPT. LIC. COORDINATOR**
**STAMFORD, CT 06901-3435**

Email on file to be used for receiving all notices from this office:

**purdue.applications@pharma.com**

1028772

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**PURDUE PHARMA L. P.**

**201 TRESSER BLVD**
**STAMFORD, CT 06901-3435**

has satisfied the qualifications required by law and is hereby issued a

## WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: Yes  Rx Legend Drugs: Yes  Non Rx Legend Drugs: No  Medical Devices: No

Cosmetics: No  Medical Gases and Oxygen: No  Durable Medical Equipment (DME): No

**Registration #: CSW.0004086**
**Effective Date: 07/01/2024**
**Expiration Date: 06/30/2025**

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

State of Connecticut

# Lookup Detail View

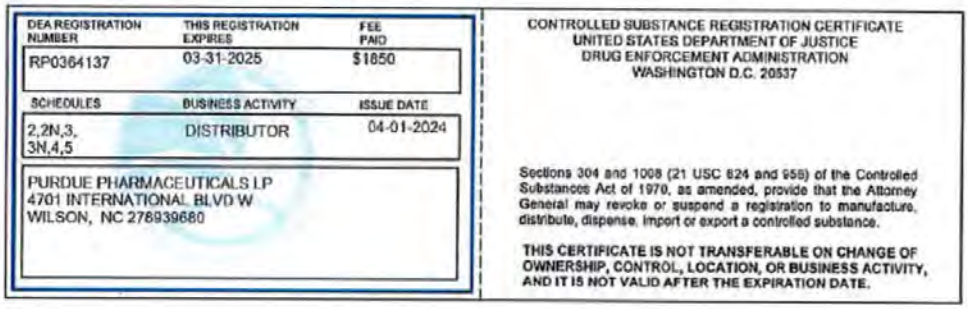
**Name and Address**

| Name | Mailing Address | License Address |
|---|---|---|
| PURDUE PHARMA L. P. | PURDUE PHARMA L. P.<br>201 TRESSER BLVD<br>ATTN: LAW DEPT. LIC. COORDINATOR<br>STAMFORD, CT 06901-3435 | 201 TRESSER BLVD<br>STAMFORD, CT 06901-3435 |

**Credential Information**

| Credential | License Type | Effective Date | Expiration Date | Status |
|---|---|---|---|---|
| CSW.0004086 | WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES | 07/01/2024 | 06/30/2025 | ACTIVE |

Generated on: 1/27/2025 5:56:08 PM



| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RP0364137 | 03-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 04-01-2024 |

PURDUE PHARMACEUTICALS LP
4701 INTERNATIONAL BLVD W
WILSON, NC 278939680

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**



**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RP0364137 | 03-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 04-01-2024 |

PURDUE PHARMACEUTICALS LP
4701 INTERNATIONAL BLVD W
WILSON, NC 278939680

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

# SURETY RIDER

To be attached to and form a part of

Bond No. K13519031

dated effective March 8, 2018
(MONTH-DAY-YEAR)

executed by Purdue Pharmaceuticals L.P. and Rhodes Pharmaceuticals L.P. , as Principal,
(PRINCIPAL)

and by Westchester Fire Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

**The Principal name to:**

Purdue Pharmaceuticals L.P, Rhodes Pharmaceuticals L.P. and Purdue Pharma L.P.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective June 13, 2024
(MONTH-DAY-YEAR)

Signed and Sealed June 13, 2024
(MONTH-DAY-YEAR)

Purdue Pharmaceuticals L.P, Rhodes Pharmaceuticals L.P. and Purdue Pharma L.P.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Westchester Fire Insurance Company
(SURETY)

By: _____
TeryAnn Gonzales-Selman, Attorney-In-Fact

S-0443/GEEF 10/99

CHUBB

# Power of Attorney

## Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
## Westchester Fire Insurance Company | ACE American Insurance Company

**Know All by These Presents**, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Annette Audinot, Terry Ann Gonzales-Selman, Robert P. McDonough, Vincent Moy, Francesca Papa and Glenn Pelletiere of New York, New York

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

**In Witness Whereof**, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **30th** day of **April 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **30th** day of **April, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

## CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this June 13, 2024

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

## WESTCHESTER FIRE INSURANCE COMPANY

### STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

**December 31, 2023**

(in thousands)

| *ASSETS* | | *LIABILITIES AND SURPLUS TO POLICYHOLDERS* | |
|---|---|---|---|
| Cash, Cash Equivalents, and ST Investments | $ 8,918 | Outstanding Losses and Loss Expenses | $ - |
| United States Government, State and | | Reinsurance Payable on Losses and Expenses | - |
| Municipal Bonds | 55,420 | Unearned Premiums | |
| Other Bonds | 7,550 | Ceded Reinsurance Premiums Payable | - |
| Stocks | | Other Liabilities | 204,011 |
| Other Invested Assets | 4,092 | | |
| TOTAL INVESTMENTS | 73,978 | TOTAL LIABILITIES | 204,011 |
| Investments in Affiliates | - | Capital Stock | 5,000 |
| Premiums Receivable | - | Paid-in Surplus | 40,960 |
| Other Assets | 184,387 | Unassigned Funds | 8,394 |
| | | SURPLUS TO POLICYHOLDERS | 54,354 |
| TOTAL ADMITTED ASSETS | $ 258,365 | TOTAL LIABILITIES AND SURPLUS TO POLICYHOLDERS | $ 258,365 |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2023, investments with a carrying value of $11,611,787 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2023.

Sworn before me this March 11, 2024

Senior Vice President

Notary Public

August 8, 2027
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2027
Commission number 1235745
Member, Pennsylvania Association of Notaries

Marsh

# INVOICE

**Marsh USA LLC**
New York NY
(212) 345-6000

| | |
|---|---|
| Page | 2 of 2 |
| **Invoice Total** | **1,000.00 USD** |
| **Invoice No.** | 335535614738 |
| **Invoice Date** | 06/05/2024 |
| **Client No.** | 3355300000 |

Billed To:

**Antoinette Green**
Purdue Pharma Manufacturing L.P.
One Stamford Forum
Stamford, CT 06901

| Surety Name | Bond No. | Effective Date | Expiration Date | Transaction Type | Description/ Type of Coverage | Item | Amount |
|---|---|---|---|---|---|---|---|
| Westchester Fire Insurance Co | K13519031 | 03/08/2024 | 03/08/2025 | Original | Commercial Bond | PREMIUM | 1,000.00 |

**Invoice Comments:**

Principal:Purdue Pharmaceuticals L.P. and Rhodes Pharmaceuticals L.P.
Obligee:Nevada State Board of Pharmacy
Bond Amount: $100,000.00
Bond Type - Description:License & Permit - Pharmaceutical Wholesaler
Requester:Antoinette (Toni) Green

| | |
|---|---|
| **Invoice Total (Payable in Full upon Receipt)** | 1,000.00 |

Company earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

Jessica Iannotta

MARSH

Marsh USA Inc.
1166 Avenue of the Americas
22nd Floor
New York, NY 10036

Jessica.Iannotta@marsh.com
www.marsh.com

March 08, 2018

Emily Casinelli
Purdue Pharma L.P.
201 Tresser Blvd.
Stamford, CT 06901

**Subject:** New Bond

**Principal:** Purdue Pharmaceuticals L.P.
**Obligee:** Nevada State Board of Pharmacy
**Bond Description**: Pharmaceutical Wholesaler
**Bond Amount:** $100,000.00
**Bond Number:** K13519031
**Surety Name:** Westchester Fire Insurance Company

Enclosed is the above-referenced bond in response to your request dated 3/8/2018. The bond is based on the information we received with the request. Please recheck the bond for accuracy, and have it signed, sealed, and forwarded to the Nevada State Board of Pharmacy for acceptance and filing.

In the event you do not accept and file the bond with the obligee, please return this original document to Marsh so we can notify the surety company that the bond was not accepted and filed; otherwise, the surety company will process a premium billing for the bond.

You will be receiving our invoice for this transaction in the amount of $1,000.00. Marsh will receive $300.00 of this amount from the surety company. Your payment of this invoice constitutes your agreement of our compensation for this bond.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Jessica Iannotta

Enclosure

MARSH



Role of Marsh

Marsh is serving as your broker in placing your insurance coverage(s) referenced above. Marsh may receive different forms of compensation that relate directly or indirectly to your placements. Since Marsh's compensation may vary depending on the insurance program that you choose, Marsh is providing you with information to help you evaluate potential conflicts of interest.

Marsh may be compensated by commissions based on the sale of insurance. Commissions may vary depending on a number of factors, including the insurance purchased and the insurer selected. The commissions that Marsh or its affiliates may collect on the quotes Marsh obtained on your behalf are itemized above.

Insurer Consulting Compensation

Marsh receives compensation for consulting and data analytics services it performs for certain insurers.

Other Information

Marsh & McLennan Companies, Inc. and its subsidiaries have direct and indirect investments in insurance and reinsurance companies and have contractual arrangements with certain insurers and wholesale brokers.

For further information regarding Marsh's and its affiliates' compensation and the matters discussed above, please visit: http://global.marsh.com/about/Transparency.php.

**NEVADA STATE BOARD OF PHARMACY**
**431 W Plumb Lane**
**Reno, NV 89509**
**(775) 850-1440**
**Fax: (775) 850-1444**

# PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K13519031

Application/License No. _____

Purdue Pharmaceuticals L.P. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4701 Wilson Drive, Wilson, NC 27893 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut Street, Philadelphia, PA 19106-3703 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 08, 2018 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of March, 2018.

APPLICANT/PRINCIPAL

Purdue Pharmaceuticals L.P.

Authorized Representative

SURETY COMPANY

Westchester Fire Insurance Company

Surety Company's Representative

Jessica Iannotta, Attorney-in-fact
print name
NV Non Resident Producer, License No. 3155198

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kelly O'Malley

Witness Annette Leuschner

Countersigned by:

N/A

Nevada Resident Agent

# Power of Attorney

## WESTCHESTER FIRE INSURANCE COMPANY

Know all men by these presents: That WESTCHESTER FIRE INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

Does hereby nominate, constitute and appoint Annette Leuschner, April D Perez, James P Holland, Jessica Iannotta, Kelly O'Malley, Kristin S Bender, Marisol Mojica, Theresa Giraldo all of the City of MORRISTOWN, New Jersey, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding SEVENTY MILLION DOLLARS & ZERO CENTS ($70,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said WESTCHESTER FIRE INSURANCE COMPANY this 3 day of October 2017

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney , Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 3 day of October, 2017 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney ,Vice-President of the WESTCHESTER FIRE INSURANCE COMPANY to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the Cityof Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Sept. 28, 2018

Notary Public

I, the undersigned Assistant Secretary of the WESTCHESTER FIRE INSURANCE COMPANY, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 8th day of March 2018

Dawn M. Chloros, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER OCTOBER 03, 2019.

*DocuGard #04546 contains a security pantograph, blue background, heat-sensitive ink, coin-reactive watermark, and microtext printing on border.*

HEAT SENSITIVE SHIELD • FADES WITH HEAT OR TOUCH

**WESTCHESTER FIRE INSURANCE COMPANY**

**FINANCIAL STATEMENT** **DECEMBER 31, 2016**

**ADMITTED ASSETS**

| | |
|---|---|
| BONDS | $1,492,813,519 |
| SHORT - TERM INVESTMENTS | 34,890,369 |
| STOCKS | 450,903 |
| REAL ESTATE | 0 |
| CASH ON HAND AND IN BANK | 19,880,440 |
| PREMIUM IN COURSE OF COLLECTION* | 69,254,246 |
| INTEREST ACCRUED | 14,505,011 |
| OTHER ASSETS | 132,649,982 |
| TOTAL ASSETS | $1,764,444,470 |

**LIABILITIES**

| | |
|---|---|
| RESERVE FOR UNEARNED PREMIUMS | $200,260,562 |
| RESERVE FOR LOSSES | 851,003,190 |
| RESERVE FOR TAXES | 16,081,016 |
| FUNDS HELD UNDER REINSURANCE TREATIES | 5,666,051 |
| OTHER LIABILITIES | (11,412,992) |
| TOTAL LIABILITIES | 1,061,597,827 |
| | |
| CAPITAL: 70,000 SHARES, $71.43 PAR VALUE | 5,000,100 |
| CAPITAL: PAID IN | 304,543,059 |
| AGGREGATE WRITE-INS FOR SPECIAL SURPLUS FUNDS | 113,661,643 |
| SURPLUS (UNASSIGNED) | 279,641,841 |
| SURPLUS TO POLICYHOLDERS | 702,846,643 |
| | |
| TOTAL | $1,764,444,470 |

(*EXCLUDES PREMIUM MORE THAN 90 DAYS DUE.)

**STATE OF PENNSYLVANIA**

**COUNTY OF PHILADELPHIA**

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2016.

Sworn before me this March 22, 2017

Senior Vice President

Diane Wright
Notary Public

August 8, 2019
My commission expires

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Diane Wright, Notary Public
City of Philadelphia, Philadelphia County
My Commission Expires Aug. 8, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

# SURETY RIDER

To be attached to and form a part of

Bond No. K13519031

dated effective March 8, 2018
(MONTH-DAY-YEAR)

executed by Purdue Pharmaceuticals L.P. , as Principal,
(PRINCIPAL)

and by Westchester Fire Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to ~~changing~~

Adding the Principal name to the bond as follows:

Rhodes Pharmaceuticals L.P.
498 Washington Street
Coventry, RI 02816

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective February 26, 2020
(MONTH-DAY-YEAR)

Signed and Sealed August 27, 2020
(MONTH-DAY-YEAR)

Rhodes Pharmaceuticals L.P.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Westchester Fire Insurance Company
(SURETY)

By: April D. Perez
April D. Perez, Attorney-In-Fact

WESTCHESTER FIRE INSURANCE COMPANY

S-0443/GEEF 10/99

CHUBB

# Power of Attorney

## Westchester Fire Insurance Company ACE American Insurance Company

**Know All by These Presents**, that **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Annette Audinot, Kristin S. Bender, Jessica Iannotta, Kelly O'Malley and April D. Perez of Morristown, New Jersey; Megan Schlueter of Raleigh, North Carolina ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

**In Witness Whereof**, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this **2nd** day of **October, 2019**.

Dawn M. Chloros

Dawn M. Chloros Assistant Secretary

Stephen M. Haney Vice President

STATE OF NEW JERSEY

County of Hunterdon ss

On this **2nd** day of **October, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316665
Commission Expires July 16, 2024

Notary Public

## CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this August 27, 2020

Dawn M. Chloros

Dawn M. Chloros Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

DocuSign Envelope ID: CCF7D358-9B25-47C6-8B4C-6EAB7BF6431E

# WESTCHESTER FIRE INSURANCE COMPANY

## STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

**December 31, 2019**

(in thousands)

| *ASSETS* | | *LIABILITIES AND SURPLUS TO POLICYHOLDERS* | |
|---|---|---|---|
| Cash and Short Term Investments | $ (17,346) | Outstanding Losses and Loss Expenses | $ - |
| United States Government, State and Municipal Bonds | 106,879 | Reinsurance Payable on Losses and Expenses | - |
| Other Bonds | 56,172 | Unearned Premiums | - |
| Stocks | 28 | Ceded Reinsurance Premiums Payable | - |
| Other Invested Assets | 6,008 | Other Liabilities | 100,006 |
| TOTAL INVESTMENTS | 151,741 | TOTAL LIABILITIES | 100,006 |
| Investments in Affiliates | - | Capital Stock | 5,000 |
| Premiums Receivable | - | Paid-In Surplus | 59,856 |
| Other Assets | 92,830 | Unassigned Funds | 79,709 |
| | | SURPLUS TO POLICYHOLDERS | 144,565 |
| TOTAL ADMITTED ASSETS | $ 244,571 | TOTAL LIABILITIES AND SURPLUS | $ 244,571 |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2019, investments with a carrying value of $12,787,328 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2019.

Subscribed before me this April 14 2020

John Taylor

Senior Vice President

Notary Public

August 8, 2023

My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Purdue Pharma L.P.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 201 Tresser Blvd, One Stamford Forum

City: Stamford State: CT Zip: 0690

Mailing Address (if different from physical address): 201 Tresser Blvd, One Stamford Forum, Attn: Lic. Coord., Law Dept.

City: Stamford State: CT Zip: 06901

Telephone: 203-588-8000 Website: www.purduepharma.com

Licensing Company Email: purdue.applications@pharma.com

**Section 2: Personal Information**

First: Michael Middle: T Last: Ronning

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 201 Tresser Blvd, One Stamford Forum

City: Stamford State: CT Zip: 06901

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

CONFIDENTIAL

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of New Hampshire | | 08/91 - 05/95 | |
| **Address** | **City** | **State** | **Zip** |
| 105 Main Street | Durham | NH | 03824 |
| **Diploma/Degree obtained, if any** | | | |
| B.S., Biochemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Simsbury High School | | 09/87 - 06/91 | |
| **Address** | **City** | **State** | **Zip** |
| 34 Farms Village Road | Simsbury | CT | 06070 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2003 - Present | [redacted] | Fairfield | CT | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**From:** Casinelli, Emily <Emily.Casinelli@pharma.com>
**Sent:** Thursday, December 12, 2024 11:21 AM
**To:** Maria Herrera <m.herrera@pharmacy.nv.gov>
**Subject:** RE: Nevada Out-of-State Wholesaler Application-Purdue Pharma L.P.

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

To expand on the description of Michael Ronning's experience, Mr. Ronning is responsible for initiating and maintaining relationships with distribution partners which includes the monitoring and managing the sales and delivery of Purdue products through various channels, ensuring that distribution partners are adhering to contractual and compliance regulations and appropriately selling to the appropriate end customer.

Let me know if you need any other information.

Thank you,

**Emily P. Casinelli, Legal Specialist** | Purdue Pharma L.P. / Purdue Pharmaceuticals L.P. / Rhodes Pharmaceuticals L.P. | One Stamford Forum, Stamford, CT 06901 | [redacted]cell) : Email [redacted]

---

**From:** Maria Herrera <m.herrera@pharmacy.nv.gov>
**Sent:** Wednesday, December 11, 2024 7:23 PM
**To:** Casinelli, Emily <Emily.Casinelli@pharma.com>
**Subject:** RE: Nevada Out-of-State Wholesaler Application-Purdue Pharma L.P.

*EXTERNAL_EMAIL*

Hi Emily,

In further review of the application, it was noted that the DR does not meet the qualifications related to the dispensing and/or distribution of, and/or recordkeeping. In section 7 it shows sales and marketing experience only, please advise.

Kind regards,

**Maria H.**

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Purdue Pharma L.P. | | | 2009 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 201 Tresser Blvd, One Stamford Forum | | Stamford | CT | 06901 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 203-588-8090 | VP, Sales & Marketing | | 6,000 + | |

Duties include, but are not limited to: Responsible for the management of the commercial organization which includes Analytics, Customer Service, Forecasting, Marketing, Market Access, Market Research, Pricing and Contracting, and Sales Organization (for non-opioids). Oversight of departmental budget(s), supply forecasts, and product introduction activities. Maintenance of critical business operations and key customer/vendor relationships.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 5 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/21/2020 | TBD | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | US District Court for the District of New Jersey | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| US Dept. of Justice / Purdue Pharma L.P. | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Purdue Pharma L.p. | | | | |

**Provide explanation below:**

On October 21, 2020, PPLP entered into an agreement with the United States Department of Justice ("DOJ") to resolve DOJ's criminal and civil investigations of PPLP, including a criminal plea agreement (the "PPLP Plea Agreement"). Pursuant to the PPLP Plea Agreement, on November 24, 2020, PPLP pled guilty before the U.S. District Court for the District of New Jersey (the "NJ District Court") to three felony counts to resolve all potential criminal charges against PPLP and its subsidiaries and affiliates with respect to the production, sale, marketing and distribution of opioid products between May 2007 and the present.

While PPLP's guilty plea has been accepted by the NJ District Court, under the terms of the PPLP Plea Agreement, PPLP is not expected to be sentenced until approximately seven days before a plan of reorganization becomes effective in the bankruptcy cases of PPLP and its affiliates that are pending in the U.S. Bankruptcy Court for the Southern District of New York and jointly administered under the caption In re Purdue Pharma L.P. et al., Case No. 19-23649 (SHL) ("Plan"). The PPLP Plea Agreement also permits PPLP to withdraw its guilty plea in certain circumstances. A judgment of conviction will follow after PPLP's sentencing hearing.

A Plan was confirmed on September 17, 2021 (the "September Plan") by the bankruptcy court, however, on December 16, 2021, the U.S. District Court for the Southern District of New York ("SDNY") vacated the order confirming the September Plan. The SDNY order vacating the confirmation order was appealed to the U.S. Court of Appeals for the Second Circuit, (the "Second Circuit"), which on May 30, 2023 issued an order reversing the SDNY's order, affirming the bankruptcy court's approval of the Plan, and remanding to the SDNY for such further proceedings as may be required, consistent with the Second Circuit's decision. On August 10, 2023, the United States Supreme Court stayed the Second Circuit mandate and granted certiorari to review the Second Circuit opinion. On June 27, 2024, the Supreme Court rendered a decision that effectively prevents the September Plan from proceeding as provided thereunder. Consequently, as PPLP intends to negotiate a new plan of reorganization, the timing of sentencing and emergence remain unclear.

Michael Monus

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 5 & 6 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 4/5/23 | TBD | OH | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| A-2020-0777 | Ohio Board of Pharmacy |

| Reason/Charge |
|---|
| Proposed disciplinary action |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Ohio Board of Pharmacy / Purdue Pharma L.P. | |

| Name of Business/Industry/Entity |
|---|
| Purdue Pharma L.P. |

**Provide explanation below:**

A Preliminary Injunction is in effect with respect to Purdue Pharma L.P. ("PPLP") under the bankruptcycases captioned In re Purdue Pharma et al., Case No. 19-23649 (the "Chapter 11 Cases") whereby, among other things, proceedings relating to PPLP's prescription opioid business, including any actions brought by a governmental agency, that were or could have been commenced prior to the Chapter 11Cases have been enjoined.

Notwithstanding the foregoing, in April 2023, the State of Ohio Board of Pharmacy ("Ohio BOP") notified PPLP of a proposed disciplinary action ("Ohio Notice") which we believe is enjoined by the Preliminary Injunction because the Ohio Notice alleges substantially similar facts or causes of action as those alleged in proceedings that are already subject to the Preliminary Injunction. Therefore, we do not believe the Ohio Notice constitutes a pending action. Even if the Ohio Notice were not subject to the Preliminary Injunction, which we do not concede, the Ohio BOP has no basis for the Ohio Notice because it relies solely on PPLP's previously disclosed guilty plea which was entered pursuant to its October 2020 Plea Agreement with the U.S. Department of Justice, which provides that PPLP may withdraw its guilty plea if certain circumstances occur prior to consummation of its bankruptcy plan.

Michael Ramos

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 5 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 3/8/19 | TBD | UT | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| DCP Legal File No. CP-2019-005, DCP Case No. 107102 | | Utah Division of Consumer Protection | | |
| **Reason/Charge** | | | | |
| Administrative Action | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Utah Division of Consumer Protection / Purdue Pharma L.P.,... | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Purdue Pharma L.P | | | | |

**Provide explanation below:**

On March 8, 2019, the Utah Division of Consumer Protection ("Division") filed a Notice of Agency Action regarding an Administrative Citation issued January 30, 2019, captioned In the Matter of: Purdue Pharma L.P., Purdue Pharma Inc., The Purdue Frederick Company, Richard Sackler, M.D., and Kathe Sackler, M.D., DCP Legal File No. CP-2019-005, DCP Case No. 107102. The administrative proceeding is brought pursuant to the authority granted to the Division by Utah Code § 13-2-6 to enforce the Utah Consumer Sales Practices Act, Utah Code § 13-11-1 et seq. There has not been an adjudication on the merits of the allegations in theCitation and the matter is currently stayed.

Michael Rowley

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 5. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 5/29/19 | TBD | MD | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| CPD Case No. 19-023-311366, Case No. OAG-CPD-04-19-23474 | | Consumer Protection Division of the Office of the Maryland Attorney General | | |
| **Reason/Charge** | | | | |
| Administrative Proceeding | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Consumer Protection Division, Office of the Attorney General v. Purdue Pharma, L.P. | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Purdue Pharma L.P. | | | | |

**Provide explanation below:**

On May 29, 2019, the Consumer Protection Division of the Office of the Maryland Attorney General ("Division") filed an Amended Statement of Charges in the matter captioned Consumer Protection Division, Office of the Attorney General v. Purdue Pharma, L.P., The Purdue Frederick Company, Inc., Purdue Pharma Inc., Purdue Pharmaceutical Products L.P., Avrio Health Limited Partnership (f/k/a Purdue Products L.P.), Rhodes Pharmaceuticals L.P., Richard S. Sackler, Jonathan D. Sackler, Mortimer D.A. Sackler, Kathe A. Sackler, Ilene Sackler Lefcourt, Theresa Sackler, and David A. Sackler, CPD Case No. 19-023-311366, Case No. OAG-CPD-04-19-23474. The administrative proceeding is brought to enforce the Maryland Consumer Protection Act, Md. Code Ann. §§ 13-101 et seq. There has not been an adjudication on the merits of the Amended Statement of Charges and the matter is currently stayed.

Michael Ronny

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

I, Michael Ronning, **certify that as the designated representative for**

Purdue Pharma L.P.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MR I am at least 21 years of age;
3. MR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Ronning

Print Name (First, Last)

Michael Ronning

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Ronning

Print Name (First, Last)

Michael Ronning

Original Signature (electronic, copies or stamps not accepted)

8/19/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Connecticut, ss. County of Fairfield

I, Michael Ronning, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Michael Ronning

**Original Signature**

8/19/24

**Date**

Subscribed and Sworn to before me this 19th day of August, 2024

Emily P Casinelli

**Notary Public Signature**

Emily P. Casinelli
Notary Public, State of Connecticut
My Commission Expires Jan. 31, 2027

**(Seal)**

Purdue Pharma L.P.
201 Tresser Blvd
Stamford, CT 06901

Employee List:

| Employee Name | Position |
|---|---|
| Szetela, Andrew | Manager Administrative Services |
| Weingarten, Brianne | VP Chief Strategic Officer |
| Maschak, Fanny | Sr. Manager Clinical and DSO Doc Mgt |
| Belardo, Jorge A | Sr. Manager Project Services |
| Jimenez, Janet | Administrative Associate V 2200208 |
| Visciglia, Sharon E | Sr. Credit Analyst |
| Sielert, William S | Director ERP Applications |
| Kusinski, Lynn E | Director Benefits HRIS & Payroll |
| Cabral, Deolinda S | Associate Director Payroll Services |
| Ostrowski, Christine A | Head of Pricing |
| Ramsey, Harry L | Sr. Manager Package Design & Development |
| Evans, Susan K | Sr. Administrative Ast. |
| Graziano, Alicia C | Director Pricing Operations |
| Silbert, Richard W | VP Legal Strategy and Public Health Initiatives |
| Almeida, James F | Sr. Manager Commercial Finance |
| Mohler, Niketa | Package Development Engineer |
| Beck-Sechow, Jennifer K | Sr. Manager Payroll Services |
| Iemma, Cristina D | Associate Director Drug Safety |
| Issa, Giselle N | Director Law Dept. Operations |
| Mitchell, Laura K | National Accounts Executive 8601208 |
| Giordano, Jennifer L | Head of Business Operations |
| Vento, Anne D | Director R&D Quality Assurance |
| Kwarcinski, Monica A | VP Medical Affairs |
| Eastman, Lawrence M | Associate Director ISQA |
| Laurel, Karen A | VP Human Resources |
| Belward, Deborah | Administrative Associate III 4717208 |
| Landau, Craig J | President & Chief Executive Officer |
| Gadski, Kimberly A | Director Forecasting Analytics |
| Ahrenberg, Jennifer D | Sr. Quality Specialist III 2190208 |
| Watson, Laura J | Director Customer Service |
| Foldeak-Edwards, Jean M | Administrative Associate IV 8800208 |
| Narasimhaiah, Jagadeesh | Associate Director Cloud Systems & Data Center Services |
| Meehan, Maureen | Contract Paralegal |
| Casinelli, Emily P | Legal Specialist |
| Hong, Qi | Director Product Development - Generics |
| Wargo, Dawn M | Sr. Customer Service Rep |
| Gaustad, James S | National Accounts Executive 8601208 |
| Zemble, Gerald L | Sr. Quality Specialist III SQA |

Purdue Pharma L.P.
201 Tresser Blvd
Stamford, CT 06901

| Employee Name | Position |
|---|---|
| Williams, Teresa P | Sr. QA Specialist I Batch Disposition |
| Sullivan, Brian | Director IT Business Relationship 2450208 |
| Gipson, Michael S | Sr. Quality Specialist III Auditing Team Lead |
| Christensen, Kris | Director Mkt Access Contracting & Analytics |
| Hedgepeth, Shelton M | Sr. QA Specialist I Batch Disposition |
| Lauriat, Jennifer D | Manager Corporate Procurement |
| Seitel, Roberta | Paralegal III |
| Taylor, Tonia T | Sr. Quality Specialist II |
| Shah, Rupa P | National Director Medical Science Liaisons |
| Ricarte, Maria C | Asc. General Counsel Head of Lit. Risk Mgmt |
| Dhaliwal, Kulwant | Associate Director Sales & Distribution Systems Analysis & Support |
| Geremia, Cynthia A | Director Information Research & Management |
| Gandhi, Mukeshkumar T | Sr. Quality Specialist III QA Improvement 2192208 |
| MacDonald, Colleen M | Manager Law Department Technical Systems & Data |
| Vo, Luong V | Sr. Quality Specialist III GCP/PV/REMS |
| Haase Jr, Kurt E | Director Infrastructure & Collaboration Svc |
| Johnson, Alan D | Sr. Quality Advisor SQA Team Lead |
| Bartolo, Donna M | Sr. Administrative Asc. I 2200208 |
| Sisto, Laura | Sr. Packaging Design Specialist |
| Mercer, Jeremy M | Sr. Quality Specialist III 2190208 |
| Bachman, Jenny | Sr. Benefits and HRIS Specialist |
| McElderry, Robert A | Director State Government Affairs |
| Colinet, Yvanne | Associate Director Medical Affairs Operations and Compliance |
| Denton, Jason R | Sr. QA Specialist I Batch Disposition |
| Aleali, Roxana | VP Deputy General Counsel and Asst. Corporate Secretary |
| Plaza, Manuel L | Team Lead Accounts Payable |
| Grandison-Swaller, Amy L | Sr. Administrative Asc. II 2100208 |
| Crudele, Nancy T | Executive Director Medical Comm. & Strategy |
| Slabicki, Susan M | Administrative Associate V 2251208 |
| Cataldo, Marc J | Director Medical Communications & Strategy |
| Mitchell, Nickie G | Quality Specialist III Doc Systems |
| Fossum, Michaela S | Sr. Legal and Compliance Analyst |
| Rosen, David N | Head of Commercial Operations and Strategic Portfolio Management |
| Morrissey, Thomas | Sr. Director eDiscovery & Legal Operations |
| Feltz, Margaret K | VP Chief Compliance Officer |
| Ewers, Laura K | Sr. Quality Specialist III Val & QA System |
| Daniel, Sanil | Head of Corporate Procurement |
| Eklund, Lisa E | Director QA NC Mfg and Development |
| Leipold, Monica | Executive Director Strategic Projects & Business Initiatives |

Purdue Pharma L.P.
201 Tresser Blvd
Stamford, CT 06901

| Employee Name | Position |
|---|---|
| Bauza, Luis N | Director Investigations RxPatrol & OSF Security |
| Roldan, Carmen I | Sr. Analyst Ethics & Compliance |
| Barmore, Robert M | Director Analytics |
| Knight, Jeanne M | Credit Manager |
| Ford, Regina W | Sr. Manager Documentation Systems |
| Errigo, Demetrio P | Associate Director Infrastructure and Cloud Services |
| Inz, Richard A | Asc. General Counsel Patent Litigation |
| Kharche, Swapnil | Associate Director Data Analytics and BI |
| Whitmarsh, Melissia K | Executive Director Government Affairs |
| Biggs, Laura | Customer Service Team Lead |
| Green, Antoinette D | Manager Treasury Risk & Insurance |
| Pastiva Kocot, Diane M | Buyer |
| Mulvihill, Rita J | Sr. Medical Science Liaison |
| Major, Jennifer A | Sr. Pkg. Development Engineer |
| Stinson, Neil T | Associate Director Pharm Tech Services |
| Ronning, Michael T | VP Sales/Mktg &GenMgr Adlon Therapeutics |
| Kacholakalayil, James T | Director Drug Safety Systems & Support |
| Feldman, Nina R | IT Coordinator |
| Stewart, Janet M | Customer Service Team Lead |
| Wooten, Danielle J | Sr. Manager Financial Planning & Analysis |
| Rivera, Roland A | Sr. Quality Specialist II |
| Ullman, Rebecca L | Sr. Manager Acctng. & Financial Reporting |
| Brueski, Elaine K | Sr. Analyst Government Pricing |
| Suthers, Colleen E | Sr. Manager IT Business Partner 2450208 |
| Beamon, Shaniqua D | Sr. Customer Service Rep |
| Northington, Joseph W | VP Quality |
| Zanetti, Amanda N | Manager Government Institutional Operations |
| Gilbride, John P | Director Ethics & Compliance |
| Erensen, Jennifer G | Executive Director Med. Affairs Strategic Research |
| Charles, Donstan | Associate Director Corporate Procurement |
| Bredin, John R | Associate Director QA Technical Services |
| Takwa, Kimberly J | Associate Director IT Governance and Validation Services |
| McGuire, Donogh | VP Chief of Technical Operations |
| Baker, Adrienne G | Associate Director Ethics & Compliance |
| Hobbick, Christina E | Manager Pricing Compliance |
| Gabriele, Theresa | Sr. Team Lead Disbursements |
| Tyagi, Neha | Sr. Manager IT Governance and Client Services |
| Sunkara, Srinivasarao | Associate Director Mfg Supply Chain Systems Analysis & Support |
| Yang, Weiying | Sr. Assistant General Counsel Patent and Product IP Strategy |

Purdue Pharma L.P.
201 Tresser Blvd
Stamford, CT 06901

| Employee Name | Position |
|---|---|
| Nowakowski, Eric J | Director Chief Accountant |
| Inaparthy, David Paul | Associate Director ERP Technical Delivery |
| Probert, David A | Sr. Manager OS/DBA Infrastructure Services |
| Stancil, Amy J | Sr. Manager QA Batch Release |
| Jude-Reiche, Tammie M | Manager Int'l Supply Chain Customs & Log |
| Biggs, Lisa E | Sr. Quality Specialist III Val & QA System |
| Darvesh, Soofiyan H | Associate Director SAP Procurement/ HRIS |
| Prunty Jr, James H | Manager IT Validation |
| Qin, Ling | Network Infrastructure Lead |
| DeStefano, Christine M | Head of Total Rewards |
| Pearson, Jeffry A | Sr. Quality Specialist II Val & QA System |
| DeBiase, Francesca | Senior Finance Coordinator |
| Alfieri, Thomas J | Director Medical Affairs Strategic Research |
| Brown, Richard C | Associate Director Finance |
| Krishnan, Devi | Sr. Analyst Managed Care Rebates and Data |
| Koch, Bruce J | Chief Patent Counsel |
| Saussy Jr, David L | Head of Business Dev. |
| Cheng, Daniel | Sr. Manager Government Pricing |
| Raina, Anupam | Director IT Business Relationship 6954208 |
| Shank, William R | Head of Market Access |
| Cole, Vanessa | Executive Director CNS Marketing |
| Patz, Hillary L | Executive Director Organizational Effectiveness & Strategic HR Business Partnership |
| Pascale, Valentine J | Director Med. Communications & Strategy |
| Hodges, Jason M | Director Market Research and Field Operations |
| Hart, Angela M | Director Strategic Sourcing Corporate Procurement |
| Pacicca, Elizabeth | Sr. Communications & CSR Coordinator |
| Santana, Jasmine A | Sr. Quality Specialist II 6958208 |
| Mikl, Jaromir | Director Medical Affairs Strategic Research |
| Ghnaimeh, Hussein | Vice President Chief Information Officer |
| Darragh, Keith J | VP Finance and Treasurer |
| Ruta, Erin L | Manager Corporate Law |
| Kesselman, Marc L | EVP General Counsel and Secretary |
| Annunziata, Jennifer H | Manager Accounting Services |
| Santonastaso, Michelle | Sr. Rebate Specialist 8120208 |
| McIntyre, Meredith A | Sr. Talent Manager |
| Epperlein, Sara K | Associate Director Talent Mgmnt. & Strategic HRBP |
| McCarthy, Karen M | Asc. General Counsel Head of Corporate Law |
| Ducharme, Julie | VP Chief Scientific Officer |
| Negron, Monserrat | Credit Analyst |

Purdue Pharma L.P.
201 Tresser Blvd
Stamford, CT 06901

| Employee Name | Position |
|---|---|
| Sharp, Michele | VP, Corporate Communications and Corporate Social Responsibility |
| Chang, Crystal | Medical Science & Managed Care Liaison |
| Russo, Karen | Manager, Intellectual Property Support |
| Pratt, Malcolm C | Sr. Quality Specialist II Quality Systems |
| Williams, Shonecia L | Sr. QA Specialist II Batch Disposition |
| Brown, Kristen M | Associate Director Talent Mgmnt. & Strategic HRBP |
| Russo, Christopher | Procurement Operations Specialist |
| Jack, Marsha | Director Finance and Treasury |
| Bernadel, Jhumy | Manager Accounting |
| Daniel, Sajjan | VP Drug Safety & Pharmacovigilance |
| Brahmia, Farah | Associate Director Ethics & Compliance |
| Gari, Venkat G | Associate Medical Director DS |
| Malempati, Manjeera | Executive Director, Safety Operations, Standards & Compliance |
| Narulkar, Rohan | Sr. Manager Drug Safety Vendor Operations |
| Ashley, Nikisha L | Sr. Quality Specialist II GCP/PV/Medical/Regulatory |
| Zeller, Katherine | Sr. Quality Specialist II GxP Training Team Lead |
| Lee, Jungeun | Associate Director R&D and Medical Affairs Finance |
| Alva, Pallavi A | Manager Drug Safety Systems |
| Patel, Amit | Manager Medical Information |
| Cho, SuJin | Asst. General Counsel Corporate Law |
| Pratt, LaTonya W | Sr. Quality Specialist II SQA |
| McDustrell, William G | Manager Supply Chain Operations 6959208 |
| Alonso Succar, Juan Diego | Director Ethics & Compliance |
| Mattila, Henrikki P | Manager Business Development Finance |
| Kodali, Sileshini | Manager PV Standards Quality Training & Compliance |
| Whorley, Cindy C | Quality Specialist I Doc Systems |
| Kotharu, Pranavi | Sr. Analyst Validation |
| Corallo, Karen | Asc. General Counsel Head of Regulatory Law |
| Vaidian, Sonia | Associate Director Medical Safety |
| Anand, Sanjeev | Executive Medical Director Medical Safety |
| Woods, Kelly M | Administrative Associate V 6950208 |
| Masselli, Michael | Senior Accountant |
| Abner, Selena | Sr. Medicaid Program Specialist |
| Rivera, Edward | Sr. Manager A/P & Disbursement |
| Douglas, Stephanie C | Sr. Quality Specialist I, GxP Training |
| Gajendira Babu, Subhiksha | Sr. Data Analyst Suspicious Ordering Monitoring |
| [redacted] | [redacted] |
| Puthiyath, Marlene M | Associate Director Legislative Alliance |
| Frank, Anna | Medical Science Liaison |

Purdue Pharma L.P.
201 Tresser Blvd
Stamford, CT 06901

| Employee Name | Position |
|---|---|
| Daly, John R | Sr. Manager Ethics & Compliance (SOM) |
| Grasser, Lori | Sr. Analyst Government Pricing |
| Matta, James B | Director Trade |
| DeFrancesco, William V | Director Health Systems |
| Han, Jonathan C | Manager R&D and Medical Affairs Finance |
| Seenarraine, Jessica | Controller |

Lender or holder of indebtedness of the applicant: None

# 4EE

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Revelation Wholesale LLC

Physical Address: 497 State Rd 436 Suite 115

City: Casselberry State: FL Zip: 32707

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 321-461-3176 Website: www.revelationwholesale.net

Name of Designated Representative (DR): Shelby Owens

Licensing Company Email: sowens@revelationwholesale.net DR Email: sowens@revelationwholesale.net

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☒ Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ☒ Practitioners | ☒ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☒ Warehouse |
| ☒ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | x |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | x |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Mckesson Medical-Surgical, Inc
Address: 3056 Tradeport Drive City: Orlando State: FL Zip: 32824

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): _____
Corporation Name: Revelation Wholesale LLC
Mailing Address: 497 State Rd 436 Suite 115
City: Casselberry State: FL Zip: 32707
Telephone: 321-461-3776 Email: sowens@revelationwholesale.net
Contact Person Name: Shelby Owens

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ ✓ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** ✓ | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Shelby Owens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/9/2024

Date

| Board Use Only | Date Received: 10/2/24 | Amount: $1,000.00 |
|---|---|---|

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Revelation Wholesale LLC

Facility Name

Shelby Owens

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

11/12/2024

Date

| Board Use Only | Date Received: _____ | Amount: _____ |
|---|---|---|

An official website of the United States government Here's how you know

FDA



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# Drug Establishments Current Registration Site

New Search

**Search Results for** *Revelation Wholesale*

Showing 1 to 1 of 1 entries Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| Revelation Wholesale LLC | 3032016560 | 119310611 | PARTICLE SIZE REDUCTION | 497 State Rd 436 Suite 115, Casselberry, Florida (FL) 32707, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Friday, Jan 17, 2025

New Search

## Drug Establishments Current Registration Site

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| Revelation Wholesale LLC | 3232720 | 119310611 | PARTICLE SIZE REDUCTION | 497 State Rd 436 Suite 115, Casselberry, Florida (FL) 32707, United States (USA) | 12/31/2025 |

REVELATION WHOLESALE

List of company/corporate officers:

| | | |
|---|---|---|
| Revelation Pharma LLC [redacted] | Owner | 100% |
| Shawn Hodges [redacted] | CEO | 0% |
| Will Skinner [redacted] | CFO | 0% |
| Shelby Owens [redacted] | National Director of Wholesale/CDR | 0% |

497 SR 436, Suite 115
Casselberry, FL 32707
RevelationWholesale.net

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVELATION WHOLESALE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REVELATION WHOLESALE, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

7653772 8300

SR# 20243391336

Authentication: 204141549

Date: 08-12-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Florida dbpr Department of Business & Professional Regulation

HOME CONTACT US MY ACCOUNT

## ONLINE SERVICES

- Apply for a License
- Verify a Licensee
- View Food & Lodging Inspections
- File a Complaint
- Continuing Education Course Search
- View Application Status
- Find Exam Information
- Unlicensed Activity Search
- AB&T Delinquent Invoice & Activity List Search

## LICENSEE DETAILS

*12:24:32 PM 2/7/2025*

### Licensee Information

| | |
|---|---|
| Name: | **REVELATION WHOLESALE LLC (Primary Name)** |
| | **REVELATION WHOLESALE (DBA Name)** |
| Main Address: | **497 STATE RD 436 SUITE 115 CASSELBERRY Florida 32707** |
| County: | **SEMINOLE** |
| License Location: | **497 STATE RD 436 SUITE 115 CASSELBERRY FL 32707** |
| County: | **SEMINOLE** |

### License Information

| | |
|---|---|
| License Type: | **Prescription Drug Wholesale Distributor** |
| Rank: | **Rx Drug Whlslr** |
| License Number: | **2220322** |
| Status: | **Current** |
| Licensure Date: | **06/13/2024** |
| Expires: | **06/30/2026** |

### Alternate Names

Verified MH. 2/7/25

View Related License Information

View License Complaint



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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

**Melanie S. Griffin,** Secretary

**Ron DeSantis,** Governor

OCTOBER 10, 2024

**NAME:** REVELATION WHOLESALE

**ADDRESS:** 497 SEMORAN BOULEVARD, SUITE 115, CASSELBERRY, FL 32707

**PROFESSION:** PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

**LICENSE NUMBER:** 22:20322

**STATUS:** CURRENT

**ISSUE DATE:** JUNE 13, 2024

**EXPIRATION DATE:** JUNE 30, 2026

To Whom It May Concern:

The license is in a CURRENT status and expires on 6/30/2026.

Verification by:

Rebecca J. Burnett
Regulatory Specialist Supervisor/Consultant
Florida Department of Business and Professional Regulation

**To Verify Discipline: You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=**

Florida dbpr Department of Business & Professional Regulation

Drugs Devices, and Cosmetics
2601 Blair Stone Road
Tallahassee, Florida 32399-1047
Phone: 850.717.1800 • Fax: 850.414.8240

**Melanie S. Griffin,** Secretary

**Ron DeSantis,** Governor

October 16, 2024

RE: Discipline Records – Revelation Wholesale LLC

To Whom It May Concern:

The Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, (Division) is in receipt of your request pertaining to Revelation Wholesale LLC. The Division currently has no previous disciplinary actions against this company. If you need any further assistance, please do not hesitate to contact our office.

Sincerely,

**Lavontae Warren**

Lavontae Warren
Operations & Management Consultant Manager
Division HR Liaison/Public Records Coordinator

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Florida dbpr Department of Business & Professional Regulation



## ONLINE SERVICES

Apply for a License
Verify a Licensee
View Food & Lodging Inspections
File a Complaint
Continuing Education Course Search
View Application Status
Find Exam Information
Unlicensed Activity Search
AB&T Delinquent Invoice & Activity List Search

## LICENSEE DETAILS

*11:54:31 AM 1/28/2025*

### Licensee Information

| | |
|---|---|
| Name: | **REVELATION WHOLESALE LLC (Primary Name)** |
| | **REVELATION WHOLESALE (DBA Name)** |
| Main Address: | **497 STATE RD 436 SUITE 115 CASSELBERRY Florida 32707** |
| County: | **SEMINOLE** |
| License Location: | **497 STATE RD 436 SUITE 115 CASSELBERRY FL 32707** |
| County: | **SEMINOLE** |

### License Information

| | |
|---|---|
| License Type: | **Prescription Drug Wholesale Distributor** |
| Rank: | **Rx Drug Whlslr** |
| License Number: | **2220322** |
| Status: | **Current** |
| Licensure Date: | **06/13/2024** |
| Expires: | **06/30/2026** |

### Alternate Names

View Related License Information
View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

# STATE OF FLORIDA
# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

## REVELATION WHOLESALE LLC

REVELATION WHOLESALE
497 SEMORAN BOULEVARD
SUITE 115
CASSELBERRY FL 32707

**LICENSE NUMBER: 2220322**

**EXPIRATION DATE: JUNE 30, 2026**

Always verify licenses online at MyFloridaLicense.com

ISSUED: 10/04/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Florida dbpr Department of Business & Professional Regulation

Drugs Devices, and Cosmetics
2601 Blair Stone Road
Tallahassee, Florida 32399-1047
Phone: 850.717.1800 • Fax: 850.414.8240

**Melanie S. Griffin**, Secretary

**Ron DeSantis**, Governor

October 16, 2024

RE: Discipline Records – Revelation Wholesale LLC

To Whom It May Concern:

The Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, (Division) is in receipt of your request pertaining to Revelation Wholesale LLC. The Division currently has no previous disciplinary actions against this company. If you need any further assistance, please do not hesitate to contact our office.

Sincerely,

**Lavontae Warren**

Lavontae Warren
Operations & Management Consultant Manager
Division HR Liaison/Public Records Coordinator

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683145 | 04-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 09-09-2024 |

REVELATION WHOLESALE LLC
REVELATION WHOLESALE LLC
497 STATE ROAD 436 STE 115
CASSELBERRY, FL 327074905

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683145 | 04-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 09-09-2024 |

REVELATION WHOLESALE LLC
REVELATION WHOLESALE LLC
497 STATE ROAD 436 STE 115
CASSELBERRY, FL 327074905

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. B150062677

Application/License No. _____

Revelation Wholesale LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 497 State Road 436 Ste 115, Casselberry, FL 32707-4905 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 18500 W Corporate Dr, Ste 170, Brookfield, WI 53045 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/23/2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of December, 20 24.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

# OLD REPUBLIC SURETY COMPANY

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Kathleen L Gratz Of SARASOTA, Florida

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds)***, as follows: Effective Date of Change: 12/23/2024

Bond Number: B150062677 Bond Amount: Twenty-Five Thousand Dollars $ 25,000.00
Principal Name: Revelation Wholesale LLC
Obligee Name: NV State Board of Pharmacy, Nevada

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 23rd day of December, 2024.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 23rd day of December, 2024, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2026
**(Expiration of notary's commission does not invalidate this instrument)**

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0923031

Signed and sealed at the City of Brookfield, WI this 23rd day of December, 2024.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

CBIZ INSURANCE SERVICES, INC

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Revelation Wholesale

Pharmacy/Wholesaler License # (if applicable) 2220322

Physical Address 497 State Rd 436 Suite 115

City Casselberry State FL Zip 32707

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 321-461-3176 Website WWW.RevelationWholesale.net

Licensing Company Email sowens@revelationwholesale.net

**Section 2: Personal Information**

First Shelby Middle Marie Last Owens

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☒ F ☐ X

Mailing Addres [redacted]

City Deltona State FL Zip [redacted]

Telephor [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Brigham Young University - Idaho | | 01/18 - 05/20 | |
| Address | City | State | Zip |
| | Rexburgh | ID | |
| Diploma/Degree obtained, if any | | | |
| General Associates | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Auburndale SR High | | 08/1986 - 06/1988 | |
| Address | City | State | Zip |
| | Auburndale | FL | |
| Diploma/Degree obtained, if any | | | |
| General Education | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/23 - Pres | [redacted] | Debary | FL | [redacted] |
| 05/16 - 04/23 | | Longwood | FL | |
| 05/13 - 05/16 | | Heathrow | FL | |
| From - To (MM/YY – MM/YY) | | City | State | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

# Shelby Owens CPhT-Adv, RPhT, CDR

[redacted]

## Objective

To obtain a position that will magnify my training and increase my knowledge as I continue to grow and learn in the pharmaceutical industry

## Licenses and Certificates

National PTCB Board Certification number 140103540820275
Registered Pharmacy Technician - State of Florida RPT 86800
Certified Designated Representative - State of Florida 8812675
Designated Representative – State of Idaho 2761172
Designated Representative – State of Alabama DR2242

## Work History

### January 2024 to Present

**Revelation Wholesale** **Casselberry, FL** **National Director of Wholesale**

Director, CDR is responsible for applying and maintaining State licensing, participating in all State and Federal inspections, updating, and implementing SOPs, managing DEA (Drug Enforcement Administration) compliance and CSOS ordering and receiving, reporting, and monitoring, filing government bids, workforce management and oversight, training and assisting team with day-to-day activities. Vendor relations, sales, inventory management

### January 2000 to June 2024

**Taylors Pharmacy** **Winter Park, FL** **Director of Wholesale Operations**

Over 24 years developing, coordinating customers and orders, and managing the retail wholesale department for the pharmacy. Procurement of legend, OTC, control medication, narcotics, CSOS, completion and fulfillment of schedule II information on DEA 222 form. Reporting to ARCOS monthly. Inventory control, expired returns, recalls, returns, ordering vaccines. Contacting physicians, surgery centers, veterinarians, and Fire/Ems to build business and provide needed medications and medical supplies. Ordering medical, shipping, and office supplies. Management of staff in multiple areas. Training technicians, coordinating audits with various PBM's. Bid for and complete government contracts. Accounts receivable and collections. DSCSA retrieving and passing to providers. Record storage, shipping, regulatory affairs for the department. Fill prescriptions, assist the pharmacist, dispute audit results, management of several employees, scheduling, reviews, represent the company at various trade shows, marketing, phones, cashier when needed

### March 1997 to January 2000

**IPS Pharmacy** **Orlando, FL** **Pharmacy Technician**

Travel between 10 locations filling in as a technician wherever needed, assist pharmacist, fill prescriptions, contact physicians when needed, ordered pharmaceuticals when needed from wholesaler, and inventory

### November 1992 to March 1997

**Wal-Mart Pharmacy** **Winter Haven, FL/Orlando, FL** **Pharmacy Technician**

Assist pharmacist, answer phones, enter prescriptions, reset OTC area, inventory, expired out dates, 3rd party reconciliation, daily ordering, cashier, scheduling

### July 1990 to November 1992

Stay at home mom

### November 1988 to July 1990

**Art Explosion Lakeland, FL** **Assistant Store Manager**
Scheduling, assist in interview and hiring process, training clerks, retail sales, resetting store displays, cashier, daily deposits, customer service

## Education

2020 - Associate's degree Brigham Young University
1992 Pharmacy Technician Training – Winter Haven Hospital
1988-1995 College classes in Business and Pre-Pharmacy
1988 High School Graduate

## *References*

*Available upon request*


Florida
DRIVER LICENSE


The State of Florida retains all property rights herein.
Rev. 03/01/2026
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: B-Corr Lenses
END: None
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV




**Division of Occupational and Professional Licenses**
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

SHELBY OWENS

Designated Representative Registration
2761172

Issued: 08-Oct-2024 Expires:

Russell Barron
**Administrator**

Printed: 08-Oct-2024

ALABAMA

BOARD OF PHARMACY

The Alabama Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

## Shelby Marie Owens

### Designated Representative

**Permit Status:**

Active

**Permit #:**

DR2242

**Issued Date:**

10/28/2024

**Expire Date:**

12/31/2025

**Discipline on File:**

No

### Public Records

No public records were found!

Information loaded from this database is current as of 11/1/2024 2:08:04 PM

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

# STATE OF FLORIDA
# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## FLORIDA DRUGS, DEVICES AND COSMETICS

THE Certified Designated Representative HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

## OWENS, SHELBY MARIE

[redacted]

**LICENSE NUMBER: 8812675**

**EXPIRATION DATE: DOES NOT EXPIRE**

Always verify licenses online at MyFloridaLicense.com

**ISSUED: 08/22/2024**

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Department of Health

## SHELBY MARIE OWENS

## License Number: RPT86800

*Data As Of 9/13/2024*

| | |
|---|---|
| Profession | Registered Pharmacy Technician |
| License | RPT86800 |
| License Status | CLEAR/Active |
| License Expiration Date | 12/31/2024 |
| License Original Issue Date | 08/08/2019 |
| Address of Record | [redacted] DEBARY, FL [redacted] |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

No Discipline Found

### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

# PHARMACY TECHNICIAN CERTIFICATION BOARD

*certifies that*

## Shelby M Owens

**has met all requirements for certification and merits the designation of**

**Advanced Certified Pharmacy Technician (CPhT-Adv)**

| Certification Number | Initial Certification Date | Application Deadline | Expiration Date |
|---|---|---|---|
| **140103540820275** | **July 31, 1999** | **September 01, 2025** | **September 30, 2025** |

PTCB
Pharmacy Technician Certification Board®

President, Certification Council

Executive Director, CEO

Verify certification at **ptcb.org**.

# OLD REPUBLIC SURETY COMPANY

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Kathleen L Gratz Of SARASOTA, Florida

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date of Change: 09/27/2024

| | | | | |
|---|---|---|---|---|
| Bond Number: | B150056973 | Bond Amount: | One Hundred Thousand Dollars | $ 100,000.00 |
| Principal Name: | Revelation Wholesale LLC | | | |
| Obligee Name: | OR Board of Pharmacy, Oregon | | | |

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 30th day of September, 2024.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 30th day of September, 2024, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2026
**(Expiration of notary's commission does not invalidate this instrument)**

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0923031

Signed and sealed at the City of Brookfield, WI this 30th day of September, 2024.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

CBIZ INSURANCE SERVICES, INC

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Florida Discount Drugs, Inc dba Taylors Pharmacy | | | 01/00 - 06/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 306 S. Park Ave | Winter Park | FL | 32789 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 407-644-1025 | Director of Wholesale Operations | | 52,000 |
| **Description of Duties** | | | |
| Inventory mgt, ARCOS, CSOS, Regulatory Affairs, Workforce, Customer relations, record Storage, Audits, inspections, training, Accts receivable, Billing, scheduling | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| IPC Pharmacy | | | 03/1997 - 01/00 |
| **Business Address** | **City** | **State** | **Zip** |
| | Orlando | FL | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | Pharmacy Technician | | 5800 |
| **Description of Duties** | | | |
| Rx Data entry, fill prescriptions, inventory, record keeping, Ordering, Physician interaction | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Wal Mart Pharmacy | | | 11/1992 - 3/1997 |
| **Business Address** | **City** | **State** | **Zip** |
| | Orlando | FL | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | 8300 |
| **Description of Duties** | | | |
| Data entry, inventory control, Stock, Order Receiving, Customer Service | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | X | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/4/2000 | 11/29/2000 | FL | Orlando | Orange |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| 482000CF007906000AOX | | Orange County | | |
| Reason/Charge | | | | |
| Scheme to Defraud | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | Lawsuit/Arbitration/Bankruptcy | | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

Provide explanation below:

See attached page

Original Signature (electronic, copies or stamps not accepted)

9-16-2024
Date

June 7th ,2000,1 was charged with scheme to defraud, a 3rd degree felony filed in Orange County, Florida. Case number 82000CF007906000AOX. Statute 817.034.4a3. This was the result of multiple returned checks and check kiting. I was unaware that this was a felony and at a point at the end of 1999 trying to provide the basics for my family as I was the only one employed and I thought that once I received my tax refund and work bonus, I would be able to clear everything up. I voluntarily turned myself in and was processed through the Orange County Jail and bailed out.

Through counsel with my attorney on November 29th, 2000, a final plea of Nolo Contendre was entered and Adjudication was Withheld. The court ordered restitution along with community service, and probation with Orange County Sheriff's office case number 329805 was completed by March/April 2002.

No other criminal charges or activity

On August 6th, 2019, I met with the Florida Board of Pharmacy to discuss this charge in order to obtain my registered pharmacy technician license. They approved my license since the charge was in 2000 and no other charges or activity since.



# REGISTER OF ACTIONS
CASE No. 2000-CF-007906-A-O

**STATE OF FLORIDA VS. SHELBY M OWENS**

| | |
|---|---|
| Case Type: | **Criminal Felony** |
| Date Filed: | **06/07/2000** |
| Location: | **Div 20** |
| Judicial Officer: | **Lubet, Marc L** |
| Inmate Booking Number: | **00035318** |
| Uniform Case Number: | **482000CF007906A001OX** |

## PARTY INFORMATION

**Defendan OWENS, SHELBY M**

**Lead Attorneys**
MCDONNELL, HU(

*Retained*

407-422-1200(W)

**Plaintiff STATE OF FLORIDA**

## CHARGE INFORMATION

| **Charges: OWENS, SHELBY M** | **Statute** | **Level** | **Date** |
|---|---|---|---|
| 1. SCHEME TO DEFRAUD | 817.034(4)(A)(3) | Third Degree - F | 12/01/199 |

## EVENTS & ORDERS OF THE COURT

**DISPOSITIONS**

11/29/2000 **Disposition** (Judicial Officer: Lubet, Marc L)
1. SCHEME TO DEFRAUD
1 - Adjudication Withheld

11/29/2000 **Plea** (Judicial Officer: Lubet, Marc L)
1. SCHEME TO DEFRAUD
Nolo Contendere

**OTHER EVENTS AND HEARINGS**

06/07/2000 **Information Filed**
*INFORMATION FILED*

06/07/2000 **State Attorney Number**
*STATE ATTORNEY NUMBER NF00-1645*

06/15/2000 **Capias Issued Ret: Inst Bond $**
*CAPIAS ISSUED RET: INST BOND:$1,000.00*

08/07/2000 **Arrest Affidavit Filed**
*ARREST AFFIDAVIT FILED - DOA [08/04/2000]*

08/07/2000 **Injail Arraignment**
*INJAIL ARRAIGNMENT: [08/11/2000] 1:30 P.M.*

08/07/2000 **Bond Filed**
*MONCRIEF AGENCY BOND FILED RET (1000/TBN) (BB958772)*

08/07/2000 **Capias Returned**

| | |
|---|---|
| | *CAPIAS RETURNED SERVED* |
| 08/10/2000 | **Notice of Inquiry** |
| | *NOTICE FOR ARGN ISSUED RET: [08/24/2000]* |
| 08/11/2000 | *CANCELED* **In Jail Arraignment** (1:30 PM) () |
| | *Cancelled* |
| | *IN JAIL ARRAIGNMENT* |
| 08/22/2000 | **Written Plea of Not Guilty** |
| | *WRITTEN PLEA OF NOT GUILTY ENTERED HUGH MCDONNELL* |
| 08/22/2000 | **Notice of Appearance** |
| | *NOTICE OF APPEARANCE FILED* |
| 08/22/2000 | **Notice** |
| | *NOTICE OF ELECTION TO PARTICIPATE IN RECIPROCAL DISCOVERY* |
| 08/24/2000 | **In Open Court** |
| | *IN OPEN COURT WPNG* |
| 08/24/2000 | **Sentence Guidelines Score Sheet** |
| | *SENTENCE GUIDLINES SCORE SHEET ORDERED* |
| 08/24/2000 | **Court Minutes** |
| | *COURT MINUTES FILED* |
| 08/24/2000 | **Notice for Pre-Trial** |
| | *NOTICE FOR PRETRIAL RET: [10/25/2000] 9:00 A.M.* |
| 08/24/2000 | **Notice for Trial** |
| | *NOTICE OF TRIAL RTN:[11/06/2000] 9:30 A.M.* |
| 08/24/2000 | **Arraignment** (8:15 AM) () |
| | *ARRAIGNMENT* |
| 10/06/2000 | **Subpoena Issued** |
| | *SUBP ISSUED* RET: 11/06/2000 (SA) (06) 09:30a.m.* |
| 10/09/2000 | **State's Witness List** |
| | *STATE'S WITNESS LIST FILED* |
| 10/25/2000 | **Pre-Trial Conference** (9:00 AM) () |
| 10/30/2000 | **Subpoena Issued** |
| | *SUBP ISSUED* RET: 11/06/2000 (SA) (01) 09:30a.m.* |
| 11/06/2000 | **State's Witness List** |
| | *STATE'S WITNESS LIST FILED SUPPL* |
| 11/06/2000 | **Trial** (9:30 AM) () |
| 11/22/2000 | **Notice of Hearing** |
| | *NOTICE OF HEARING FILED 11/29/2000 1:30 P.M.* |
| 11/29/2000 | **In Open Court** |
| | *IN OPEN COURT PLEA & SENTENCING* |
| 11/29/2000 | **Appearance of Defendant Entered** |
| | *APPEARANCE OF DEFENDANT ENTERED* |
| 11/29/2000 | **Appearance of Attorney Entered** |
| | *APPEAR. OF ATTORNEY ENTERED H. MCDONNELL* |
| 11/29/2000 | **Plea of Not Guilty Withdrawn** |
| | *PLEA OF NOT GUILTY WITHDRAWN* |
| 11/29/2000 | **Plea of Nolo Contendere Entered** |
| | *PLEA OF NOLO CONTENDERE ENTERED A/C* |
| 11/29/2000 | **Adjudication Withheld** |
| | *ADJUDICATION WITHHELD* |
| 11/29/2000 | **Sent:** |
| | *SENTENCE OCJ 1DY T/S, F/B PROB 14MOS, PAY CC* |
| 11/29/2000 | **Order of Probation** |
| | *ORDER OF PROBATION FILED* |
| 11/29/2000 | **Notice of Fines and Costs** |
| | *NOTICE OF FINES & COSTS* |

| | |
|---|---|
| 11/29/2000 | **Prior Arrest History**<br>*PRIOR ARREST HISTORY FILED* |
| 11/29/2000 | **Sentence Guidelines Score Sheet**<br>*SENTENCE GUIDLINES SCORE SHEET* |
| 11/29/2000 | **Plea**<br>*PLEA FILED* |
| 11/29/2000 | **Court Minutes**<br>*COURT MINUTES FILED* |
| 11/29/2000 | **Hearing** (1:30 PM) ()<br>*PLEA* |
| 12/06/2000 | **Certificate of Mailing**<br>*CLERKS CERTIFICATE OF MAILING* |
| 12/14/2000 | **Bond Discharged**<br>*BOND DISCHARGED (#BB958772)* |
| 03/01/2001 | **Victim Information**<br>*VICTIM INFORMATION FILED 2* |
| 03/07/2001 | **Subpoena Issued**<br>*SUBP ISSUED* RET: 04/02/2001 (SA) (03) 09:30a.m.* |
| 03/13/2001 | **Notice of Hearing**<br>*NOTICE OF HEARING FILED 04/02/2001 9:30 A.M.* |
| 03/21/2001 | **Notice of Hearing**<br>*NOTICE OF HEARING FILED 05/10/2001 10:15 A.M.* |
| 04/02/2001 | **Hearing** (9:30 AM) ()<br>*RESTITUTION* |
| 05/10/2001 | **In Open Court**<br>*IN OPEN COURT HEARING RESTITUTION HRG* |
| 05/10/2001 | **Appearance of Defendant Entered**<br>*APPEARANCE OF DEFENDANT ENTERED* |
| 05/10/2001 | **Appearance of Attorney Entered**<br>*APPEAR. OF ATTORNEY ENTERED H MCDONNELL* |
| 05/10/2001 | **Restitution Order**<br>*RESTITUTION ORDER FILED* |
| 05/10/2001 | **Court Minutes**<br>*COURT MINUTES FILED* |
| 05/10/2001 | **Notice of Hearing**<br>*NOTICE OF HEARING FILED 02/05/2002 9:00 A.M.* |
| 05/10/2001 | **Hearing** (10:15 AM) ()<br>*RESTITUTION HEARING* |
| 05/31/2001 | **Correspondence**<br>*CORRESPONDENCE FILED FROM SA TO CLERK REF VICTIM* |
| 06/04/2001 | **Correspondence**<br>*CORRESPONDENCE FILED TO STATE FROM CLERK REF VICTIM* |
| 06/05/2001 | **Correspondence**<br>*CORRESPONDENCE FILED FROM CLERK TO ACCT REF VICTIM* |
| 06/06/2001 | **Notice of Provision of Supplemental Discovery**<br>*NOTICE OF PROVISION OF SUPPLEMENTAL DISCOVERY* |
| 06/15/2001 | **Correspondence**<br>*CORRESPONDENCE FILED FROM SA TO CLERK REF VICTIM* |
| 06/18/2001 | **Correspondence**<br>*CORRESPONDENCE FILED FROM CLERK TO ACCT REF VICTIM* |
| 12/26/2001 | **Motion for Payment of Costs**<br>*MOTION FOR PAYMENT OF COSTS WITNESS FOR TRAVEL EXPENSES* |
| 12/26/2001 | **Order re: Payment of Costs**<br>*ORDER RE: PAYMENT OF COSTS GRANTED* |

| | |
|---|---|
| 02/05/2002 | **In Open Court**<br>*IN OPEN COURT HEARING STATUS RESTITUTION BEING PAID* |
| 02/05/2002 | **Appearance of Defendant Entered**<br>*APPEARANCE OF DEFENDANT ENTERED* |
| 02/05/2002 | **Appearance of Attorney Entered**<br>*APPEAR. OF ATTORNEY ENTERED H MCDONNELL* |
| 02/05/2002 | **Correspondence**<br>*CORRESPONDENCE FILED* |
| 02/05/2002 | **Order**<br>*ORDER DEF HAD SATISFIED RESTITUTION REQUIREMENT* |
| 02/05/2002 | **Court Minutes**<br>*COURT MINUTES FILED* |
| 02/05/2002 | **Hearing** (9:00 AM) ()<br>*STATUS* |

I, Shelby Owens, **certify that as the designated representative for** Revelation Wholesale,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. SO I am at least 21 years of age;
3. SO I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SO I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SO I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SO I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SO I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Shelby Owens
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/10/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Shelby Owens

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-30-2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Seminole

I, Shelby Owens, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9-30-2024

**Date**

Subscribed and Sworn to before me this 30 day of September, 2024

Kristen Wilson

**Notary Public Signature**

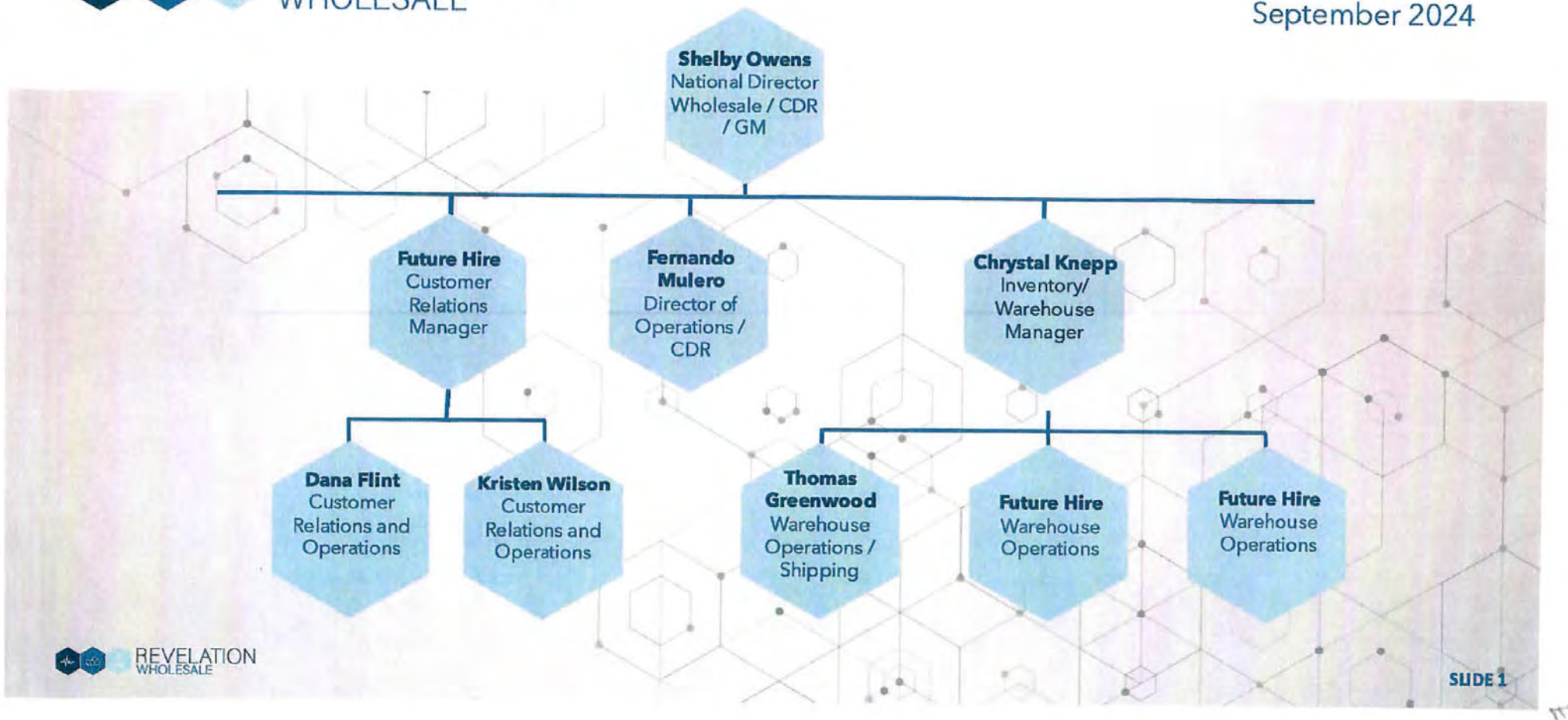
**KRISTEN WILSON**
**Notary Public**
**State of Florida**
**Comm# HH591220**
**Expires 9/9/2028**

**(Seal)**

REVELATION WHOLESALE

# ORG CHART

September 2024




REVELATION WHOLESALE

SLIDE 1

Employees

4FF

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application
## Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Physical Address: 150 South Wyckles Road

City: Decatur State: IL Zip: 62522

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (217) 428-1100 Website: www.risingpharma.com

Name of Designated Representative (DR): Carmen Luisa Rivera Vicente

Licensing Company Email: RPI@slsny.com DR Email: crivera@risingpharma.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☒ Manufacturer |
| ☐ Practitioners | ☒ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☒ Others: Drugs (Human OTC) | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Distributors, Distribution sites within organization | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # N/A. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: AmerisourceBergen Drug Corporation
Address: 5100 Jaindl Blvd City: Bethlehem State: PA Zip: 18017
Name: Cardinal Health
Address: 5995 Commerce Center Drive City: Groveport State: OH Zip: 43125
Name: McKesson Medical-Surgical Inc
Address: 4250 Patriot Drive, Ste 100 City: Grapevine State: TX Zip: 76051
Name:
Address: City: State: Zip:

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE
Parent Company (if any): Raisin Acquisition Co, Inc. 100% sole ownership
Corporation/Organization Name: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (217) 428-1100 Email: RPI@slsny.com
Contact Person Name: Christine Cannon

N/A

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA # 1419498 | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Facility Name

Vimal Kavuru

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Sept - 3 - 2024

Date

| Board Use Only | Date Received: 11/5/25 | Amount: $1000 ck 3933 |
|---|---|---|

An official website of the United States government Here's how you know

FDA



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# Drug Establishments Current Registration Site

New Search

**Search Results for** *Rising*

Showing 1 to 1 of 1 entries (filtered from 2 total entries)

Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| Rising Pharma Holdings, Inc. | 1419498 | 119085458 | LABEL; PACK; RELABEL | 150 S Wyckles Road, Decatur, Illinois (IL) 62522-1038, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Friday, Jan 17, 2025

New Search

# Rising Pharma Holdings, Inc.
# d/b/a Rising Pharmaceuticals

**Corporate Address:** 2 Tower Center Blvd, Suite 1401A, East Brunswick, NJ 08816 USA
**FEIN:** 83-3859401
www.risingpharma.com

**Drug Labeler Code:** 64980
**Incorporation State:** DE
**Incorporation Date:** 03/01/2019

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| WYK | 150 South Wyckles Road<br>Decatur, IL 62522<br>County: Macon | 1419493 | Pending | | No | (217) 428-1100 | |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Carmen Luisa Rivera Vicente | [redacted]<br>Decatur, IL [redacted] | Senior Director | | [redacted] | | |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| Raisin Acquisition Co, Inc. | 1271 Avenue of the Americas<br>#23<br>New York, NY 10020 | N/A | 100 | N/A | 87-3202338 | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Vimal Kavuru | [redacted]<br>Rumson, NJ [redacted] | CEO | No | [redacted] | | |

Company Particulars

Incorp Good Standing

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISING PHARMA HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISING PHARMA HOLDINGS, INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2019.*

Jeffrey W. Bullock, Secretary of State

7304068 8300

SR# 20241102144

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203084732

Date: 03-21-24

Home State (IL) official Verifications

# Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Camile Lindsay
Acting Director
Division of
Professional
Regulation

## CERTIFICATION OF LICENSURE

dba Rising Pharmaceuticals
Carmen Luisa Rivera Vicente
150 S Wyckles Rd

| | |
|---|---|
| Licensee: | Rising Pharma Holdings, Inc |
| Number: | 004.005450 |
| Profession: | LICENSED WHOLESALE DRUG DISTRIBUTOR |
| Date of Issuance: | 05/10/2024 |
| Expiration Date: | 12/31/2026 |
| License Status: | ACTIVE |
| License Method: | NON-EXAM |
| Disciplinary History: | Has not been disciplined |

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/13/2025

Camile Lindsay

Camile Lindsay
Acting Director
Division of Professional Regulation

01/13/2025
Date

*Refer to the Department's Web Site at IDFPR.Illinois.gov to verify professional licenses via License Look-Up.*

Facebook IDFPR.Illinois.gov YouTube Twitter

# Lookup Detail View

**Contact**

Contact Information

| Name | City/State/Zip | DBA / AKA |
|---|---|---|
| Rising Pharma Holdings, Inc | Decatur, IL 62522 | • dba Rising Pharmaceuticals |

**License**

License Information

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004005451 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 05/10/2024 | 10/09/2024 | 12/31/2026 | N |

**Other Licenses**

Other Licenses

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004005196 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 02/09/2022 | 10/09/2024 | 12/31/2026 | N |
| 004005450 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 05/10/2024 | 10/10/2024 | 12/31/2026 | N |
| 097002598 | OTHER CONTROLLED SUBSTANCE (Schedules I II ) | ACTIVE | 07/18/2024 | 11/27/2024 | 12/31/2026 | N |
| 30*****30 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV ) | ACTIVE | 05/10/2024 | 10/10/2024 | 12/31/2026 | N |
| 30*****31 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV ) | ACTIVE | 05/10/2024 | 10/10/2024 | 12/31/2026 | N |
| 30*****49 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III IV V ) | ACTIVE | 08/27/2024 | 10/09/2024 | 12/31/2026 | N |

Generated on: 2/7/2025 11:30:46 AM



Illinois Department of Financial and
Professional Regulation

List of Officers

Rising

**Rising Pharma Holdings, Inc.**

June 17, 2022

As of today, the current officers of Rising Pharma Holdings, Inc. dba Rising Pharmaceuticals are as follows:

Vimal Kavuru - CEO

# Rising Pharma Holdings, Inc. dba Rising Pharmaceuticals
# Organizational Chart




List of Owners

DEA Certificate

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683171 | 04-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | MANUFACTURER | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
150 S WYCKLES RD.
DECATUR, IL 62522

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970 as amended, provide that the Attorney General may revoke or suspend a registration to manufacture distribute dispense, import or export a controlled substance

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683171 | 04-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | MANUFACTURER | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
150 S WYCKLES RD.
DECATUR, IL 62522

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683171 | 04-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | MANUFACTURER | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
150 S WYCKLES RD.
DECATUR, IL 62522

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please:

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration**
**P.O. Box 2639**
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes

Drug Codes
2270 9150 9737 9740

IAT INSURANCE GROUP Surety

HARCO NATIONAL INSURANCE COMPANY

# BOND RIDER

To be attached to and form a part of Bond No 0754159

Dated The 19th Day of June, 2019 By and Between:

Rising Pharma Holdings Inc. , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☐ Name of Principal changed to:

☐ Amount of Bond changed from
to

☒ Other The following addresses are added as additional locations:
150 South Wyckles Road, Decatur, IL 62522
1222 West Grand Avenue, Decatur, IL 62526

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of July 29, 2024

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 29th day of July, 2024.

Principal:
By:

Harco National Insurance Company
By: Robyn Rost
Robyn Rost Attorney-in-Fact

IFIC BOND RIDER 10/15/2008

Bond w/
Bond Continuance

# NEVADA STATE BOARD OF PHARMACY

**431 W Plumb Lane**
**Reno, NV 89509**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0754159

Application/License No. _____

Rising Pharma Holdings, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 650 Randolph Road, Somerset, NJ 08873 (Address of Applicant/Principal), as PRINCIPAL, and International Fidelity Insurance Company (Surety Company), a corporation organized under the laws of the state of New Jersey (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1 Riverfront Plaza, Suite 920, Newark, NJ 07102 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 19, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of June, 2019.

APPLICANT/PRINCIPAL
Rising Pharma Holdings, Inc.

Authorized Representative

SURETY COMPANY
International Fidelity Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Pamela Wylie
Witness

Witness

Countersigned by:

Nevada Resident Agent

# POWER OF ATTORNEY

Bond # 0754159

## INTERNATIONAL FIDELITY INSURANCE COMPANY
## ALLEGHENY CASUALTY COMPANY

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

**KNOW ALL MEN BY THESE PRESENTS**: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 10th day of July, 2015 :

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** have each executed and attested these presents on this 31st day of December, 2017

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

George R. James
Executive Vice President (International Fidelity Insurance Company) and
Vice President (Allegheny Casualty Company)

ALLEGHENY CASUALTY COMPANY 1936 NEW JERSEY

On this 31st day of December, 2017 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY and of ALLEGHENY CASUALTY COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC MY COMMISSION EXPIRES 04-16-2019 STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2019

## CERTIFICATION

I, the undersigned officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 19, 2019

B31765 USI Insurance Services, LLC.

Maria H. Branco, Assistant Secretary

# INTERNATIONAL FIDELITY INSURANCE COMPANY

ONE NEWARK CENTER, 20TH FLOOR, NEWARK, NEW JERSEY 07102-5207

## STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2018

| ASSETS | |
|---|---|
| Bonds (Amortized Value) | $126,525,302 |
| Common Stocks (Market Value) | 24,794,502 |
| Mortgage Loans on Real Estate | 344,840 |
| Cash, Bank Deposits & Short Term Investments | 42,240,486 |
| Unpaid Premiums & Assumed Balances | 9,544,138 |
| Reinsurance Recoverable from Reinsurers | 83,650 |
| Electronic Data Processing Equipment | 423,280 |
| Investment Income Due and Accrued | 1,307,538 |
| Current Federal & Foreign Income Tax Recoverable & Interest thereon | 971,023 |
| Net Deferred Tax Assets | 1,298,541 |
| Receivables from Parent, Subsidiaries & Affiliates | 2,216,045 |
| Other Assets | 18,400,278 |
| TOTAL ASSETS | $228,149,623 |

| LIABILITIES, SURPLUS & OTHER FUNDS | |
|---|---|
| Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses) | $8,729,241 |
| Reinsurance Payable on Paid Losses and Loss Adjustment Expenses | 1,255,433 |
| Loss Adjustment Expenses | 3,910,677 |
| Commissions Payable, Contingent Commissions & Other Similar Charges | 1,731,782 |
| Other Expenses (Excluding Taxes, Licenses and Fees) | 4,194,006 |
| Taxes, Licenses & Fees (Excluding Federal Income Tax) | 446,580 |
| Unearned Premiums | 38,599,862 |
| Dividends Declared & Unpaid: Policyholders & Stockholders | 700,000 |
| Ceded Reinsurance Premiums Payable | 2,452,973 |
| Funds Held by Company under Reinsurance Treaties | 1,031 |
| Amounts Withheld by Company for Account of Others | 70,169,700 |
| Provision for Reinsurance | 31,630 |
| Payable to Parent, Subsidiaries and Affiliates | 46,354 |
| Other Liabilities | 5,144 |
| TOTAL LIABILITIES | $132,274,413 |
| Common Capital Stock | $3,600,000 |
| Gross Paid-in & Contributed Surplus | 374,600 |
| Surplus Notes | 16,000,000 |
| Unassigned Funds (Surplus) | 81,855,190 |
| Less: Treasury Stock at cost (50,682 shares common) (value incl. $45.) | 5,954,580 |
| Surplus as Regards Policyholders | $95,875,210 |
| TOTAL LIABILITIES, SURPLUS & OTHER FUNDS | $228,149,623 |

I, John M Mruk, Treasurer of INTERNATIONAL FIDELITY INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2018, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of New Jersey.

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1804 NEW JERSEY

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 22nd day of February, 2019.
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond Continuance

IAT INSURANCE GROUP Surety

HARCO

# CONTINUATION CERTIFICATE

Bond No. 0754159 Bond Amount: $100,000

Term Beginning: June 19, 2024

Term Ending: June 19, 2025

Principal/Insured: Rising Pharma Holdings Inc.

Obligee: Nevada State Board of Pharmacy

Agent: USI Insurance Services LLC

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above.

This continuation shall be deemed a part of the original bond and not a new obligation and is subject to all the covenants and conditions of said bond.

Harco National Insurance Company

By: Robyn Rost

Attorney-In-Fact

Robyn Rost August 13, 2024

Signed and Sealed Date

Bond Continuance POA

# POWER OF ATTORNEY

Bond # 0754159

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609**

**KNOW ALL MEN BY THESE PRESENTS**: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2023

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2023, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies, that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 11, 2024

Irene Martins, Assistant Secretary

B31765 USI Insurance Services, LLC

VER2 2/2019 e_POA

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 150 South Wyckles Road

City: Decatur State: IL Zip: 62522

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.risingpharma.com

Licensing Company Email: RPI@slsny.com

**Section 2: Personal Information**

First: Carmen Middle: Luisa Last: Rivera Vicente

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Decatur State: IL Zip: [redacted]

Telephon: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Webster University | | 01/2000 - 12/2002 | |
| Address | City | State | Zip |
| 470 E Lockwood Ave | Webster Groves | MO | 63119 |
| Diploma/Degree obtained, if any | | | |
| Master of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Greenville University | | 01/1989 - 05/1991 | |
| Address | City | State | Zip |
| 315 E College Ave | Greenville | IL | 62246 |
| Diploma/Degree obtained, if any | | | |
| Bachelor degree in Biology, Minor in Spanish | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Josefa Pastrana High School | | 08/1982 - 05/1985 | |
| Address | City | State | Zip |
| Calle Dr. Pio Rechani | Aguas Buenas | PR | 00703 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2012 - Present | [redacted] | Decatur | IL | [redacted] |
| 12/2002 - 02/2023 | | Saint Louis | MO | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals | | | 07/2023 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 150 South Wyckles Road | | Decatur | IL | 62522 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (217) 428-1100 | Senior Director, Supply Chain & Packaging | | ~ 2,760 hours | |
| **Description of Duties** | | | | |
| Responsible for leading Supply Chain team and Packaging Operations. Start-up Decatur facilities as Rising Pharmaceuticals. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Akorn Pharmaceuticals | | | 10/2005 - 02/2023 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1222 W Grand Ave | | Decatur | IL | 62522 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (217) 423-9715 | Senior Director, Supply Chain & Packaging / Head of Packaging Facility | | ~ 36,160 hours | |
| **Description of Duties** | | | | |
| Directed and led the Supply Chain Department (Planning, Production Scheduling, New Product Introductions, Purchasing, Warehouse, Distribution, and Materials Inventory Control) and the Packaging Operations facility. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Monsanto/Pharmacia/Pfizer | | | 11/1992 - 10/2005 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 875 Chesterfield Parkway | | Chesterfield | MO | 63005 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (212) 733-1461 | Senior Scientist/Project Manager/Team Leader | | ~27,040 | |
| **Description of Duties** | | | | |
| Bioprocessing of bulk pharmaceuticals in a cGMP pilot plant. Responsible for the scheduling and planning of production of solutions to support fermentation and purification. Responsible for materials management. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Carmen Luisa Rivera Vicente, **certify that as the designated representative for**

Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. CR I am at least 21 years of age;
3. CR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Carmen Luisa Rivera Vicente

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-11-2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Carmen Luisa Rivera Vicente

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-11-2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Macon

I, Carmen Luisa Rivera Vicente, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** Carmen Luisa Rivera Vicente

11-11-2024

**Date**

Subscribed and Sworn to before me this 11th day of November

**Notary Public Signature**

"OFFICIAL SEAL"
SHEILA M DOOLIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08-02-2025

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 150 South Wyckles Road

City: Decatur State: IL Zip: 62522

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.risingpharma.com

Licensing Company Email: RPI@slsny.com

### Section 2: Personal Information

First: Carmen Middle: Luisa Last: Rivera Vicente

Alias(es, nicknames, name changes, etc.): NA

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☐ M ■ F ☐ X

Mailing Address[redacted]

City: Decatur State: IL Zip[redacted]

Telephone[redacted] Ema[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Webster University | | | From - To (MM/YY – MM/YY): 01/2000-12/2002 |
| Address: 470 E Lockwood Ave | City: Webster Groves | State: MO | Zip: 63119 |
| Diploma/Degree obtained, if any: Master of Business Administration | | | |
| School Name: Greenville University | | | From - To (MM/YY – MM/YY): 01/1989-05/1991 |
| Address: 315 E College Ave | City: Greenville | State: IL | Zip: 62246 |
| Diploma/Degree obtained, if any: Bachelor degree in Biology, Minor in Spanish | | | |
| School Name: University of Puerto Rico, Rio Piedras | | | From - To (MM/YY – MM/YY): 08/1985 - 12/1988 |
| Address: 14 Ave. Universidad Ste. 1401 | City: San Juan | State: PR | Zip: 00925 |
| Diploma/Degree obtained, if any: Transferred to Greenville University. | | | |
| School Name: Josefa Pastrana High School | | | From - To (MM/YY – MM/YY): 08/1982 - 05/1985 |
| Address: Calle Dr. Pio Rechani | City: Aguas Buenas | State: PR | Zip: 00703 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name | | | From - To (MM/YY – MM/YY |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2023 - Present | [redacted] | Decatur | IL | [redacted] |
| 12/2002 - 02/2023 | | Saint Louis | MO | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals | | | 07/2023 - Present | |
| Business Address | | City | State | Zip |
| 150 South Wyckles Road | | Decatur | IL | 62522 |
| Phone | Title | | Number of Employed Hours | |
| (217) 428-1100 | Senior Director, Supply Chain & Packaging | | ~ 2,360 hours | |
| Description of Duties | | | | |
| Responsible for leading the Supply Chain team and Packaging Operations. Start-up Decatur facilities as Rising Pharmaceuticals. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Akorn Pharmaceuticals | | | 10/2005 - 02/2023 | |
| Business Address | | City | State | Zip |
| 1222 W Grand Ave | | Decatur | IL | 62522 |
| Phone | Title | | Number of Employed Hours | |
| (217) 423-9715 | Senior Director, Supply Chain & Packaging / Head of Packaging Facility | | ~ 36,160 hours | |
| Description of Duties | | | | |
| Directed and led the Supply Chain Department (Planning, Production Scheduling, New Product Introductions, Purchasing, Warehouse, Distribution, and Materials Inventory Control) and the Packaging Operations facility. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Monsanto/Pharmacia/Pfizer | | | Nov 1992 - Oct 2005 | |
| Business Address | | City | State | Zip |
| 875 W Chesterfield Pkwy | | Chesterfield | MO | 63005 |
| Phone | Title | | Number of Employed Hours | |
| (212) 733-1461 | Senior Scientist/Project Manager/Team Leader | | ~27,040 | |
| Description of Duties | | | | |
| Bioprocessing of bulk pharmaceuticals in a cGMP Pilot Plant. Responsible for the scheduling and planning of production of solutions to support pilot plant production. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Carmen Luisa Rivera Vicente, **certify that as the designated representative for**

Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. CV I am at least 21 years of age;
3. CV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Carmen Luisa Rivera Vicente
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08-29-2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Carmen Luisa Rivera Vicente
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08.29-2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Macon

I, Sheila Carmen Luisa Rivera Vicente, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** Carmen Luisa Rivera Vicente

09-10-2024
**Date**

Subscribed and Sworn to before me this 10th day of September

**Notary Public Signature**

"OFFICIAL SEAL"
SHEILA M DOOLIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08-02-2025
(Seal)

Employee List

| Employee Name | Job Title | Location |
|---|---|---|
| Rivera Vicente, Carmen L. | Senior Director of Supply Chain | WYK |
| Reynolds, Brian D | Packaging Engineer III | WYK |
| Handyside, Jason R | Senior Supply Chain Manager | WYK |
| Guido Mora, Andres Miguel | Truck Driver | WYK |
| McCormick, Karenza L | Packaging Supervisor | WYK |
| Gui, Jun | QA Manager - Wyckles | WYK |
| Bright, Robert Dean | Packaging Mechanic | WYK |
| Smith, Amanda L | QA Incoming Goods | WYK |
| Berry, Tonya M | Packaging Coordinator | WYK |
| Hitchcock, Tina R | Warehouse Associate - Receiving | WYK |
| Bowles, Dakota | Packaging Mechanic | WYK |
| West, Blake W | Packaging Line Leader | WYK |
| Speer, Linda D | Packaging Operator | WYK |
| Hackney, Malik N | Packaging Operator | WYK |
| Reed, Yolonda Lynnette | Packaging Operator | WYK |
| Hackney, Erin N | Packaging Operator | WYK |
| Reed, Shavonn | QA Technician - Wyckles | WYK |
| Carr, Anne Irene | Packaging Operator | WYK |
| Cook, Danielle Dushawn | Packaging Operator | WYK |
| Kinnon, Ciera | Packaging Operator | WYK |
| Thompson, Ladonna | Packaging Operator | WYK |
| Corey, Hannah Leigh | Packaging Operator | WYK |
| Dorsey, Patricia Bernice | Packaging Operator | WYK |
| Mayfield, Jack L | Packaging Operator | WYK |
| Brock, June Don Ella | QA Technician - Wyckles | WYK |

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# 4GG

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application
## Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Physical Address: 1222 West Grand Avenue

City: Decatur State: IL Zip: 62522

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (217) 423-7429 Website: www.risingpharma.com

Name of Designated Representative (DR): Steven K Coventry

Licensing Company Email: RPI@slsny.com DR Email: scoventry@risingpharma.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☒ Manufacturer |
| ☐ Practitioners | ☒ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☒ Others: Drugs (Human OTC) | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Distributors, Distribution sites within organization | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

N/A **This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: None at this time - N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): Raisin Acquisition Co, Inc. 100% Sole Ownership

Corporation/Organization Name: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (217) 423-7429 Email: RPI@slsny.com

Contact Person Name: Christine Cannon

N/A

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA 1450114 | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Facility Name

Vimal Kavuru

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Sept - 3 . 2024

Date

| Board Use Only | Date Received: 11/21/25 | Amount: $1000 CK 3950 |
|---|---|---|

An official website of the United States government Here's how you know

FDA



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# Drug Establishments Current Registration Site

New Search

**Search Results for** *Rising Pharma*

Showing 1 to 1 of 1 entries (filtered from 2 total entries)

Show 50 entries

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Registration Expiration Date |
|---|---|---|---|---|---|
| Rising Pharma Holdings, Inc. | 1419498 | 119080599 | ANALYSIS; MANUFACTURE; STERILIZE | 1222 West Grand Ave, Decatur, Illinois (IL) 62522, United States (USA) | 12/31/2025 |

Previous 1 Next

Data Current Through: Friday, Jan 17, 2025

New Search

# Rising Pharma Holdings, Inc.
## d/b/a Rising Pharmaceuticals

**Corporate Address:** 2 Tower Center Blvd, Suite 1401A, East Brunswick, NJ 08816 USA
**FEIN:** 83-3859401
www.risingpharma.com

**Drug Labeler Code:** 64980
**Incorporation State:** DE
**Incorporation Date:** 03/01/2019

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| GRD | 1222 West Grand Avenue<br>Decatur, IL 62522<br>County: Macon | 1419493 | Pending | 11-908-0599 | No | (217) 423-7429 | |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License | |
|---|---|---|---|---|---|---|---|
| Steven K Coventry | [redacted]<br>Geneva, IL [redacted] | Vice President & General Manager of Operations | | [redacted] | | | |
| Yogesh Ramchandra Naik | [redacted]<br>Decatur, IL [redacted] | | | | | | *Only for RPI-GRD-IL-CS-1* |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| Raisin Acquisition Co. Inc. | 1271 Avenue of the Americas<br>#23<br>New York, NY 10020 | N/A | 100 | N/A | 87-3202338 | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Vimal Kavuru | [redacted]<br>Rumson, NJ [redacted] | CEO | No | [redacted] | | |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name | SSN | DOB | Driver's License |
|---|---|---|---|
| Incorp Services, Inc. | | | |

Company Particulars

List of Officers

Rising

**Rising Pharma Holdings, Inc.**

June 17, 2022

As of today, the current officers of Rising Pharma Holdings, Inc. dba Rising Pharmaceuticals are as follows:

Vimal Kavuru - CEO

Incorp Good Standing

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISING PHARMA HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISING PHARMA HOLDINGS, INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2019.*

Jeffrey W. Bullock, Secretary of State

7304068 8300

SR# 20241102144

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203084732

Date: 03-21-24

Home State (IL) official Verification

# Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Camile Lindsay
Acting Director
Division of
Professional
Regulation

## CERTIFICATION OF LICENSURE

dba Rising Pharmaceuticals
Steven K. Coventry
1222 W Grand Ave

| | |
|---|---|
| Licensee: | Rising Pharma Holdings, Inc |
| Number: | 004.005451 |
| Profession: | LICENSED WHOLESALE DRUG DISTRIBUTOR |
| Date of Issuance: | 05/10/2024 |
| Expiration Date: | 12/31/2026 |
| License Status: | ACTIVE |
| License Method: | NON-EXAM |
| Disciplinary History: | Has not been disciplined |

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/13/2025

Camile Lindsay

Camile Lindsay
Acting Director
Division of Professional Regulation

01/13/2025
Date

*Refer to the Department's Web Site at IDFPR.Illinois.gov to verify professional licenses via License Look-Up.*

Facebook IDFPR.Illinois.gov YouTube Twitter

Illinois Department of Financial and Professional Regulation

# Lookup Detail View

**Contact**

Contact Information

| Name | City/State/Zip | DBA / AKA |
|---|---|---|
| Rising Pharma Holdings, Inc | Decatur, IL 62522 | • dba Rising Pharmaceuticals |

**License**

License Information

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004005451 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 05/10/2024 | 10/09/2024 | 12/31/2026 | N |

**Other Licenses**

Other Licenses

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004005196 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 02/09/2022 | 10/09/2024 | 12/31/2026 | N |
| 004005450 | LICENSED WHOLESALE DRUG DISTRIBUTOR | ACTIVE | 05/10/2024 | 10/10/2024 | 12/31/2026 | N |
| 097002598 | OTHER CONTROLLED SUBSTANCE (Schedules I II ) | ACTIVE | 07/18/2024 | 11/27/2024 | 12/31/2026 | N |
| 30*****30 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV ) | ACTIVE | 05/10/2024 | 10/10/2024 | 12/31/2026 | N |
| 30*****31 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV ) | ACTIVE | 05/10/2024 | 10/10/2024 | 12/31/2026 | N |
| 30*****49 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III IV V ) | ACTIVE | 08/27/2024 | 10/09/2024 | 12/31/2026 | N |

Generated on: 1/27/2025 4:24:13 PM

# Rising Pharma Holdings, Inc. dba Rising Pharmaceuticals
# Organizational Chart




List of Owners

DEA Manu

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683169 | 04-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | MANUFACTURER | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
1222 W GRAND AVE
DECATUR, IL 62522

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970 as amended, provide that the Attorney General may revoke or suspend a registration to manufacture distribute, dispense, import or export a controlled substance

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**


**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | MANUFACTURER | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683169 | 04-30-2025 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | MANUFACTURER | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
1222 W GRAND AVE
DECATUR, IL 62522

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1 visit our web site at **deadiversion.usdoj.gov** - or
2 call our customer Service Center at **1-(800) 882-9539** - or
3 submit your change(s) in writing to:

**Drug Enforcement Administration**
**P.O. Box 2639**
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations Section 1301.51 for complete instructions

You have been registered to handle the following chemical/drug codes

Drug Codes
9150 9737 2270 9740

DEA Lab

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683157 | 04-30-2025 | $296 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | ANALYTICAL LAB | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
1222 W GRAND AVE
DECATUR, IL 62522

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RR0683157 | 04-30-2025 | $296 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | ANALYTICAL LAB | 09-09-2024 |

RISING PHARMA HOLDINGS INC
DBA RISING PHARMACEUTICALS
1222 W GRAND AVE
DECATUR, IL 62522

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| RR0683157 | 04-30-2025 | $296 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | ANALYTICAL LAB | 09-09-2024 |

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DBA RISING PHARMACEUTICALS
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REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please:

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration**
**P.O. Box 2639**
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes

IAT INSURANCE GROUP Surety

HARCO NATIONAL INSURANCE COMPANY

# BOND RIDER

To be attached to and form a part of Bond No 0754159

Dated The 19th Day of June, 2019 By and Between:

Rising Pharma Holdings Inc. , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☐ Name of Principal changed to:

☐ Amount of Bond changed from
to

☒ Other The following addresses are added as additional locations:
150 South Wyckles Road, Decatur, IL 62522
1222 West Grand Avenue, Decatur, IL 62526

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of July 29, 2024

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 29th day of July, 2024.

Principal:
By:

Harco National Insurance Company
By: Robyn Rost
Robyn Rost Attorney-in-Fact

IFIC BOND RIDER 10/15/2008

Bond Continuance

IAT INSURANCE GROUP Surety

HARCO

# CONTINUATION CERTIFICATE

Bond No. 0754159 Bond Amount: $100,000

Term Beginning: June 19, 2024

Term Ending: June 19, 2025

Principal/Insured: Rising Pharma Holdings Inc.

Obligee: Nevada State Board of Pharmacy

Agent: USI Insurance Services LLC

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above.

This continuation shall be deemed a part of the original bond and not a new obligation and is subject to all the covenants and conditions of said bond.

Harco National Insurance Company

By: Robyn Rost

Attorney-In-Fact

Robyn Rost August 13, 2024

Signed and Sealed Date

# POWER OF ATTORNEY

Bond # 0754159

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609**

**KNOW ALL MEN BY THESE PRESENTS**: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Florham Park, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2023

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2023 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 11, 2024

Irene Martins, Assistant Secretary

B31765 USI Insurance Services, LLC.

VER2 2/2019 e_POA

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 1222 West Grand Avenue

City: Decatur State: IL Zip: 62522

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.risingpharma.com

Licensing Company Email: RPI@slsny.com

### Section 2: Personal Information

First: Steven Middle: K Last: Coventry

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Geneva State: IL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Millikin University | | 08/1978 - 05/1983 | |
| Address | City | State | Zip |
| 1184 W Main St | Decatur | IL | 62522 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science in Industrial Engineering | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| St. Teresa High School | | 09/1974 - 05/1978 | |
| Address | City | State | Zip |
| 2710 N. Water St. | Decatur | IL | 62526 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/2020 - Present | [redacted] | Geneva | IL | [redacted] |
| 07/2019 - 10/2020 | | Selersburg | IN | |
| 01/2017 - 06/2019 | | St. Charles | IL | |
| 05/2014 - 12/2016 | | Forsyth | IL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals | | | 07/2023 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1222 West Grand Avenue | | Decatur | IL | 62522 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (217) 423-7429 | Vice President & General Manager of Operations | | ~ 2,360 Hours | |
| **Description of Duties** | | | | |
| Re-start, post purchase, the Sterile Injection / Sterile Ophthalmic Operation. Aseptic Manufacturing, Packaging, Warehouse, Engineering, Maintenance and Calibration, Validation, Quality and Human Resources team responsibilities. Direct reports: Manufacturing, Packaging, Engineering, Quality, Warehouse, Purchasing Department Heads. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Medefil, Inc. | | | 01/2021 - 07/2023 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 405 Windy Point Dr | | Glendale Heights | IL | 60139 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (630) 682-4600 | Vice President of Operations | | ~ 5,200 Hours | |
| **Description of Duties** | | | | |
| Sterile Injection and Flush product Manufacturing, Packaging, Warehouse and Distrubtion, Engineering Project Management, Engineering Maintenance and Calibration team | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Steven K Coventry, **certify that as the designated representative for**

Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. SKC I am at least 21 years of age;
3. SKC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SKC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SKC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SKC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SKC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Steven K Coventry

Print Name (First, Last)

Steven K Coventry

Original Signature (electronic, copies or stamps not accepted)

August 29, 2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Steven K Coventry

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

August 29, 2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Macon

I, Steven K. Coventry, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** Steven K Coventry

09/10/2024

**Date**

Subscribed and Sworn to before me this 10th day of September.

**Notary Public Signature**

"OFFICIAL SEAL"
SHEILA M DOOLIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08-02-2025
(Seal)

Employee List

| Employee Name | Job Title | Location |
|---|---|---|
| Coventry, Steven K | Vice President and General Manager of Operations | GRD |
| Handyside, Lindsay D | Senior Manager - Purchasing | GRD |
| Standerwick, Raymond | Project Engineer | GRD |
| Williams, Kari | Human Resources Manager | GRD |
| Tippit, Jeremy C | Maintenance Technician | GRD |
| Tippit, Fred | Engineering Maintenance Technician II | GRD |
| Taruc, Danilo R | Production Technician III | GRD |
| Hernandez, Yuliana | Production Technician II | GRD |
| Smith, Roma H.M. | Environmental Monitoring Tech II/Micro | GRD |
| Cowart, Sara | Production Technician II | GRD |
| Van Scyoc, Brian M | Production Maintenance Technician | GRD |
| Laskin, Anthony C | IT Support Engineer II | GRD |
| Oliver, Melissa D | Supervisor, QA Documentation | GRD |
| Schultz, Melody H | Microbiology Lab Tech II Lead | GRD |
| Casey, Tina L | QA Technician I/Documentation | GRD |
| Wesslund, Neil A | Manager of Microbiology | GRD |
| Walker, Patricia A | Environmental Monitoring Tech II/Micro | GRD |
| Berger, Katherine R | QA Technician II/Documentation | GRD |
| Baker, Sean W | Quality Control Supervisor | GRD |
| Harding, Brittany A | Production Technician II | GRD |
| Britz, Tammy M | Production Supervisor | GRD |
| Naik, Yogesh R | Associate Director of Quality Control | GRD |
| Lockwood, Jolene K | Production Supervisor | GRD |
| Weaver, Melissa L | Formulation Technician | GRD |
| Killion, Christy H | Microbiologist II | GRD |
| Dagg, Jonathan E | Engineering Maintenance Technician | GRD |
| Bogle, Sherry | Microbiologist II Lead | GRD |
| Wempen, Jennifer M | Quality Control Supervisor | GRD |
| Morrison, Terri Lynn | Production Technician III | GRD |
| Burris, Sheila Y | Production Technician III | GRD |
| Mizeur, Heather C | Senior Manager of QA Operations | GRD |
| Salimidi, Naveen Kumar | Director of Quality Assurance | GRD |
| Trump, Trenton D | Chemist I | GRD |
| Capasso, Natalie | Microbiology Lab Technician II | GRD |
| Hernandez Arredondo, Elizabeth | Production Technician III | GRD |
| Dunlap, Nick A | Production Technician III | GRD |
| Samonds, michael R | Machinist | GRD |
| Probst, Tristan M | Formulation Technician | GRD |
| Haubner, Brian W | Validation Technician | GRD |
| Anderson, Michael | Director of Manufacturing | GRD |
| Vinson, Danyell I | Validation Technician | GRD |
| Fisher, Jessica L | Environmental Monitoring Tech II/Micro | GRD |
| Logan, Trisha L | Environmental Monitoring Technician I/Micro | GRD |
| Spence, Caliauna G | Production Technician II | GRD |
| Devore, Donnette I | Production Technician III | GRD |
| Wicklund, Matthew D | Production Maintenance Technician | GRD |
| Mabins, Shamara | QA Technician - Grand | GRD |
| Tao, Hua | Engineering Admin | GRD |
| Galvan, Remigio Libanan | Production Technician II | GRD |
| Galicia, Brando B | Production Technician II | GRD |
| Hoff, Brian K | Production Technician II | GRD |
| Parker, Christina N | QA Batch Record Reviewer | GRD |
| Neal, Patricia Ann | Production Technician I | GRD |
| DeCicco, Bradley A | Formulation Technician | GRD |
| Goodrich, Dusty Renee | Purchasing Coordinator | GRD |
| Beaulieu, William A | IT Manager | GRD |
| Are, Bhargavi | Chemist I | GRD |
| Wise, Cynthia Marie | QA Data Reviewer Microbiology | GRD |
| Adkins, Alizabeth Ann | QA Investigations Specialist | GRD |
| Knackmuhs, Todd Eugene | Production Technician III | GRD |
| Illa, Jagadish | Quality Control Group Lead | GRD |
| King, Grant | Environmental Monitoring Technician I/Micro | GRD |
| Karamala, Mansoor | Quality Management System Specialist | GRD |

| | | |
|---|---|---|
| Haney, Brian Eugene | QA Technician - Grand | GRD |
| Chandler, William Kain | Senior QA Technician - Grand | GRD |
| MacLaughlin, James Clark | Senior Director, Site Quality Head | GRD |
| Uddin, S M Helal | Chemist II | GRD |
| Frydenger, Joseph James | Senior Manager EHS | GRD |
| Gollihur, Rita Maureen | Senior QA Technician - Grand | GRD |
| NALLIAH, BALAKUMAR | Chemist II | GRD |
| Miller, Thomas | Maintenance Technician | GRD |
| Kokkanti, Harshavardhan Reddy | QA Manager of Document Control & Training | GRD |
| Alay, Prashanth Kumar | Chemist II | GRD |
| Bhawsar, Kinjal | Chemist II | GRD |
| Sandhu, Ripudamanpreet | Chemist I | GRD |
| Bhatt, Divyang Bipinbhai | Microbiologist II | GRD |
| Wright, Christopher Lee | Production Technician III | GRD |
| kutwal, Goraksh Wamanrao | Head of Engineering | GRD |
| Vangapalli, Sandeep Kumar Sandeep | Chemist I | GRD |
| Merugumala, Gouthami | Intern | GRD |
| Vennavaram, Vishwanath | Director of Microbiology | GRD |
| Tanvir, Faysal Amin | Project Engineer | GRD |
| DAYAKA, SREEDEVI | QA Validation Specialist | GRD |
| Dhulipalla, Mounika | Validation Engineer | GRD |

# 4HH

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ■ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Ventec Life Systems, Inc.

Physical Address: 22002 26th Ave SE

City: Bothell State: WA Zip: 98021

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (844) 698-6276 Website: https://www.reacthealth.com/

Name of Designated Representative (DR): Mike Long

Licensing Company Email: mike.long@reacthealth.com DR Email: mike.long@reacthealth.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ■ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: ___Sysmed Co., Ltd
Address: _Bldg. 11-2-3No. 17 Wensu St., Hunan District City: Shenyang City, Liaoning, China State: _____ Zip: _110179_

Name: ___BMC Medical Co., Ltd.
Address: __5F Main Bldg. No. 19 Gucheng St. West City: _Shijingshan District, Beijing State: _____ Zip: 100043

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): React Health Holdings, LLC
Corporation/Organization Name: Ventec Life Systems, Inc.
Mailing Address: 22002 26th Ave SE
City: Bothell State: WA Zip: 98021
Telephone: (844) 698-6276 Email: mike.long@reacthealth.com
Contact Person Name: Mike Long

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Ventec Life Systems, Inc.

Facility Name

Mike Long

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/9/2024

Date

| Board Use Only | Date Received: _____ Amount: _____ |
|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
VENTEC LIFE SYSTEMS, INC.
22002 26th Ave SE
Bothell, WA 98021
**Registration Number:** 3013095415
**FEI Number*:** 3013095415
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
**Date Of Registration Status:** 2025

**Owner/Operator:**
Ventec Life Systems[6]
22002 26th Ave SE
Bothell, WA US 98021
**Owner/Operator Number:** 10054872[7]

**Official Correspondent:**
Angelica Ayala
22002 26th Ave SE
Bothell, WA 98021
**Phone:** 1-863-2721288

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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**Links on this page:**

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3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10054872&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10054872&OwnerOperatc

Page Last Updated: 12/02/2024

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsc | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10054872&OwnerOperatc

# Delaware

The First State



*I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "VENTEC LIFE SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.*

*THE FOLLOWING DOCUMENTS HAVE BEEN FILED:*

*CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF NOVEMBER, A.D. 2012, AT 1:41 O`CLOCK P.M.*

*RESTATED CERTIFICATE, FILED THE ELEVENTH DAY OF JANUARY, A.D. 2013, AT 2:48 O`CLOCK P.M.*

*CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2013, AT 5:50 O`CLOCK P.M.*

*RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF MAY, A.D. 2015, AT 1:13 O`CLOCK P.M.*

*RESTATED CERTIFICATE, FILED THE FOURTH DAY OF APRIL, A.D. 2017, AT 2:39 O`CLOCK P.M.*

C. P. Sanchez

**Charuni P. Sanchez, Secretary of State**

5239202 8310

SR# 20250424914

Authentication: 202878253

Date: 02-06-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

# Delaware

The First State



*RESTATED CERTIFICATE, FILED THE FIRST DAY OF MAY, A.D. 2018, AT 1:42 O`CLOCK P.M.*

*RESTATED CERTIFICATE, FILED THE SEVENTH DAY OF MARCH, A.D. 2019, AT 10:28 O`CLOCK A.M.*

*RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2020, AT 4:23 O`CLOCK P.M.*

*CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF MAY, A.D. 2022, AT 5:42 O`CLOCK P.M.*

*CERTIFICATE OF MERGER, FILED THE THIRTY-FIRST DAY OF MAY, A.D. 2022, AT 8:26 O`CLOCK A.M.*

*CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE ELEVENTH DAY OF JANUARY, A.D. 2023, AT 11:51 O`CLOCK A.M.*

*CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF APRIL, A.D. 2023, AT 11:01 O`CLOCK A.M.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "VENTEC LIFE SYSTEMS, INC.".*

C. P. Sanchez

**Charuni P. Sanchez, Secretary of State**

Authentication: 202878253

Date: 02-06-25

5239202 8310

SR# 20250424914

You may verify this certificate online at corp.delaware.gov/authver.shtml

# Delaware

The First State



***AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.***

***AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.***

C. P. Sanchez

**Charuni P. Sanchez, Secretary of State**

Authentication: 202878253

Date: 02-06-25

5239202 8310

SR# 20250424914

You may verify this certificate online at corp.delaware.gov/authver.shtml

UNITED STATES OF AMERICA

# The State of Washington

## Secretary of State

**I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this**

**CERTIFICATE OF REGISTRATION**

**OF**

**VENTEC LIFE SYSTEMS, INC.**

**I CERTIFY** that the records on file in this office show that the above named entity was registered under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/18/2012.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been terminated.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for statement of termination are not pending.

Issued Date: 12/12/2024
UBI Number: 603 260 752
Home Jurisdiction: DE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 12/12/2024

STATE OF WASHINGTON

# BUSINESS LICENSE

Issue Date: May 04, 2024

Profit Corporation

Unified Business ID #: 603260752
Business ID #: 001
Location: 0001

VENTEC LIFE SYSTEMS, INC.
22002 26TH AVE SE
BOTHELL WA 98021-4903

UNEMPLOYMENT INSURANCE - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

REACT HEALTH

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 603260752 001 0001

VENTEC LIFE SYSTEMS, INC.
22002 26TH AVE SE
BOTHELL WA 98021-4903

UNEMPLOYMENT INSURANCE - ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

## IMPORTANT!

## PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE POSTING THIS LICENSE

### General Information

Post this Business License in a visible location at your place of business.

If you were issued a Business License previously, **destroy the old one and post this one in its place.**

Login to My DOR at dor.wa.gov if you need to make changes to your business name, location, mailing address, telephone number, or business ownership.

Telephone: 360-705-6741

### Endorsements

All endorsements should be renewed by the expiration date that appears on the front of this license to avoid any late fees.

If there is no expiration date, the endorsements remain active as long as you continue required reporting. Tax Registration, Unemployment Insurance, and Industrial Insurance endorsements require you to submit periodic reports. Each agency will send you the necessary reporting forms and instructions.

For assistance or to request this document in an alternate format, visit http://business.wa.gov/BLS or call (360) 705-6741. Teletype (TTY) users may use the Washington Relay Service by calling 711.

BLS-700-107 (07/27/20)

Outlook

## RE: Letter of Attestation

**From** Peaks, Taifa L (DOH) <Taifa.Peaks@doh.wa.gov>
**Date** Tue 1/7/2025 4:01 PM
**To** Erika Ramon <Erika.Ramon@ReactHealth.com>; DOH WSPQAC <WSPQAC@doh.wa.gov>; Peaks, Taifa L (DOH) <Taifa.Peaks@doh.wa.gov>
**Cc** Noah Chitwood <Noah.Chitwood@ReactHealth.com>; Mike Long <Mike.Long@ReactHealth.com>; Atul Sinha <Atul.Sinha@reacthealth.com>

1 attachment (15 KB)
Ventec Letter of Exemption 01072025.docx;

**CAUTION**: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.

Please see the attached approved letter from the Pharmacy Quality Assurance Commission staff. Please let me know if you are unable to open the file.
The letter was composed by PQAC staff and approved by Executive Director Marlee O'Neill on January 7, 2025.

Sincerely,

**T. Nomi Peaks, PharmD, MS** (pronounce)
Gender Pronouns: she/her/hers
Pharmacist Consultant @Peaks, Taifa L (DOH)
Pharmacy Quality Assurance Commission
Health Systems Quality Assurance
Washington State Department of Health
taifa.peaks@doh.wa.gov
360-688-4619 | www.doh.wa.gov

HELMS Healthcare Enforcement and Licensing Management System

**You can renew up to 90 days before your expiration date. Don't delay, renew your credential by January! There will be a licensing system freeze from 2/14 at 5 p.m. until the morning of 2/19 for upgrades.**

-
Deaf or hard of hearing call 711

**From:** Erika Ramon <Erika.Ramon@ReactHealth.com>
**Sent:** Tuesday, January 7, 2025 9:27 AM
**To:** DOH WSPQAC <WSPQAC@doh.wa.gov>

**Cc:** Peaks, Taifa L (DOH) <Taifa.Peaks@doh.wa.gov>; Noah Chitwood <Noah.Chitwood@ReactHealth.com>; Mike Long <Mike.Long@ReactHealth.com>; Atul Sinha <Atul.Sinha@reacthealth.com>
**Subject:** Letter of Attestation

External Email

To Whom it May Concern:

Ventec Life Systems, Inc DBA React Health is requesting a letter of exemption in Washington from the requirements to obtain a device manufacture license or permit since Ventec Life Systems is a company that manufactures prescription medical devices.

Ventec Life Systems, Inc DBA React Health company does not manufacture medical devices that contain drugs. Ventec Life Systems, Inc. DBA React Health does not manufacture or contain any controlled substances in the facility.

We are registered with the FDA - FDA Establishment Registration & Device Listing - Ventec Life Systems.

I have also cc'd Mike Long, Atul Sinha, Noah Chitwood should you have any questions or concerns regarding the request for the letter of exemption.

Ventec Life Systems, Inc. DBA React Health
22002 26th Ave SE
Bothell, WA. 98021

Kind Regards,

**Erika Ramon**
*React Health*

REACTHEALTH

5475 Rings Road, Suite 550

Dublin, OH 43017

www.reacthealth.com

Email: Erika.Ramon@ReactHealth.com




This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the company. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

**January 7, 2024**

Dear Ventec Life Systems, Inc DBA React Health,

Thank you for contacting the Washington State Pharmacy Quality Assurance Commission (commission). The purpose of this letter is to state that a manufacturer does not need to be licensed by the commission to manufacture medical devices without a drug component in the state of Washington. Also, entities that are not licensed by the commission are not subject to inspection by the commission's pharmacist inspectors.

Your company has attested that as of January 7, 2024, it does not manufacture medical devices that contain drugs.

It is incumbent upon an entity's staff to ensure they are aware of and in compliance with any changes that impact whether this entity needs to obtain a license from the commission in the future.

Sincerely,

Washington State Pharmacy Quality Assurance Commission staff

| **React Health Holdings LLC owns 100% of Ventec Life Systems, Inc.** |
|---|
| |
| **Officers:** |
| Bill Shoop, Chief Executive Officer |
| Noah Chitwood, Chief Operating Officer |
| Jack Fiedor, Chief Financial Officer and Secretary |
| **Directors:** |
| Luke McGee |
| Robert Emmet Seibels, IV |
| Inna Etinberg |
| Alan Quasha |
| Sean Heyniger |
| Richardson Roberts |
| John Liddicoat |

**Employees**

Anderson, Bailey

Anderson, Claire

Anderson, Nicholas J.

Apuan, Brandon

Asaidali, Farman

Barajas Bustos, Olivia

Blankenship, Danny

Boafoh, Maxwell

Bowen, Richard

Brouqueyre, Laurent

Ceralde, Meleena H.

Chaidez-Reza, Martin A.

Chapman, Christopher

Cipollone, Joseph

Cope, Jeffrey S.

Ditzel, Ryan G.

EICHER, CAROL

Esquivel, Eric F.

Farkas, Brian

Gilbert, Elizabeth A.

Gliege, Robert

Gray, Everette

Gurung, Rebika

Hernandez Soriano, Wendy Y.

Hernandez, Rafael R.

Holmes, Michael

Huot, Rylan

Jain, Ravisha

Kabange, Irene N.

Keomanivong, Sinsay

Khatri, Harsh

Kirkwood, Todd A.

Krebs, Adam P.

Kubany, Michael

Lauricella, John C.

Lazar, David

Lee, James

Long, Michael L.

Malave, Jasmilly

McClary, Keith

McPherson, Kyle

Menh, Socheata

Miller, Riley G.

Mom, Chetra

Monson, Rosanna

Montgomery, Jennifer

Moos, David

Morrison, Charlotte B.

Neil, Andrea

Nguyen, Victoria K.

Occhipinti, Russell K.

Ortmann, Brandon

Patterson, Cynthia J.

Quintero, Fatina

Rajab, Mohanad

RENDON MONROY, EDGAR

Ressler, Robert

Ross, Jereod M.

Saleminik, Iraj

Savchuk, Valentyna

Savery, James L.

Say, Kunthea

Scott, Anna

Sinclair, Kristen

Stawski, Jennifer

Taing, Caleb K.

Tardanico, James

TAYLOR, STEPHEN T.

Tevis, John

Torkelson, Ronald

Troxell, David A.

Whalen, Paul B.

Whitman, Quinnlin

Whitman, Rick

Wilcox, Jordan

Xia, Shuanghua K.

Xu, Zi Liang

Young, Jordan

Abbe, Richard E.

Abeyta, Andrew

Flores Torres, Francisco J.

Jackman, Evan

Maddison, Savannah

Nayeem, Raquibul A.

NOSYREV, ALEKSANDR

Ounkeo, Law

Rice, Patricia K.

Schrup, Richard D.

Schumacher, Mark

**Temp Staff**

Andrey Ovsepyan

Brian Torrence

Casey Dyess

Dawne Miller

Desiree Tracy

Dewaine Cobb

Korinna Kvalheim

Mars Pasky

Melany Navarro

Mellodie Price

Nataliia Panasiuk

Nicholas Vasatka

Quincy Denham

Sandra Cortez

Steven Blevins

David Chavez

Anastasia Fiorini

Ngoc Tran

James Keener

Elizabeth Mendoza

Melissa Lupercio

Sung Kim

Julie Ford

Jesus Lizarraga

Hai To

Patamawan Li

Will Bitter

Christopher Skjolden Ulstrom

# CERTIFICATE OF LIABILITY INSURANCE

6/21/2025

DATE (MM/DD/YYYY) 12/6/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER | Lockton Companies, LLC<br>1185 Avenue of the Americas, Suite 2010<br>New York NY 10036<br>646-572-7300 |
| CONTACT NAME: | |
| PHONE (A/C, No, Ext): | FAX (A/C, No): |
| E-MAIL ADDRESS: | |
| INSURED 1551831 | Ventec Life Systems, Inc.<br>22002 26th Ave SE<br>Bothell WA 98021 |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : --- SEE ATTACHMENT --- | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 21208967 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | NOT APPLICABLE | | | EACH OCCURRENCE | $ XXXXXXX |
| | CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ XXXXXXX |
| | | | | | | | MED EXP (Any one person) | $ XXXXXXX |
| | | | | | | | PERSONAL & ADV INJURY | $ XXXXXXX |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ XXXXXXX |
| | X POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ XXXXXXX |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) | $ XXXXXXX |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ XXXXXXX |
| | OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ XXXXXXX |
| | HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ XXXXXXX |
| | | | | | | | | $ XXXXXXX |
| | UMBRELLA LIAB ☐ OCCUR | | | NOT APPLICABLE | | | EACH OCCURRENCE | $ XXXXXXX |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ XXXXXXX |
| | DED ☐ RETENTION $ | | | | | | | $ XXXXXXX |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | NOT APPLICABLE | | | PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ XXXXXXX |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ XXXXXXX |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ XXXXXXX |
| A | Product Liability and Excess Product Liability | N | N | See Attached | 6/21/2024 | 6/21/2025 | See attached | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

**CERTIFICATE HOLDER**

21208967
Evidence of Insurance

**CANCELLATION** See Attachment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Brent Myhand
Alejandro Navarro
Danielle Palmer
Mari Pampena
John Poulos
Nathaniel Roemer
James Savery
Christopher Spruck
Jean-Michel Wilson
Ping Wu
Sean Simmons
Mikhail Timokhin
Kelsey Blackshaw
Madeline Bland
Teah Burney
Nicole Lawrence
Jennifer Luckie
Rosanna Monson
Erin Oakley
Stephanie Port
Jordyn Toplovich
Darlene White
Tamara Wilkes
Jacqueline Zastrow
Sydney Cantaley
Rebecka Ehrenpreis
Natalie Genthert
Eric Harman
Jenny Horn
Margaret Mangano
Rica Patel
Christina Rautenstrauch
Tracy Saccone
Philip Thomas
Ulyess Underwood
Christopher Wood
Steven Bordewick
Kevin Bowen
Robert Gliege
Grant Kiefer
Catherine Klein
Daniel O'Donnell
Hyonsuk Vandal
Matthew Solis
Richard Dombrowski
Kelton Stefan
Bradley Rasberry
Michael Roehlig
Jonathan Turner
Pravin Pillai
Angela Richardson
Christopher Lewis
Roman Riner
Erald Bregu
Brieann Daw
Savannah Lawson
Samuel MacDougall
Nicolina Maldonado
Adriana Moore
Alexander Ortiz
Viktoriia Parfan
Derek Rakestraw
Jamell Carver

| Products Liability | |
|---|---|
| **New Policy#:** | **36085572** |
| **New Policy Term:** | **06/21/2024-06/21/2025** |
| **Issuing Co.:** | **Chubb Custom Insurance Company** |
| **Bodily Injury and Property Damage Deductible** | **$100,000** |
| **Retention?** | **$-** |
| **Each Occurrence Products-Completed Operations** | **$10,000,000** |
| **Products/Completed Operations Aggregate** | **$10,000,000** |

| Excess Products Liability (10x10) | |
|---|---|
| **New Policy#:** | **ADE 6081287508** |
| **New Policy Term:** | **06/21/2024-06/21/2025** |
| **Issuing Co.:** | **Columbia Casualty Company** |
| **Ded?** | |
| **Retention?** | |
| **Each Claim** | **$10,000,000** |
| **Aggregate** | **$10,000,000** |

| Excess Products Liability (5x20) | |
|---|---|
| **New Policy#:** | LSX-00326-24-00 |
| **New Policy Term:** | **06/21/2024-06/21/2025** |
| **Issuing Co.:** | **TDC Specialty Insurance Company** |
| **Ded?** | |
| **Retention?** | |
| **Each Loss Event** | **$5,000,000** |
| **Aggregate** | **$5,000,000** |

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 39BSBJG7580

Application/License No. _____

Ventec Life Systems, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 22002 26th Ave SE, Bothell, WA 98021 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155-0001 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of October, 2024.

APPLICANT/PRINCIPAL

Ventec Life Systems, Inc

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Julia Zalesky, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

# POWER OF ATTORNEY

***Direct Inquiries, Bond Authenticity and Claims to:***
**THE HARTFORD**
**BOND, T-14**
**One Hartford Plaza**
**Hartford, Connecticut 06155**
**Bond.Claims@thehartford.com**
*call:* **888-266-3488** *or fax:* **860-757-5835**

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

**Agency Name:** LOCKTON COMPANIES LLC
**Agency Code:** 39-427620

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Julia Zalesky

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by, and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 39BSBJG7580
Naming Ventec Life Systems, Inc as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

**STATE OF FLORIDA**
**COUNTY OF SEMINOLE** } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Mariluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of October 2, 2024.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

# HARTFORD FIRE INSURANCE COMPANY

## Hartford, Connecticut

*Financial Statement, June 30, 2023*

Statutory Basis

### ASSETS

| | | |
|---|---|---|
| U.S. Government Bonds | $ 979,631,142 | |
| Bonds of Other Governments | 187,619,618 | |
| Miscellaneous Bonds | 6,601,157,652 | |
| Stocks | 5,756,323,462 | |
| Short Term Investments | 76,919,024 | |
| | $ 13,601,650,898 | |
| Real Estate | $ 298,314,677 | |
| Cash | 42,427,775 | |
| Agents' Balances (Under 90 Day) | 3,704,913,854 | |
| Other Invested Assets | 4,513,172,657 | |
| Miscellaneous | 3,894,645,997 | |
| **Total Admitted Assets** | $ 26,055,125,858 | |

### LIABILITIES

| | | |
|---|---|---|
| Reserve for Claims and Claim Expense | | $ 10,645,837,683 |
| Reserve for Unearned Premiums | | 2,541,286,769 |
| Reserve for Taxes, License and Fees | | 34,776,316 |
| Miscellaneous Liabilities | | 1,113,940,612 |
| **Total Liabilities** | | $ 14,335,841,380 |
| Capital Paid In | $ 55,320,000 | |
| Surplus | 11,663,964,478 | |
| **Surplus as regards Policyholders** | | $ 11,719,284,478 |
| **Total Liabilities, Capital and Surplus** | | $ 26,055,125,858 |

STATE OF FLORIDA
SEMINOLE COUNTY } SS.
CITY OF LAKE MARY

Joelle L. LaPierre, Assistant Vice President and Phyllis A. Clark, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of June 30, 2023.

Subscribed and sworn to before me this
18th day of August, 2023.

Mariluz Arce
Notary Public

MARILUZ ARCE
Notary Public - State of Florida
Commission # HH 287363
My Comm. Expires Jul 13, 2026
Bonded through National Notary Assn.

Joelle L. LaPierre
Joelle L. LaPierre, Assistant Vice President

Phyllis A. Clark
Phyllis A. Clark, Assistant Secretary

**From:** Casinelli, Emily <Emily.Casinelli@pharma.com>
**Sent:** Thursday, December 12, 2024 11:21 AM
**To:** Maria Herrera <m.herrera@pharmacy.nv.gov>
**Subject:** RE: Nevada Out-of-State Wholesaler Application-Purdue Pharma L.P.

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

To expand on the description of Michael Ronning's experience, Mr. Ronning is responsible for initiating and maintaining relationships with distribution partners which includes the monitoring and managing the sales and delivery of Purdue products through various channels, ensuring that distribution partners are adhering to contractual and compliance regulations and appropriately selling to the appropriate end customer.

Let me know if you need any other information.

Thank you,

Emily

Emily P. Casinelli, Legal Specialist | Purdue Pharma L.P. / Purdue Pharmaceuticals L.P. / Rhodes Pharmaceuticals L.P. | One Stamford Forum, Stamford, CT 06901 | Tel.: 203-588-8029 (office) / [redacted] Email: Emily.casinelli@pharma.com

---

**From:** Maria Herrera <m.herrera@pharmacy.nv.gov>
**Sent:** Wednesday, December 11, 2024 7:23 PM
**To:** Casinelli, Emily <Emily.Casinelli@pharma.com>
**Subject:** RE: Nevada Out-of-State Wholesaler Application-Purdue Pharma L.P.

*EXTERNAL_EMAIL*

Hi Emily,

In further review of the application, it was noted that the DR does not meet the qualifications related to the dispensing and/or distribution of, and/or recordkeeping. In section 7 it shows sales and marketing experience only, please advise.

Kind regards,
*Maria H.*

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Ventec Life Systems, Inc. MDEG License # (if applicable):

Physical Address: 22002 26th AVE SE

City: Bothell State: WA Zip: 98021

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (844) 698-6276 Website: https://www.reacthealth.com/

Licensing Company Email: mike.long@reacthealth.com

**Section 2: Personal Information**

First: Michael Middle: Lee Last: Long

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 22002 26th AVE SE

City: Bothell State: WA Zip: 98021

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Phoenix | | 10/00 - 12/05 | |
| Address | City | State | Zip |
| 4035 South Riverpoint Parkway | Phoenix | AZ | 85040 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science in Business, Information Technology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Arlington High School | | 09/86 - 06/90 | |
| Address | City | State | Zip |
| 18821 Crown Ridge Blvd | Arlington | WA | 98223 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/22 - 10/24 | [redacted] | Bothell | WA | [redacted] |
| 12/20 - 11/22 | | Bothell | WA | |
| 09/04 - 11/20 | | Bothell | WA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ventec Life Systems, Inc. | | | 03/19 - 11/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 22002 26th Ave SE | | Bothell | WA | 98021 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 844-698-6276 | VP, Operations | | 5500 | |
| **Description of Duties** | | | | |
| Responsible for all operational aspects for operations, supply chain and distribution. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ventec Life Systems, Inc. | | | 04/23 - 10/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 22002 26th Ave SE | | Bothell | WA | 98021 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 844-698-6276 | EVP, Operations, Manufacturing and Supply | | 3100 | |
| **Description of Duties** | | | | |
| Responsible for all operational aspects for operations, including supply chain and distribution. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

Original Signature (electronic copies or stamps not accepted)

10/31/2024
Date

I, Michael Long, **certify that as the MDEG Administrator for**

Ventec Life Systems, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. ML Have a high school diploma or its equivalent;
2. ML Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ML Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ML Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Long
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/31/2024
Date

| Board Use Only | Date Received: 12/10/24 |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Ventec Life Systems, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 22002 26th Ave SE

City Bothell State WA Zip 98021

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (844) 698-6276 Website https://www.reacthealth.com

Licensing Company Email mike.long@reacthealth.com

**Section 2: Personal Information**

First Michael Middle Lee Last Long

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITIN[redacted] Sex ■ M ☐ F ☐ X

Mailing Address 22002 26th Ave SE

City Bothell State WA Zip 98021

Telephone (844) 698-6276 Emai[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Phoenix | | 10/00 - 12/05 | |
| Address | City | State | Zip |
| 4035 South Riverpoint Parkway | Phoenix | AZ | 85040 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science in Business, Information Technology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Arlington High School | | 09/86 - 06/90 | |
| Address | City | State | Zip |
| 18821 Crown Ridge Blvd | Arlington | WA | 98223 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/22 - 10/24 | [redacted] | Bothell | WA | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 12/20 - 11/22 | | Bothell | WA | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 09/04 - 11/20 | | Bothell | WA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ventec Life Systems, Inc. | | | 03/19 - 11/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 22002 26th Ave SE | | Bothell | WA | 98021 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 844-698-6276 | VP, Operations | | 5500 | |
| **Description of Duties** | | | | |
| Responsible for all operational aspects for operations, including supply chain and distribution. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ventec Life Systems, Inc. | | | 04/23 - 10/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 22002 26th Ave SE | | Bothell | WA | 98021 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 844-698-6276 | EVP, Operations, Manufacturing and Supply | | 3100 | |
| **Description of Duties** | | | | |
| Responsible for all operational aspects for operations, including supply chain and distribution. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10/31/2024
Date

I, Michael Long, **certify that as the designated representative for**

Ventec Life Systems, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ML I am at least 21 years of age;
3. ML I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ML I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ML I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ML I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ML I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael, Long

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/31/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael, Long

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/31/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Washington, ss. County of Snohomish

I, Michael Long, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/31/2024

**Date**

Subscribed and Sworn to before me this 31st day of October.

**Notary Public Signature**

RASHAD WASHINGTON
NOTARY PUBLIC
STATE OF WASHINGTON
License Number 21010933
My Commission Expires March 31, 2025

**(Seal)**

411

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: ZimVie US Corp LLC

Physical Address: 4555 Riverside Drive

City: Palm Beach Gardens State: FL Zip: 33410

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: hhtps://www.zimvie.com

Name of Designated Representative (DR): Henrique Nomelini Muniz

Licensing Company Email: ZVD@SLSNY.COM DR Email: henrique.nomelinimuniz@ZimVie.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ☒ Manufacturer |
| ☒ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☒ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☒ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: US Government | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . Provide all the following ***where applicable***:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Regeneration Technologies, Inc. (RTI)
Address: 11621 Research Circle City: Alachua State: FL Zip: 32615
Name: Collagen Matrix, Inc.
Address: 15 Thornton Road City: Oakland State: NJ Zip: 07436
Name: Community Blood Center ~~Drive~~ DBA Solvita
Address: 2900 College Drive City: Kettering State: OH Zip: 45420
Name: Zimmer Biomet Holdings, Inc.
Address: 345 Main Street City: Warsaw State: IN Zip: 46580

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE
Parent Company (if any): ZimVie Holdings US 1 LLC - 100 Sole Ownership
Corporation/Organization Name: ZimVie US Corp LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: ZVD@SLSNY.COM
Contact Person Name: Christine Cannon

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA Reg #: 1038806 | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

ZimVie US Corp LLC

Facility Name

Heather Jane Kidwell

Print Name of Authorized Person Submitting Application

Heather Jane Kidwell

Original signature of Authorized Person (copies or stamps not accepted)

Heather Jane Kidwell

11/22/2024

Date

| Board Use Only | Date Received: _____ | Amount: _____ |
|---|---|---|

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

ZimVie US Corp LLC

Facility Name

Heather Jane Kidwell

Print Name of Authorized Person Submitting Application

Heather Jane Kidwell

Original signature of Authorized Person (copies or stamps not accepted)

Heather Jane Kidwell

11/22/2024

Date

| Board Use Only | Date Received: 11/30/25 | Amount: $1000 ck 9055 ✓ |
|---|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search Back To Search Results

**Establishment:**
BIOMET 3i, LLC
**Business Trade Names:**
(1) Biomet 3i (2) Biomet 3i, Inc. (3) BIOMET 3i, LLC (4) Implant Innovations Inc. (5) ZimVie (6) ZimVie Dental (7) ZimVie US Corp. LLC (8) ZimVie, Inc.

4555 Riverside Drive
Palm Beach Gardens, FL 33410
**Registration Number:** 1038806
**FEI Number*:** 1038806
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information
**Date Of Registration Status:** 2025

**Owner/Operator:**
Biomet 3i[6]
4555 Riverside Drive
Palm Beach Gardens, FL US 33410
**Owner/Operator Number:** 1038806[7]

**Official Correspondent:**
Ruth Lopez
4555 Riverside Drive
Palm Beach Gardens, FL 33410
**Phone:** 561-7766700

√ Verified
M.H 2/5/25

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

**Links on this page:**

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1038806&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1038806&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa

Page Last Updated: 11/18/2024

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

FDA Registration

# ZimVie US Corp LLC

**Corporate Address:** 4555 Riverside Drive, Palm Beach Gardens, FL 33410 USA
**FEIN:** 99-0769465
hhlps://www.zimvie.com

**Drug Labeler Code:** N/A
**Incorporation State:** DE
**Incorporation Date:** 01/16/2024

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| PBG | 4555 Riverside Drive<br>Palm Beach Gardens, FL 33410<br>County: Palm Beach | 1038806 | N/A - No CS | 186127825 | No | (561) 776-6700 | N/A |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Henrique Nomelini Muniz | 4555 Riverside Drive<br>Palm Beach Gardens, FL 33410 | Regulatory Affairs Operations Manager | No | [redacted] | | |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| ZimVie Holdings US 1 LLC | 4555 Riverside Drive<br>Palm Beach Gardens, FL<br>33410 | N/A | 100 | N/A | 99-0769465 | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Heather Jane Kidwell | [redacted] | SVP, Chief Legal, Compliance & Human Resources Officer & Corporate Secretary | No | [redacted] | | |
| Indraneel Kiran Kanaglek | | SVP, Chief Commercial Officer | No | | | |
| Vafa Jamali | | President and Chief Executive Officer | No | | | |
| Richard James Heppenst | | Executive Vice President, Chief Financial Officer & Treasurer | No | | | |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name | SSN | DOB | Driver's License |
|---|---|---|---|
| Incorp Services, Inc<br>United Agent Group, Inc | | | |

COMPANY PARTICULARS

Good Standing DE

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZIMVIE US CORP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZIMVIE US CORP LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2024.

Jeffrey W. Bullock, Secretary of State

2938321 8300

SR# 20250014338

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202618473

Date: 01-03-25

HSL (FL) Exempt



**Wed, 23 Jan at 1:00 PM** as **Private note**

I received a response from Rebecca on my SLS email account. I am sharing it below.

*Good Morning*

*Thank you for your inquiry. A permit is not required from our office to distribute OTC drugs or products regulated as a device that does not contain prescription drugs. A permit is typically required for the distribution of prescription drugs. The OTC manufacturer permit is only issued to establishments located in the state of Florida.*

*Rebecca*

# DIVISION OF DRUGS, DEVICES AND COSMETICS – FAQS



## Drugs, Devices & Cosmetics FAQs



To obtain an interpretation of statute or rule from an agency requires the submission of a Petition for Declaratory Statement that is authorized by Chapter 120, Florida Statutes and an agency cannot provide an informal legal opinion. The responses to the frequently asked questions are not intended to be legal opinions or statements of agency policy and you are strongly encouraged to seek the guidance of a regulatory consultant to assist you regarding the interpretation and application of Florida Statutes and rules.

### Definitions:

- "DBPR" or the "department" or refers to the Florida Department of Business and Professional Regulation.
- "DEA" refers to the U.S. Drug Enforcement Administration.
- "ARCOS" refers to the Automation of Reports and Consolidated Orders System operated by DEA.
- "CSR" refers to Florida's state analogue to ARCOS, the Controlled Substance Reporting system.
- "E-FORCSE (https://florida.pmpaware.net/login)" refers to Florida's "Electronic-Florida Online Reporting of Controlled Substances Evaluation", aka the "Prescription Drug Monitoring Program" or "PDMP". For more information visit the E-FORCSE homepage at https://www.floridahealth.gov/statistics-and-data/e-forcse/index.html (https://www.floridahealth.gov/statistics-and-data/e-forcse/index.html).
- "FTP" File Transfer Protocol

### – Division of Drugs, Devices and Cosmetics

– Does my company need a permit?

DDC permitting requirements as regards drugs, (medical) devices and cosmetics fall into two main categories:(a) manufacturing and repackaging of drugs, medical devices and cosmetics conducted in Florida, and (b) distributing drugs, medical devices and cosmetics in and into Florida.

| Activity Description | Location | Permit (Generally) Required under Chapter 499? |
|---|---|---|
| Manufacturing a Drug, Device or Cosmetic | In Florida | Yes |
| Repackaging a Drug, Device or Cosmetic | In Florida | Yes |
| Distributing a Prescription Drug | In or Into Florida | Yes |

Drugs, Devices & Cosmetics

Drugs, Devices and Cosmetics Home (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/)

Council Information (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/council-information/)

Apply for License (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/apply/)

Drug Price Increase Reporting (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/apply/#drug-price-increase-reporting)

Fingerprinting (https://www2.myfloridalicense.com/fingerprinting/)

Renew & Manage My License (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/renew-manage-my-license/)

Exemptions (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/exemption-letter-research-teaching-testing/)

Controlled Substance Reporting (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/controlled-substances-reporting/)

CBD/Hemp/Marijuana (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/cbd-hemp-marijuana/)

Cancer Drug Donation Program (https://www2.myfloridalicense.com/drugs-

| | | |
|---|---|---|
| Distributing an Over-the-Counter Drug | In or Into Florida | No |
| Distributing a Device | In or Into Florida | No |
| Distributing a Cosmetic | In or Into Florida | No |

- What is a "drug", "device", or "cosmetic"?

Refer to Section 499.003, Florida Statutes: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0499/Sections/0499.003.html (http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0499/Sections/0499.003.html) Please note that "drug" specifically includes active pharmaceutical ingredient (API). Also, "devices" that contain "drugs" are classified as drugs if any of the principal intended purposes is achieved through chemical action.

- What is "distributing"?

Understanding this term is critical to avoid violating Chapter 499, Florida Statutes. Florida law defines "distributing" or "distribution" to implicate both physical possession and legal title or ownership. The term means to sell; offer to sell; give away; transfer, whether by passage of title, physical movement, or both; deliver; or offer to deliver. For example, a broker of a prescription drug wholesale transaction may require a permit under Florida law. The term excludes, however, certain administrative activities.

My company distributes medical convenience kits and other "combination products" to customers in Florida. Do we need a permit?

Possibly. Florida law contains no exemption for "combination products" containing prescription drugs. As such, medical convenience kits that contain prescription drugs are generally regulated as prescription drugs. For a definition of Combination Products check out: http://www.fda.gov/CombinationProducts/AboutCombinationProducts/ucm1183 (http://www.fda.gov/CombinationProducts/AboutCombinationProducts/ucm1183 Unless you are the "manufacturer" of all the prescription drugs contained in the combination product, a (Nonresident) Prescription Drug Manufacturer permit may not provide appropriate licensure under Chapter 499, Florida Statutes.

My company's administrative office does not handle any prescription drugs. Do we still need to get a permit for that location?

Possibly. Corporate offices, sales centers, call centers, etc. sometimes engage in activity constituting a sale, or an offer to sell or to deliver. See the definition of "distributing", above.

My company is relocating its operation. Do we need to apply for a new permit?

Possibly. A permit issued under Chapter 499, Florida Statutes is only valid for the establishment for which the permit was originally issued. Changing establishments requires a new permit application (probably a change of physical location application)- before the move. An "establishment" is a place of business at one general physical location that may extend to one or more contiguous suites, units, floors, or buildings operated and controlled exclusively by entities under common operation and control. Where multiple buildings are under common exclusive ownership, operation, and control, an intervening thoroughfare does not affect the contiguous nature of the buildings. For purposes of permitting, each suite, unit, floor, or building must be identified in the most recent permit application.

My company is undergoing a change of ownership. Do we need to (re)apply?

devices-and-cosmetics/cancer-drug-donation-program/)

Complaints (https://www.myfloridalicense.com/datamart/complaintDBPR.do?load=true?from=loginPage)

Resources (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/resources/)

Possibly. Permits issued under Chapter 499, Florida Statutes are specific to the original holder, and may not be bought, sold, traded, leased or otherwise transferred. Further, an application for a new permit is required when a majority of the ownership or controlling interest of a permitted establishment is transferred or assigned or when a lessee agrees to undertake or provide services to the extent that legal liability for operation of the establishment will rest with the lessee. The application for the new permit must be made before the date of the sale, transfer, assignment, or lease. Please review Rule 61N-1.001(2)(e), F.A.C. Common types of ownership changes:

| Transaction Description | New Permit (Generally) Required? |
|---|---|
| Change of ownership of the establishment (often in the form of an asset sale). | Yes |
| Change of ownership of the permittee (often in the form of a stock sale) | Yes |
| Merger or acquisition where permittee DOES NOT survive the transaction | Yes |
| Merger or acquisition where permittee survives the transaction, and controlling interest in the permittee has not changed | Usually No |
| Change of ownership of the permittee's parent entity | Usually No |
| Change of ownership of the permittee's "grandparent" entity | Almost Never |

**Rule 61N-1.001(2)(e), F.A.C.:**

(e) "Change in Ownership" – means that there has been a transfer or assignment of a majority of the direct ownership or controlling interest of a permitted establishment or that a lessee of a permitted establishment agrees to or becomes legally liable for the operation of the establishment. A transfer or assignment of a majority of direct ownership or controlling interest of a permitted establishment occurs where an event or other transaction occurs and the result of such event or transaction is that more than 50% of the ownership interest or controlling interest of the permitted establishment resides with a person who prior to the event or transaction did not own or control more than a 50% ownership interest in the permitted establishment. A change in the permitted establishment's federal identification number or the taxpayer identification number is indicative of a change in ownership but is not dispositive; a change of ownership could occur where the federal identification number or the taxpayer identification number does not change. For a publicly traded corporation, the changing of officers or directors is not a change in ownership nor is the change in ownership of a parent company provided that such change does not result in more than a 50% change in the ownership or controlling interest of any permitted establishment.

My company is a prescription drug wholesale distributor (in-state or out-of-state). Our Certified Designated Representative (CDR) just quit. What do we do?

Notify the department within 10 business days from the CDR's separation. Your company may continue to distribute prescription drugs in or into Florida during that 10-business day-period. After that period expires, however, your company must either (a) engage a replacement CDR and notify the department of same or (b) cease prescription drug distributions in or into Florida.

My company manufactures and/or distributes active pharmaceutical ingredient ("API") to customers in Florida. Do we need a permit?

All APIs are "drugs" under Chapter 499, Florida Statutes, and an API is a "prescription drug" if substantially all finished dosage forms in which it may be lawfully dispensed or administered in this state are also prescription drugs. As

such, manufacturing or repackaging an API in Florida requires a permit. Distributing an API in or into Florida **may** require a permit – regardless of where the API is manufactured or by whom.

Are there any exceptions to the licensing requirements under Chapter 499, Florida Statutes?

Here are some exceptions:

- *Intracompany Transfers to Florida-Located Prescription Drug Wholesale Distributor Permittees.* An out-of-state prescription drug wholesale distributor permit is not required for an intracompany sale or transfer of a prescription drug from an out-of-state establishment that is duly licensed as a prescription drug wholesale distributor, in its state of residence, to a licensed prescription drug wholesale distributor in this state, if both wholesale distributors conduct wholesale distributions of prescription drugs under *the same business name*.
- *Research & Development.*
  - An unlicensed nonresident manufacturer may distribute (i) a prescription drug active pharmaceutical ingredient (API – not a finished dosage form), (ii) that it manufactures, (iii) to a prescription drug manufacturer permitted in this state, and (iv) in limited quantities intended for research and development and not for resale, or human use other than lawful clinical trials and biostudies authorized and regulated by federal law.
  - A permit is not required to distribute limited quantities of a prescription drug that has not been repackaged from an establishment located in the United States to an establishment located in this state permitted as a prescription drug manufacturer for research and development or to a holder of a letter of exemption issued by the department for research, teaching, or testing. The prescription drug distributor must hold a valid prescription drug distribution license under the laws of the state where the transaction originates. The label must label prominently display the following statement: "Caution: Research, Teaching, or Testing Only – Not for Manufacturing, Compounding, or Resale."
- *API Distributions to Florida Prescription Drug Manufacturers for Production.* A permit is not required to distribute an API from an establishment located in the U.S. to an establishment located in this state permitted as a prescription drug manufacturer for use by the recipient in preparing, deriving, processing, producing, or fabricating a prescription drug finished dosage form at the establishment in this state where the product is received under an approved and otherwise valid New Drug Approval Application (NDA), Abbreviated New Drug Application (ANDA), New Animal Drug Application (NADA), or Therapeutic Biologic Application (also "Biologics License Application" or BLA), provided that the application, active pharmaceutical ingredient, or finished dosage form has not been withdrawn or removed from the market in this country for public health reasons. The API distributor must hold a valid prescription drug distribution license under the laws of the state where the transaction originates.
- *Pharmacies and Healthcare Practitioners.* Florida-licensed pharmacies operating in compliance with pharmacy practice standards defined in Chapter 465, Florida Statutes and rules adopted under that chapter are not "manufacturers" under Chapter 499, Florida Statutes and are therefore exempt from drug manufacturer permitting requirements. Lawful prescription drug dispensing and administration activities are likewise not "distribution" transactions subject to prescription drug distributor permitting requirements under Chapter 499, Florida Statutes.

Are there any special provisions under Chapter 499, Florida Statutes for research and development?

Yes, as follows:

- *Research & Development (Pre-Clinical).* A permit is not required for the manufacture and distribution of products that (i) are the subject of an FDA-approved investigational program **and** (ii) are not for clinical research or investigation (for actual use in or on humans or animals). The department recommends ensuring that the products are labeled accordingly to avoid confusion.
- *Research & Development (Clinical).*
  - An unlicensed nonresident manufacturer may distribute (i) a prescription drug active pharmaceutical ingredient (API – not a finished dosage form), (ii) that it manufactures, (iii) to a prescription drug manufacturer permitted in this state, and (iv) in limited quantities intended for research and development and not for resale,

or human use other than lawful clinical trials and biostudies authorized and regulated by federal law.

- A permit is not required to distribute limited quantities of a prescription drug that has not been repackaged from an establishment located in the United States to an establishment located in this state permitted as a prescription drug manufacturer for research and development or to a holder of a letter of exemption issued by the department for research, teaching, or testing. The prescription drug distributor must hold a valid prescription drug distribution license under the laws of the state where the transaction originates. The label must label prominently display the following statement: "Caution: Research, Teaching, or Testing Only – Not for Manufacturing, Compounding, or Resale."

- *Exemption Letters.* The department may issue exemption letters to qualified persons who use prescription drugs for lawful research, teaching, or testing, and not for resale.
- *Restricted Prescription Drug Distributor – Institutional Research Permit*

What does the Division of Drugs, Devices, and Cosmetics inspection authority cover? Does inspection authority include access to protected health information (subject to HIPAA)? Does inspection authority include photography?

Yes. Please review Ch. 499.051, Florida Statutes.

What if I am discovered to have operated without a permit?

You may be fined, subject to a civil penalty, an injunction, product seizure, referral to the State of Attorney's office for criminal prosecution and other actions.

Prescription drugs and medical gases already listed with FDA, do I need to do the same at the state level in FL? Who is required to list the RX drugs and medical gases with DBPR? Manufacturers, wholesale distributors, retail distributors?

Yes. All prescription drugs, including medical gases, and over- the- counter drugs, manufactured in Florida must be registered with the Department of Professional Regulation. Manufacturers are required to register/list the prescription drugs, medical gases and over- the- counter drugs with the Department of Business and Professional Regulation. Please review Ch. 499.015, Florida Statutes.


**Permitting**

**Health Care Clinic Establishment**

**Medical Gas**

**Product Registration**

**Controlled Substances Reporting**

**CBD/Hemp/Marijuana**

**Certificate of Free Sale Information**

**Cancer Drug Donation Program**


## Quick Links

- (https://www2.myfloridalicense.com/drugs-devices-and-cosmetics/faqs/)

## Need Help?

All requests for publications, documents, forms, applications for licenses, permits and other similar certifications can be obtained by contacting the Customer Contact Center.

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Arthur J. Gallagher Risk Management Services, LLC
595 Market Street
Suite 2100
San Francisco CA 94105
License#: 0D69293

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** 415-546-9300 **FAX (A/C, No):** 415-536-8499
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Continental Insurance Company | 35289 |
| INSURER B : Continental Casualty Company | 20443 |
| INSURER C : National Fire Insurance Co of Hartford | 20478 |
| INSURER D : American Casualty Company of Reading, PA | 20427 |
| INSURER E : Illinois Union Insurance Company | 27960 |
| INSURER F : Houston Casualty Company | 42374 |

**INSURED**
ZimVie Inc.
4555 Riverside Drive
Palm Beach Gardens, FL 33410

**COVERAGES** **CERTIFICATE NUMBER:** 1704411175 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| B | X COMMERCIAL GENERAL LIABILITY | Y | | 7036825711 | 6/1/2024 | 6/1/2025 | EACH OCCURRENCE | $ 2,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | GENERAL AGGREGATE | $ 4,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | $ Excluded |
| | | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | 7036825739 | 6/1/2024 | 6/1/2025 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | 7036825742 | 6/1/2024 | 6/1/2025 | EACH OCCURRENCE | $ 5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ 5,000,000 |
| | DED RETENTION $ | | | | | | | $ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 7036945041 | 6/1/2024 | 6/1/2025 | X PER STATUTE OTH-ER | |
| D | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | 7036825725 | 6/1/2024 | 6/1/2025 | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| E | Products Liability | | | G47469570001 | 6/1/2024 | 6/1/2025 | Products: Each/Agg | $5M/$5M |
| F | Cyber/Privacy Liability | | | H23NGP22823300 | 6/1/2024 | 6/1/2025 | Cyber: Each/Agg | $5M/$5M |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Policies include ZimVie US Corp LLC as insured subsidiary of ZimVie Inc.
ZimVie US Corp LLC is named as an Additional Insured on the General Liability policy pursuant to and subject to the policy's terms, definitions, conditions and exclusions
Evidence of Coverage

**CERTIFICATE HOLDER**

ZimVie US Corp LLC
Atten: Kristi Lehman
4555 Riverside Drive
Palm Beach Gardens

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

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# NEVADA STATE BOARD OF PHARMACY

**431 W Plumb Lane**
**Reno, NV 89509**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 52BSBJF5413

Application/License No. _____

ZimVie US Corp LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4555 Riverside Drive, Palm Beach Gardens, FL 33410 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza Hartford CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/02/2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of October, 2024.

APPLICANT/PRINCIPAL
ZimVie US Corp LLC

Authorized Representative
HENRIQUE NOMELINI MUNIZ

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Steve Shike, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness
Anna Vu

Witness
Odalis Quinones

SIGNED and SEALED in the presence of:

Witness

Witness
Victoria Flatch

Countersigned by:

Nevada Resident Agent

# POWER OF ATTORNEY

*Direct Inquiries/Claims to:*
**THE HARTFORD**
**BOND, T-11**
**One Hartford Plaza**
**Hartford, Connecticut 06155**
Bond.Claims@thehartford.com
*call:* **888-266-3488** *or fax:* **860-757-5835**

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

**Agency Name:** A J GALLAGHER RISK MGMNT SVCS LLC
**Agency Code:** 52-701920

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint ***up to the amount of*** Unlimited :

Corban Enns, Beulah Hadley-Voth, Steve Shike, Victoria Hatefi of SALEM, Oregon

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof,** and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

**STATE OF FLORIDA**
**COUNTY OF SEMINOLE** } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 10/02/2024.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ZimVie US Corp LLC MDEG License # (if applicable) _____

Physical Address 4555 Riverside Drive

City Palm Beach Gardens State FL Zip 33410

Mailing Address (if different from physical address) c/o State License Servicing c/o State License Servicing, 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website hhtps://www.zimvie.com

Licensing Company Email ZVD@SLSNY.com

### Section 2: Personal Information

First Henrique Middle _____ Last Nomelini Muniz

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address c/o State License Servicing [redacted]

City Florida State NY Zip 10921

Telepho[redacted] Em[redacted]

Are you a citizen of the United States? × Yes No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Nova Southeastern University (NSU) | | 03/2019 - 12/2020 | |
| Address | City | State | Zip |
| 3300 S University Dr | Fort Lauderdale | FL | 33328 |
| Diploma/Degree obtained, if any | | | |
| M.B.A. Entrepreneurship | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| University of Campinas (UNICAMP) | | 03/2009 - 12/2015 | |
| Address | City | State | Zip |
| Cidade Universitária Zeferino Vaz - Barão Geraldo | Campinas | SP | 13083-970 |
| Diploma/Degree obtained, if any | | | |
| B.S. Chemical Engineering | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Escola SEB Ribeirania | | 02/2006 - 12/2008 | |
| Address | City | State | Zip |
| Rua Abrahao Issa Halack, 320 | Ribeirao Preto | SP | 14096-160 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2024 - Present | [redacted] | Wilton Manors | FL | [redacted] |
| 05/2021- 08/2024 | | Fort Lauderdale | FL | |
| 10/2020 - 04/2021 | | Honolulu | HI | |
| 05/2020 - 09/2020 | | Pompano Beach | FL | |
| 09/2019 - 05/2020 | | Fort Lauderdale | FL | |
| 02/2016 - 08/2019 | | Fort Lauderdale | FL | |
| 01/2014 - 01/2015 | | Ribeirao Preto, Brazil | SP | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ZimVie US Corp LLC | | | 06/2021- Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4555 Riverside Drive | | Palm Beach Gardens | FL | 33410 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (561) 776-6700 | Regulatory Affairs Operations Manager | | ~ 7,200 hours | |

Description of Duties
Ensure effective and efficient regulatory actions to support product registrations while facing global regulatory changes; Revise deliverables and make sure the regulatory team has a strong pace is in line with the company growth objectives, Lead the regulatory affairs international team to support new product registrations and Develop and implement process improvement projects with the direct reports to optimize the regulatory deliverables.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Henrique Nomelini Muniz, **certify that as the MDEG Administrator for**

ZimVie US Corp LLC,

**that I (initial that you have read and meet the following requirements):**

1. HNM Have a high school diploma or its equivalent;
2. HNM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. HNM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. HNM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Henrique Nomelini Muniz
Print Name (First, Last)

Henrique N. Muniz
Original Signature (electronic, copies or stamps not accepted)
Henrique Nomelini Muniz

03-Dec-2024
Date

| Board Use Only | Date Received: 1/30/25 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: ZimVie US Corp LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 4555 Riverside Drive

City: Palm Beach Gardens State: FL Zip: 33410

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: hhtps://www.zimvie.com

Licensing Company Email: ZVD@SLSNY.com

### Section 2: Personal Information

First: Henrique Middle: Last: Nomelini Muniz

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addre[redacted]

City: Wilton Manors State: FL Zip: 33305

Telephon[redacted] Email[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Also Brazilian citizen

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Nova Southeastern University (NSU) | | 03/2019 - 12/2020 | |
| Address | City | State | Zip |
| 3300 S University Dr | Fort Lauderdale | FL | 33328 |
| Diploma/Degree obtained, if any | | | |
| M.B.A. Entrepreneurship | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| University of Campinas (UNICAMP) | | 03/2009 - 12/2015 | |
| Address | City | State | Zip |
| Cidade Universitária Zeferino Vaz - Barão Geraldo | Campinas | SP | 13083-970 |
| Diploma/Degree obtained, if any | | | |
| B.S. Chemical Engineering | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Escola SEB Ribeirania | | 02/2006 - 12/2008 | |
| Address | City | State | Zip |
| Rua Abrahao Issa Halack, 320 | Ribeirao Preto | SP | 14096-160 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2024 - Present | [redacted] | Wilton Manors | FL | [redacted] |
| 05/2021 - 08/2024 | | Fort Lauderdale | FL | |
| 10/2020 - 04/2021 | | Honolulu | HI | |
| 05/2020 - 09/2020 | | Pompano Beach | FL | |
| 09/2019 - 05/2020 | | Fort Lauderdale | FL | |
| 02/2016 - 08/2019 | | Fort Lauderdale | FL | |
| 01/2014 - 01/2015 | | Ribeirao Preto | SP | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ZimVie US Corp LLC | | | 06/2021- Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4555 Riverside Drive | | Palm Beach Gardens | FL | 33410 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (561) 776-6700 | Regulatory Affairs Operations Manager | | ~ 7,200 hours | |
| **Description of Duties** | | | | |
| Ensure effective and efficient regulatory actions to support product registrations while facing global regulatory changes; Revise deliverables and and make sure the regulatory team has a strong pace is in line with the company growth objectives; Lead the regulatory affairs international team to support new product registrations; Develop and implement process improvement projects with the direct reports to optimize the regulatory deliverables; | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Henrique Nomelini Muniz, **certify that as the designated representative for**

ZimVie US Corp LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. HNM I am at least 21 years of age;
3. HNM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. HNM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. HNM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. HNM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. HNM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Henrique Nomelini Muniz

Print Name (First, Last)

Henrique N. Muniz

Original Signature (electronic, copies or stamps not accepted)

Henrique Nomelini Muniz

09 - Dec - 2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Henrique Nomelini Muniz

Print Name (First, Last)

Henrique N. Muniz — 09-Dec-2024

Original Signature (electronic, copies or stamps not accepted) — Date

Henrique Nomelini Muniz

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Palm Beach

I, Henrique Nomelini Muniz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Henrique N. Muniz — 09-Dec-2024

**Original Signature** Henrique Nomelini Muniz — **Date**

Subscribed and Sworn to before me this 09 day of December.

**Notary Public Signature**

Notary Public State of Florida
Angel Alicea
My Commission HH 326471
Expires 10/27/2026

(Seal)

ZimVie US Corp LLC Employees

Current as of 10/8/2024

| First Name | Last Name | Position |
|---|---|---|
| Paul | Hollingsworth | Territory Sls Sr Rep |
| Stephen | Anderson | Territory Sls Sr Representative |
| Adam | Wazeter | Regional Sls Manager |
| Nathan | Cooper | Territory Sls Sr Representative |
| Daniel | DiPrete | Territory Sls Sr Representative |
| Scarlett | Valentine | Territory Sls Assoc Representative |
| Jeffrey | Castle | Territory Sls Sr Representative |
| Mandar | Dombe | Mfg Sr Engineer I |
| Craig | Guillen | Territory Sls Representative |
| Heather | Weiker | Territory Sls Assoc Representative |
| Rachel | Miller | Digital Dentistry Sls Specialist |
| Michael | Stebenne | Regional Sls Manager |
| David | Burrows | Territory Sls Sr Representative |
| Jay | Smith | Sls Assoc Director |
| Shane | McElroy | Sls Director |
| Alexa | Rabe | Territory Sls Representative |
| Bonnie | Dunkleman | Regional Sls Specialist |
| Jeffrey | Lopez | Inside Sls Supervisor |
| Wister | Jefferson | Territory Sls Sr Representative |
| Linnea | Beard | Sls Training Assoc Supervisor |
| Tamer | Ibrahim | Territory Sls Representative |
| Whitney | Hammond | Territory Sls Representative |
| Olivia | Rizor | Territory Sls Assoc Representative |
| Bryan | Moeslein | Regional Sls Manager |
| Stephen | Cafaro | Regional Sls Manager |
| Keith | Dixon | Regional Sls Manager |
| Christopher | Shultz | Territory Sls Sr Representative |
| Cory | Larose | Territory Sls Sr Representative |
| Brett | Adams | Territory Sls Sr Representative |
| Ottis | King | Territory Sls Representative |
| Nicole | Daughtrey | Cust Svc Tech Sr Representative |
| Delores | Laghezza | Cust Svc Representative |
| Andrea | Huyck | Territory Sls Sr Rep |
| Melissa | Price | Territory Sls Sr Representative |
| Megan | Baum | Territory Sls Representative |
| Charles | Roberts | Territory Sls Sr Rep |
| Kari | Olson | Receptionist |
| Sheila | Nolan | Cust Svc Representative |
| Shannon | Barrett | Cust Svc Tech Representative |
| Joseph | Radman | Area Sls Sr Director |
| John | Small | Territory Sls Sr Representative |
| Andrew | Hood | Corp Sls Manager |
| Paul | Davidson | Regional Sls Manager |
| Janelle | Sender | Territory Sls Sr Representative |
| Natalie | Carson | Inside Sls Representative |
| Jessica | Ramos | Cust Svc Tech Representative |
| Tammy | Igo | Cust Svc Director |
| Shelby | Rogers | Territory Sls Representative |
| Seth | Harper | Territory Sls Representative |
| Michael | Romeo | Territory Sls Representative |
| David | Anable | Regional Sls Manager |
| Latoya | Hodge | Cust Svc Representative |
| Stephanie | Derra | Inside Sls Representative |
| Michael | Fett | Territory Sls Representative |
| Danielle | Lynch | Territory Sls Assoc Representative |
| Gail | Broderick | Cust Svc Lead Representative |
| Kyle | Bonilla | Cust Svc Appl Coordinator |
| Jeremy | Thomas | Regional Sls Manager |
| Darryl | Jerred | Area Sls Director |
| Maryann | Barany | Cust Svc Sr Representative |
| Jason | Aase | CNC Sr Programmer |
| Cailan | Wallace | Inside Sls Representative |
| Victoria | Rubia Plaza | Cust Svc Representative |
| Steven | Weinreich | Regenerative Sls Specialist |
| Melissa | Strauser | Business Application Assoc Manager |
| Joshua | Blewett | Regional Sls Manager |
| Chloe | Knudtson | Territory Sls Representative |
| Katie | Hart | Territory Sls Rep |
| Seth | Blasco | Territory Sls Assoc Representative |

| | | |
|---|---|---|
| Shauna | Vulcu | Territory Sls Assoc Representative |
| Christopher | Akabane | Territory Sls Representative |
| Stephen | Bettano | Corp Sls Manager |
| Wendy | Taylor | Territory Sls Representative |
| Tiffany | Schreppler | Product Manager |
| Kristin | Walker | Territory Sls Representative |
| Kennedy | Powers | Territory Sls Representative |
| Domenic | Pizziferri | Fin Sr Analyst |
| Roger | Panara | Territory Sls Representative |
| Charmi | Maraj | Finance Manager |
| Darren | Emert | Business Development Specialist |
| Asa | Evens | Mfg Sr Engineer II |
| Alberto | Medina Bedoya | Sr Prod Machinist III |
| Monica | Sanchez Ferreira | Plng Manager |
| Manuel | Miqui | IT Sr Technician |
| John | Mendoza | Dev Sr Engineer II |
| Esther | Moran | CAD Sr Designer |
| Hai Bo | Wen | Rsrch Director |
| Carlos | Gonzalez | Sr Prod Machinist III |
| Phong | Truong | Sr Prod Machinist III |
| Whitney | Hourston | Sr Prod Machinist III |
| Lacey | Korywchak | Med Ed Manager |
| Juan | Villeda | Sr Prod Machinist III |
| Lillian | Smith | Sr Packager III |
| Daniel | Torres Alves-Milho | Prod Machinist II |
| Latoya | Gordon | Packager I |
| Khoa | Nguyen | Prod Machinist I |
| Ricardo | Navarro | Sr Prod Machinist III |
| Luis | Alvarez | Prod Machinist I |
| Jeff | Cox | Mfg Engineering Manager |
| Lenay | Bienes | Cell Support Operator II |
| Jinny | Hernandez Munoz | Packager I |
| Obdulio | Quinones | Supply Chain Assoc Director |
| Hiraldo | Almenares | Facilities Technician |
| Brian | Conroy | Maint Coordinator |
| Gladys | Sardina | Microbiology Lab Technician |
| Daniel | Weber | Quality Assoc Director |
| Alvaro | Iafigliola | Floor/Final Inspector II |
| Edwin | Villeda | Sr Prod Machinist III |
| Tiffany | Phillips | Assoc Planner/Buyer |
| George | Malone | Sr Product Assurance III |
| Hector | Andujar | Prod Machinist I |
| Ana | Ramos | Cell Support Operator II |
| Claretha | Lee | Inventory Control Clerk II |
| Lola | Hall-Miller | Inventory Control Clerk I |
| Johnny | Brown | Inventory Control Coordinator |
| Keith | Wellington | Quality Assur Technician |
| Andrew | Stump | Quality Sr Engineer I |
| Reinaldo | Rivera | Quality Engineer I |
| Ana | Chandler | Floor/Final Inspector |
| Anthony | Rojas | Floor/Final Inspector II |
| Jaileen | Dejesus | Floor/Final Inspector I |
| Ling Min | Lee Rodriguez | Floor/Final Inspector II |
| Enny | Carrillo | Floor/Final Inspector II |
| Leanna | Taylor | Mfg Assoc Supervisor |
| Scott | Pyscher | CNC Sr Programmer |
| Vadewatee | Maharajh | Distribution Handler International Team Lead |
| Roberta | Vu | SVP, Chief Quality and Regulatory Affairs Officer |
| Steve | Nevins | Cust Fin Svcs Sr Representative |
| Andres | Perez Trujillo | Sr Prod Machinist III |
| Brian | Steff | Prod Machinist II |
| Graciela | Estrada | Sr Distribution Handler III |
| Phil | Dinh | Facilities Technician |
| Felix | Rivera | Cell Support Operator I |
| Allyson | Tannone | IT Sr Analyst |
| Ryan | Blank | Quality Sr Engineer I |
| Michael | Werner | Med Ed Manager |
| Sharon | Schuler | Business Systems Analyst |
| Tenocsha | Harrison | Cust Svc Sr Representative - Returns/Exchanges |
| Pamela | Clothier | Cust Svc Tech Sr Representative |

| | | |
|---|---|---|
| Joy | Brcka | Cust Svc Tech Representative |
| Michael | Perry | Territory Sls Representative |
| James | Mercado | Territory Sls Representative |
| Heather | Kubo | Territory Sls Assoc Representative |
| Linda | Vaughn | Territory Sls Assoc Representative |
| Marcella | Tofani | Distr Manager |
| Charles | Keller | Digital Dentistry Sls Specialist |
| Ryan | Heidrich | Regional Sls Manager |
| Jonathan | Powell | Business Development Manager - IC |
| Paige | Calvin | Territory Sls Assoc Representative |
| Hayley | Ridley | Finance Assoc Director |
| Andrew | Stormer | Tax Sr Analyst |
| Dominika | Nowakowicz | Territory Sls Assoc Representative |
| John | O'Neal | Cell Support Operator I |
| Brian | Davis | Technician II |
| Lazaro | Hernandez | Sr Technician III |
| Anthony | Negron Vega | Sr Prod Machinist III |
| Bernard | Pierre | Cell Support Operator II |
| Mark | Hines | Sr Technician III |
| Sugeidy | Espinal Araujo | Packager II |
| Jose | Serna | Prod Machinist II |
| Lesly | Andrade | Cell Support Operator I |
| David | Neal | Sr Maintenance Technician III |
| Aedan | Kelley | Assoc Planner/Buyer |
| Eric | Smith | Indirect Sourcing Assoc Director |
| Levi | Olds | Digital Dentistry Sls Specialist |
| Denis | Fortin | Finance Assoc Director |
| Maria | Montesinos | Supply Quality Sr Engineer |
| Shweta | Singh | IT Senior Manager |
| Chandrajit | Roy | IT Sr Analyst |
| Ercida | Ching | Sr Cell Support Operator III |
| Shirley | Bryant | Inventory Control Lead |
| Joel | Coelho | Territory Sls Sr Representative |
| Melanie | Felton | Territory Sls Sr Representative |
| Kyle | Brewer | Key Acct Specialist |
| Vineta | Griffin | Territory Sls Representative |
| Sophia | Do | Territory Sls Assoc Representative |
| Evan | Krouse | Digital Dentistry Sls Specialist Lead |
| Markael | Walker | Cust Fin Svcs Representative |
| Amber | Smith | HR Coordinator |
| Tiffany | Sanford | HR Operations & TA Manager |
| James | Kelso | Business Development Manager - Biomaterials |
| Hunter | Highfill | Territory Sls Assoc Representative |
| Christopher | Boore | Facilities Supervisor |
| Jitendra | Chhibber | Principal Microbiologist |
| Rosalie | Kauffman | Sr Operations Trade Specialist |
| Nicole | Dietze | Tax VP |
| David | Patterson | Territory Sls Representative |
| Jordan | Elmore | Territory Sls Representative |
| Jennifer | Travieso | Territory Sls Representative |
| Isabel | Gomez | Cell Support Operator I |
| Jimmy | Nguyen | Packager I |
| Anet | Fuentes | Packager I |
| Ryan | Saxton | Territory Sls Representative |
| Sonia | Hernandez | Trg Specialist |
| Maria | Valladares | Document Control Coordinator |
| Jose | Hidalgo | Mfg Engrg Technician |
| Jose | Colon Martinez | Calibration Technician |
| Roy | Campos | Mfg Grp Leader |
| Agripina | Garcia | Sr Cell Support Operator III |
| Isabel | Vega Rodriguez | Packager II |
| Rodrigo | Cantanhede | Sourcing Sr Analyst |
| Jorge | Alicea | Sr Prod Machinist III |
| Sam Van | Vo | Mfg Grp Leader |
| Enrique | Espinosa | Mfg Grp Leader |
| Taiwan | Driver | Packager I |
| Jean | Antoine | Cell Support Operator I |
| Maria | Joy | Product Manager |
| Heather | Kidwell | SVP, Chief Legal, Compliance and HR Officer |
| Michael | Nguyen | Mfg Grp Leader |

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|---|---|---|
| Mark | Scille | Sr Cell Support Operator III |
| Cynthia | Taylor | Sr Cell Support Operator III |
| Mayda | Fernandez | Sr Product Assurance III |
| Loc | Tang | Prod Machinist II |
| Martin | Arias | IT Sr Technician |
| Gregory | Elenbaas | Mfg Specialist |
| Cristina | Matthews | Clin Rsrch Manager |
| Lisa | Rosaly | Med Ed Coordinator |
| Kate | Mendillo | Mktg Assoc Director |
| Rhonda | Sylvester | Mktg Coordinator |
| Joseph | Mendez | Mktg Coordinator |
| Karelia | Garcia | Product Surv Sr Coord |
| Sharon | DeGouw | Med Ed Sr Coordinator |
| Yvette | Pena | Acctg Sr Clerk |
| Margaret | Green | Quality Assur Sr Technician |
| Elizabeth | Taylor | Cust Fin Svcs Manager |
| Douglas | Brown | Med Ed Assoc Director |
| Oscar | Gil | Project Assoc Manager |
| Luis | Ruiz | Med Ed Coordinator |
| Miguel | Montero | Dev Sr Engineer II |
| David | Llana | Ops Director |
| William | Hetzer | Floor/Final Inspector II |
| Erin | Smith | Cust Fin Svcs Sr Representative |
| Linda | Calixte | Product Surv Coordinator |
| Inga | Tchoumak | Product Sr Manager |
| Marie | Pollard | Med Principal Writer |
| Xuesong | Wang | Rsrch Sr Engineer II |
| Rachel | Gomez | Med Writer |
| Helena | Sacco | Product Surv Specialist |
| Jean-Pierre | Valek | Rapid Prototype Sr Technician |
| Arnold | Joasil | Quality Sr Engineer I |
| Cedric | Corbett | Product Surv Sr Coord |
| HanJou | Fan | Reg Affairs Specialist |
| Akhilesh | Singla | Labeling Sr Specialist |
| Jonas | Monte-Marcelino | Quality Engineer I |
| Kimberly | Crowder | Total Rewards Director |
| Joseph | Vitullo | Reg Affairs Specialist |
| Lindsey | Gilmore | Total Rewards Manager |
| Stephen | Rondeau | Chief Information Officer |
| Gabriel | Tumbeiro | IT Principal Analyst |
| Theresa | Jenkins | Sr Accountant |
| Henrique | Nomelini Muniz | Reg Affairs Operations Manager |
| Brian | McKeown | Product Manager |
| Sandra | Terrill | Trade Compl Sr Analyst |
| Jane | Murray | Mktg Director |
| Justin | Lazzara | Product Sr Manager |
| Carolina | Hinostroza | Product Surv Specialist |
| Shirley | Sands | Sr Accountant |
| Zachary | Vorsteg | Fin Analyst |
| JASON | THOMAS | Inventory Control Supervisor |
| Noralba | Bole | Sr Buyer |
| Grace | Stapleton | Mktg Comm Assoc Director |
| Katelyn | Turner | Mktg Specialist |
| Robert | Amaro | Sr Prod Machinist III |
| Soroyal | Hunter | Packager II |
| Scott | Zielinski | Sls Assoc Director |
| Deneen | Fanning | Territory Sls Sr Representative |
| Kathryn | Persons | Territory Sls Assoc Representative |
| Lan | Nguyen | Product Assurance II |
| Luis | Gonzalez Villanueva | Product Assurance II |
| Laurence | Borman | Territory Sls Sr Representative |
| Shelly | Conner | Territory Sls Sr Representative |
| Scott | Bennis | Territory Sls Rep |
| Amy | Casale | Territory Sls Sr Rep |
| Carrie | Wiley | Cust Svc Sr Manager |
| Jacob | Crockett | Territory Sls Sr Rep |
| Jillian | Coady | Regional Sls Manager |
| Michael | Dacre | Digital IT Specialist |
| Cade | Saxon | Territory Sls Representative |
| Katherine | Curtis | Territory Sls Representative |

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|---|---|---|
| Laura | Armston | Territory Sls Sr Representative |
| Daniel | Serafine | Territory Sls Sr Representative |
| Lonny | Abrams | Regional Sls Manager |
| Barbara | Ferrell | Glbl Cust Svcs Manager |
| Mark | Massey | Commercial Sr Specialist |
| Shannon | Mathers | Territory Sls Sr Representative |
| Stacy | Soler | Territory Sls Sr Representative |
| Isabella | Illiano | Territory Sls Representative |
| Corey | Osborne | Territory Sls Sr Representative |
| Conrad | Powell | Territory Sls Representative |
| Cynthia | Warren | Territory Sls Representative |
| Garrett | Duffy | Territory Sls Representative |
| Michael | Mazza | Territory Sls Sr Representative |
| Michael | King | Territory Sls Sr Representative |
| Matthew | Henderson | Regenerative Sls Specialist |
| James | Faulkner | Territory Sls Representative |
| Paul | Drennen | Territory Sls Sr Representative |
| Tomas | Bennett | Territory Sls Sr Rep |
| Marilyn | Ferraro | Regional Sls Manager |
| Maritza | Villalva | Cust Svc Sr Representative |
| Anne | Bennett-Bready | Cust Svc Sr Representative |
| Doris | Edmonds | Cust Svc Tech Sr Representative |
| Erica | Smith | Cust Svc Sr Representative |
| Monica | Henderson | Cust Svc Tech Representative |
| Steven | Ott | Regional Sls Manager |
| Neil | Fitzpatrick | Regional Sls Sr Manager |
| Aneta | Krzeminski | Territory Sls Representative |
| Olga | Brezault | Cust Svc Tech Representative |
| Lori | Flask | Regional Sls Manager |
| Karen | White | Cust Svc Lead Representative |
| Samantha | Bowman | Cust Svc Tech Representative |
| Tondra | Starling | Admin Assistant |
| Tara | Tylor | Cust Svc Tech Representative |
| Andrea | Colon | Cust Svc Tech Representative |
| Caleb | White | Territory Sls Representative |
| Brian | Cronovich | Territory Sls Representative |
| Vivian | Holland | Territory Sls Representative |
| Erin | Creager | Territory Sls Rep |
| Cody | Learn | Cust Svc Representative |
| Edward | Gifford | Inside Sls Representative |
| Michael | Douglas | Territory Sls Representative |
| Bren | Bletscher | Territory Sls Assoc Representative |
| Ryan | Holley | Territory Sls Representative |
| Nicole | Nichols | Territory Sls Assoc Representative |
| Sarah | Suarez | Territory Sls Assoc Representative |
| Veronica | Lee | Cust Svc Tech Representative |
| John | Rice | Territory Sls Representative |
| Michelle | Pollard | Territory Sls Representative |
| Ryan | O'Reilly | Cust Svc Representative |
| Amanda | Lynch | Territory Sls Representative |
| James | Mottola | Territory Sls Assoc Representative |
| Michael | Jordan | Territory Sls Representative |
| Kate | Huetz | Territory Sls Assoc Representative |
| Jessica | Allen | Territory Sls Assoc Representative |
| Andy | Mori | Business Development Specialist |
| Elnaz | Ajami | Rsrch Manager |
| Kelly | Swartzmiller | Project Manager |
| Luke | Austin | Dev Engineer |
| Uriel | Pulido | CAD Sr Designer |
| Mert | Ay | Planner/Buyer |
| Satya Rao | Tummalla | Supply & Demand Planner |
| Van | Phan | Sr Prod Machinist III |
| Christopher | Ligorria | Prod Machinist II |
| Layla | Harris | Project Assoc Manager |
| Carolyn | Gutierrez | Acctg Assoc Director |
| Carmen | Jimenez | Packager II |
| Steve | Voong | Prod Machinist II |
| Jorge | Garcia | Sr Prod Machinist III |
| Consuelo | Pino | Packager II |
| Catherine | Arteaga | Distribution Handler I |

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|---|---|---|
| Juan | Balda | Tool & Cutter Grinder |
| Seeram | Guiness | Product Assurance I |
| Rembrant | Martinez | Distribution Handler I |
| Sean | Walker | Pkg Grp Leader |
| Tuan | Nguyen | Mfg Grp Leader |
| Daruma | Almenares | Cell Support Operator II |
| Martha | Grisales Villafane | Packager II |
| Michael | Nguyen | Sr Maintenance Technician III |
| Fred | Bringenberg | Maintenance Technician II |
| Mois | Jean-Baptiste | Prod Machinist II |
| Carlos | Gordian-Arroyo | Quality Manager |
| Kenrick | Rampersad | Quality Assur Technician |
| Lachanda | Lewis | Inventory Control Clerk II |
| Dayme | Arias La Rosa | Floor/Final Inspector II |
| Vickie | Vassell | Inventory Control Clerk II |
| Kimberly | Cespedes | Inventory Control Clerk I |
| Luis | Ceballos | Quality Supervisor |
| William | Rowland | Quality Assur Sr Technician |
| Charles | Maldonado | Sr Floor/Final Inspector III |
| Yenise | Villamar | Sr Floor/Final Inspector III |
| Yudit | Gutierrez | Floor/Final Inspector II |
| Mirtha | Hernandez | Floor/Final Inspector I |
| Teresa | Guzman | Floor/Final Inspector II |
| Misleidy | Broche | Floor/Final Inspector I |
| Truc | Nguyen | Floor/Final Inspector II |
| Chris | Jagroop | Mfg Supervisor |
| Robert | Kisner | Mfg Supervisor |
| Anibal | Alvarado | Cust Fin Svcs Representative |
| Mary | Schanamann | Cust Fin Svcs Representative |
| Lisa | McCord | Finance Assoc Manager |
| Sharon | Rosenstangel | IT Lead Analyst |
| Yasmany | Montesinos Espinosa | Sr Prod Machinist III |
| Julian | Wickham | Facilities Electrical Sr Technician |
| Arnaldo | Rivera Velez | Sr Prod Machinist III |
| Casey | Williams | Quality Sr Engineer I |
| Robert | Lozano | IT Principal Analyst |
| Brennan | FitzPatrick | Territory Sls Representative |
| Rylie | Collins | Territory Sls Assoc Representative |
| Ashley | Hafner | Territory Sls Representative |
| Sara | Freeman | Territory Sls Assoc Representative |
| Lynn | Turey | Cust Svc Sr Representative - TAG |
| Kristine | Reyes | Cust Svc Tech Sr Representative |
| Heath | Johnson | Territory Sls Representative |
| Scot | Stodola | Territory Sls Representative |
| Nicole | Burton | Territory Sls Assoc Representative |
| Karen | Mccommons | Quality Director |
| Ericha | Tredor | Cust Svc Tech Representative |
| Dina | Kolesar | Territory Sls Assoc Representative |
| Casey | Henington | Territory Sls Representative |
| Ashley | Aloisi | Sls Ops Manager |
| Eric | Rash | Tax Analyst |
| Ann | Meehan | Dental Americas VP |
| Matthew | Pittman | Regional Sls Manager |
| Gustavo | Perez-Molina | Mfg Grp Leader |
| Jorge | Alvarez | Mfg Grp Leader |
| Mireya | San Lucas | Technician I |
| Gloria | Howell | Packager II |
| Miguel | Cucchiari | Cell Support Operator II |
| Ana | Caban Rios | Technician II |
| Zion | Goldwire | Cust Svc Representative |
| Donald | Nex | Territory Sls Assoc Representative |
| Edsel | Tanner | Regional Sls Manager |
| Ryan | McIntyre | Digital Dentistry Sls Assoc Representative |
| Linda | Tisdol | Product Surv Sr Coordinator |
| Denise | Gibbs-Smith | Quality Sr Engineer I |
| Lucynda | Villafane Uffre | Cell Support Operator I |
| James | Franks | Quality Sr Engineer I |
| Cristhian | Rivero | Talent Acquisition Sr Specialist |
| He | Zhong | Mfg Sr Engineer II |
| Mario | Rosario Adorno | Mfg Sr Engineer II |

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|---|---|---|
| Richard | Schoolmaster | HVAC Sr II Technician |
| Deborah | Stewart | Regional Sls Manager |
| William | Scavone | Territory Sls Representative |
| Steven | Swalgen | Regenerative Sls Specialist |
| Samantha | McWaters | Territory Sls Representative |
| Corinne | Dempsey | Territory Sls Assoc Representative |
| Biagio | Capp | Territory Sls Assoc Representative |
| Jordan | Parellada | Dev Principal Engineer |
| Olga | Rivera | HR Manager |
| Craig | Klotz | HR Operations Sr Director |
| Amanda | Williams | HR Systems Assoc Director |
| Mohammad | Bukhari | Rsrch Sr Engineer I |
| Cheria | Doss | Product Surv Assoc Supervisor |
| Daniel | Rodenberger | Sr Facilities Manager |
| Steven | Kauffmann | Natl Sls Manager |
| Matthew | George | Territory Sls Sr Representative |
| Ashley | Wisenbaker | Territory Sls Representative |
| Sharon | Homberger | Acctg Assoc Director |
| Claudia | Wiggins | Fin Sr Analyst |
| Oriel | Montes de Oca | Prod Machinist II |
| Manivanh | Sisavath | Product Assurance II |
| Rafeek | Baig | Sr Product Assurance III |
| Cheryl | Bentley | Quality Engineer III |
| Shariah | Wright | Cust Svc Representative |
| Zenaida | Nazario | Inventory Control Lead |
| Gladys | Cespedes | Document Control Sr Coordinator |
| George | Schanamann | Document Control Sr Coordinator |
| Sara Rose | Soffler | Dev Engrg Assoc Director |
| Lauren | Santana Valdez | Mfg Engineer |
| Jonathon | Frohlich | Continuous Improvement Sr Engineer I |
| Matthew | Mikulus | Calibration Technician |
| Adian | Perez Castellon | Cell Support Operator I |
| Caroline | Towns | Sr Cell Support Operator III |
| JoAngela | Wester | Packager I |
| Vivian | Yanzani | Packager II |
| Guinevere | Boore | Graphic Artist I |
| Monica | Benjamin | Cell Support Operator I |
| Adams | Rivera | Sr Prod Machinist III |
| Manuel | Carrillo | Sr Prod Machinist III |
| John | Tran | Sr Prod Machinist III |
| Eladio | Fraguela | Product Assurance Tech I |
| Tocara | Joseph | Packager I |
| Matthew | Corridoni | Product Manager |
| Joseph | Klein | IT Sr Analyst |
| Jesus | Quintero | Prod Machinist II |
| Jose | Uffre | Sr Cell Support Operator III |
| Harold | Feliciano | Sr Prod Machinist III |
| Olga | Sanchez | Research Technologist |
| Sandra | Livingston | Accounts Payable Specialist |
| Ann | Okopski | Event Specialist |
| Kaushal | Kumar | Market Rsrch Principal Analyst |
| Tara | OShea | Territory Sls Representative |
| Noelle | Harrelson | Territory Sls Representative |
| Cynthia | Ayala | Floor/Final Inspector II |
| Arafat | Mounkaila | Reg Affairs Sr Specialist |
| Linda | Ditta | Admin Assistant |
| Zoolphekar | Khan | Product Surv Specialist |
| Jake | Anna | Project Manager |
| Brenda | Johnson | Product Surv Sr Specialist |
| Elizabeth | King | Cust Svc Tech Representative |
| Raul | Vieira | Quality Assur Sr Technician |
| Christopher | Salatino | Quality Assur Sr Technician |
| Shehjar | Razdan | Market Research Principal Analyst |
| Cynthia | Hughes-Coons | Division General Counsel |
| Linique | George | Rsrch Technologist |
| Krupal | Patel | Reg Affairs Principal |
| David | Wells | IT Assoc Director |
| Shannon | Vogele | Executive Assistant |
| Collin | FitzPatrick | Territory Sls Rep |
| Robyn | Yee Tarjamo | Payroll Analyst |

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|---|---|---|
| Daniel | Crowley | Territory Sls Representative |
| Christin | Saling | Med Ed Specialist |
| Chinma | Apakama | Financial Analyst - Operations |
| Jamie | Pugh | Med Ed Coordinator |
| Rania | Helal | Accountant |
| Susan | Harty | Cust Fin Svcs Representative |
| Indraneel | Kanaglekar | SVP and Chief Commercial Officer |
| Luis | Ventura | Mfg Supervisor |
| Kristin | Johnson | Territory Sls Representative |
| Jill | Bingenheimer | Territory Sls Representative |
| Madison | Brewer | Territory Sls Representative |
| Catherine | Fernandez | Sr Product Assurance III |
| Alex | Florio | Territory Sls Sr Representative |
| Esmeldin | Paling | Territory Sls Sr Representative |
| Michael | Baker | Territory Sls Sr Representative |
| Curtis | Adams | Territory Sls Sr Representative |
| John | Stoltz | Territory Sls Sr Representative |
| Stephanie | Brown | Product Assurance I |
| Vernisha | Luster | Supply Chain Analyst |
| Vishnu vardhan | Thakkalapally | Mfg Network Optimization Sr Engineer II |
| Stephen | Beardmore | Territory Sls Sr Representative |
| Matt | Marks | Territory Sls Sr Representative |
| My | Pham | Territory Sls Representative |
| Patricia | Hendry | Territory Sls Sr Representative |
| Matthew | Wilson | Territory Sls Sr Representative |
| Michael | Miskavech | Regenerative Sls Specialist |
| Michael | Haligowski | Territory Sls Sr Representative |
| John | Turner | Territory Sls Sr Representative |
| David | Potter Jr | Regenerative Sls Specialist |
| Michelle | Fasone | Territory Sls Sr Representative |
| Owen | Laporte | Territory Sls Assoc Representative |
| Craig | Allen | Territory Sls Sr Representative |
| Lauren | Stenzel | Territory Sls Sr Representative |
| Sandra | Ryan | Sls Ops Manager |
| Mary | Hord | Territory Sls Sr Representative |
| Marc | Gonzales | Digital Dentistry Sls Specialist |
| Wayne | Szara | Trg Manager |
| Luke | Anderson | Corp Sls Manager |
| Casey | Martin | Business Development Specialist |
| Todd | Sweeney | Territory Sls Sr Representative |
| Jeffrey | Ross | Regenerative Sls Specialist |
| Timothy | Petrillo | Territory Sls Sr Representative |
| Dustin | Leslie | Territory Sls Sr Rep |
| Marcus | Outler | Cust Svc Sr Representative |
| Nancy | Hernandez | Cust Svc Sr Representative |
| Jennie | Lazo | Sr Sls Coordinator |
| Jacqueline | Cyr | Cust Svc Representative |
| Gregory | Krause | Regional Sls Manager |
| Gordon | Evans | Regional Sls Manager |
| Bart | Hains | Regenerative Sls Specialist |
| Matthew | Garis | Digital Dentistry Sls Specialist |
| Monique | Lee | Cust Svc Tech Representative |
| Caleb | Christel | Territory Sls Assoc Representative |
| Courtney | Jones | Territory Sls Representative |
| Christopher | Bjorklund | Regional Sls Manager |
| Madeline | Pineda | Cust Svc Appl Coordinator |
| Amy | Byrd | Territory Sls Representative |
| David | Benavides | Cust Svc Representative |
| Malika | Urunova | Cust Svc Tech Representative |
| Catherine | Shireman | Territory Sls Representative |
| Farida | Bahadoor | Cust Svc Representative |
| Lindsay | Harrell | Territory Sls Representative |
| Scott | Beaudean | Digital Dentistry Sls Director |
| Lynnae | Gittleman | Corp Sls Mgr |
| Jessica | Davis | Cust Svc Tech Sr Representative |
| Christine | Desjarlais | Cust Svc Lead Representative |
| Jataria | Williams | Cust Svc Representative |
| Marisa | Capicchioni | Territory Sls Representative |
| Robert | Evens | CNC Sr Programmer |
| David | Schwellinger | Territory Sls Representative |

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|---|---|---|
| Kathleen | Reeder | Territory Sls Representative |
| Linda | Pommier | Regenerative Sls Specialist |
| Selma | Kamide Thorpe | Cust Svc Tech Sr Representative |
| Matthew | Smith | Regenerative Sls Specialist |
| Melissa | Brand | Cust Svc Representative |
| Christopher | McMurray | Regional Sls Manager |
| John | Retterbush | Territory Sls Representative |
| Sarita | Awad | Cust Svcs Manager |
| Kevin | Sipes | Territory Sls Representative |
| Blake | Mcclellan | Product Sr Manager |
| Janice | Holcomb | Territory Sls Assoc Representative |
| Matthew | Shipley | Clinical Training Mgr |
| Tom | Mehlmann | Territory Sls Sr Representative |
| Daniel | Mandanici | Mfg Sr Engineer II |
| Kenneth | Varner | Zimmer Inst Director |
| Isabel-Marie | Scalise | Dev Engrg Assoc Directorr |
| Joseph | Depastino | CAD Designer |
| Kevin | Pena | Dev Engineer |
| Serge | Bozieux Jr | IT Infrastructure Technician II |
| Adam | Budeselich | Regional Sales Manager |
| Jemma | Lee | Prod Machinist II |
| Julio | Bernier Figueroa | Sr Prod Machinist III |
| Arturo | Gonzalez Garcia | Sr Prod Machinist III |
| Lydia | Fernandez | Sr Distribution Handler III |
| Aleyda | Padin | Sr Packager III |
| Khue | Pham | Sr Packager III |
| Delores | Guyton | Packager II |
| Bryan | Vazquez Montanez | Sr Prod Machinist III |
| Monica | Pratto | Sr Distribution Handler III |
| Angel | Gutierrez Rodriguez | Prod Machinist II |
| Damon | Scott | Distribution Team Lead |
| Alcadia | Benitez | Distribution Handler I |
| Jose | Ligorria | Mfg Grp Leader |
| Meybis | Arguelles Perez | Distribution Team Lead |
| Clifton | Duverson | Prod Machinist I |
| Dalimar | Ortiz | Cell Support Operator II |
| Santiago | Gaona | Packager I |
| Marcelo | Barrientos | Mfg Grp Leader |
| Lazaro | Medina Revilla | Sr Maintenance Technician III |
| Sonia | Otero | Inventory Control Clerk II |
| Adriana | Castillo | Floor/Final Inspector II |
| Lyna | Moriarty | Sr Planner/Buyer |
| Michael | Truglio | Metrology Programmer Technician |
| Brenda | Edwards | Inventory Control Clerk II |
| Miguel | Maldonado | Quality Engrg Sr Technician |
| Henry | Trickey | Floor/Final Inspector II |
| James | Brown | Floor/Final Inspector II |
| Patricia | Geffrard | Floor/Final Inspector I |
| Diannes | Castillo | Floor/Final Inspector Grp Leader |
| Sandra | Pino | Floor/Final Inspector II |
| Maria | Valdivia | Floor/Final Inspector I |
| Kimberly | Torres | Floor/Final Inspector I |
| Ruben | Gomez | Floor/Final Inspector I |
| Bonney | Prince | Cust Fin Svcs Sr Representative |
| Sarah | Scott | Cust Fin Svcs Sr Representative |
| Franck | Petion | Prod Machinist II |
| Jan-Michael | Turla | Prod Machinist I |
| David | Joseph | Facilities Technician |
| Martha | Pacheco | Cell Support Operator I |
| Mark | Mashburn | Reg Compl Sr Specialist |
| Elizabeth | Olsen | Principal Product Manager |
| Taylor | Weiss | Inside Sls Representative |
| Amy | Wuyscik | Territory Sls Assoc Representative |
| Mason | Etheridge | Territory Sls Representative |
| Andrew | Small | Business Systems Analyst |
| Jennifer | Furman | Cust Svc Representative - TAG |
| Diane | Marotta | Cust Svc Tech Representative |
| Mitchel | Johnson | Territory Sls Assoc Representative |
| Kristine | Shuster | Territory Sls Assoc Representative |
| Kristen | Cranham | Territory Sls Assoc Representative |

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|---|---|---|
| Marcia | Hammonds | Regenerative Sls Specialist |
| Jeffrey | Zimmerman | Project Assoc Manager |
| Andrew | Asper | Digital Dentistry Sls Specialist |
| Kerry | Whalen | Digital Dentistry Sls Specialist |
| Julian | Mazuera | Manufacturing Engineer |
| Melissa | Denis | Tax Director |
| Jeffrey | Peck | IT Solutions Architect |
| Sandra | Schneider | Chief Accounting Officer |
| Bradley | Doyle | Territory Sls Assoc Representative |
| Wayne | Muller Jr | Prod Machinist I |
| Jorge | Londono | CAD Principal Designer |
| Elvira | Rosales | Packager I |
| Tatiana | Litvinova | Technician II |
| Sandra | Diaz | Sr Packager III |
| Maria | Blazquez | CAD Principal Designer |
| Fredy | Pacheco | Sr Prod Machinist III |
| Imandra | Ordunez | Sr Packager III |
| Kiara | Goss | Distribution Handler I |
| Sarah | Frame | Total Rewards Sr Analyst |
| Tirzah | Gabourel | Master Data Mgmt Assoc Director |
| Melehilai | Mason | Territory Sls Assoc Representative |
| Cole | Benovy | Digital Dentistry Sls Assoc Rep |
| Alecsa | Pereira | Quality Engineer III |
| Tricia | Kopp | IT Senior Manager |
| Vafa | Jamali | President and Chief Executive Officer |
| Gustavo | De La Rua | Inv Sr Analyst |
| Carlos | Gomez | Inventory Control Clerk II |
| Stephanie | McCue | HRIS Analyst |
| Jessica | Hampton | Territory Sls Representative |
| Vincent | Ellero | Regenerative Sls Specialist |
| Christopher | Ladd | Sls Manager |
| Bradley | Fisher | Fin Sr Analyst |
| Krystal | Wakefield | Collections Supervisor |
| Jennifer | Anderson | HR Manager |
| Leivys | Lopez | Distribution Handler I |
| Lucky | Philippe | Distribution Handler I |
| Devin | Scaglione | NA-US-Rgn-NC_Finance Sr Director |
| Jose | Sola Benitez | Sr Manufacturing Manager |
| Matthew | Dietz | Quality Manager |
| Joseph | Mollere | Territory Sls Representative |
| Lauren | Litchfield | Territory Sls Sr Rep |
| Randa | Abukhalil | Finance Assoc Manager |
| Diana | Charry | Cell Support Operator II |
| Jessica | Fonseca | Packager II |
| Viet | Pham | Prod Machinist II |
| Calixto | Fonseca | Sr Prod Machinist III |
| Andrew | Barker | Territory Sls Assoc Representative |
| Cindy | Rock | Quality Supervisor |
| Debbie | Love | Change Control Specialist |
| Lourdes | Andujar | Change Control Specialist |
| Twanya | Douglas | Distr Assoc Supervisor |
| Josephine | Staebler | Territory Sls Representative |
| Taylor | Lanigan | Digital Dentistry Sls Specialist |
| Mario | Quintero | Mfg Engineer |
| Edwin | Franco | Facilities Project Specialist |
| EVELIO | VALERIO TAVAREZ | Calibration Technician |
| Maurice | Alexis | Pkg Grp Leader |
| Patricia | Ortiz | Packager II |
| Roxanna | Flores | Technician II |
| Tulio | Gomez | Quality Engineer |
| Michael | Weaver Jr | IT Infrastructure Technician III |
| Andres | Archila Lozano | Product Surveillance Sr Coordinator |
| Oscar | Lopez | Sr Prod Machinist III |
| Son | Le | Sr Prod Machinist III |
| Quyen | Vo | Prod Machinist II |
| Fernando | Gutierrez Ortega | Prod Machinist II |
| Carlos | Ledee | Cell Support Operator I |
| Zachary | Suttin | Dev Sr Director |
| Amanda | Ferchak | Product Manager |
| Morten | Frederiksen | Mfg Manager |

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|---|---|---|
| Carlos | Ramirez | Sr Prod Machinist III |
| Marlene | Molina | Sr Cell Support Operator III |
| Hung | Do | Prod Machinist II |
| Leo | Urtiz | Metrology Programmer Sr Technician |
| Ryan | Weller | Product Dev Manager |
| William | Shipley | Territory Sls Assoc Representative |
| Maria | Collins | Accounts Payable Specialist |
| Robin | Wiley | Med Ed Sr Coordinator |
| Thomas | Pilger | Dev Sr Engineer II |
| Ruth | Pinilla | Clin Rsrch Specialist |
| Jasmine | Moon | Sr Paralegal |
| Matthew | Lockwood | CNC Programmer |
| Walter | Brinkley | Floor/Final Inspector II |
| Charles | Fierro | Floor/Final Inspector Grp Leader |
| Diana | Alvarez | Project Manager |
| Michael | Bobby | Mfg Supervisor |
| Angel | Soto | Video Prod Assoc Specialist |
| Samantha | Maione | Dev Sr Engineer II |
| Maray | Palacio | Floor/Final Inspector Grp Leader |
| Alain | Prieto | Quality Engineer I |
| Rushali | Ringshia | Product Sr Manager |
| Craig | Gallman | Med Ed Manager |
| John | Poulson | Med Ed Assoc Director |
| Nora | McDaniel | Product Surv Sr Coord |
| Kevin | Sullivan | IT Director |
| Darlenys | Veras | Clin Rsrch Associate |
| Richard | Heppenstall | Finance EVP/CFO |
| Sun Jin | Park | Med Sr Writer |
| Kristina | Lehman | Legal Operations, Governance and Risk Manager |
| Hannah | Schaefer | Total Rewards Manager |
| Clifford | Nicholson | IT Director, Global Infrastructure |
| Brighton | Schinto | Territory Sls Representative |
| Whitney | Cypes | Mktg VP |
| D'shante | Clarke | Project Assoc Manager |
| Ivan | Burgos-Ortiz | Systems Validation Sr Engineer II |
| Eric | Cote | IT Portfolio Director |
| Merrill | Bulson | Payroll Sr Manager |
| Kali | Farris | Microbiologist |
| Jeffery | Hales | Regional Sls Specialist |
| Angel | Alicea | Reg Affairs Coordinator |
| Naquan | Oliver | Product Specialist |
| Julio | Zamudio | General Manager LatAm |
| Carla | Fernandez | Global Supply Chain Planning Director |
| Carolina | Tolliver | Digital Mktg Sr Manager |
| Candice | Silva | Graphic Sr Artist |
| Betty | Priore | Sr Packager III |
| Martin | Del Rosario | Sr Prod Machinist III |
| Jacob | Maes | Territory Sls Sr Representative |
| Blake | Clement | Territory Sls Sr Representative |
| Alexandria | Clancy | Territory Sls Representative |
| Sandra | Saenz | Product Assurance II |
| Sean | Donnelly | Territory Sls Sr Representative |
| Erick Van | Nguyen | Prod Machinist II |
| Kalyani | Bodi | Fin Sr Analyst |
| Bridgette | Price | Territory Sls Assoc Representative |
| Rebecca | Lalonde | Master Data Sr Coordinator |

# 4JJ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☐ New Wholesaler<br>See Regarding the Ownership Change Attachment<br>■ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 02346 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Catalent CTS, LLC

Physical Address: 10245 Hickman Mills Drive

City: Kansas City State: MO Zip: 64137

Mailing Address (if different from physical address): SAME AS ABOVE

City: State: ove Zip:

Telephone: 816-767-6000 Website: www.catalent.com

Name of Designated Representative (DR): Matthew Blume

Licensing Company Email: GMB-CatalentCTSLLC@catalent.com DR Email: GMB-CatalentCTSLLC@catalent.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ■ Practitioners | ■ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ■ Others: clinical trial materials | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: clinical trials | | ☐ Others: N/A |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| See Attachment 1 | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

Refer to attached Disciplinary Actions & Orders (Attachment 1)

Original Signature (electronic, copies or stamps not accepted)

10/28/2024
Date

Catalent

14 Schoolhouse Road
Somerset, NJ 08873
catalent.com

+ 1 888 SOLUTION (76588466)

**Catalent CTS, LLC**
**Facility Disciplinary History**

1. South Carolina Board of Pharmacy

   On April 25, 2017, the Catalent CTS, LLC site located in Kansas City, MO paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

2. Alabama Board of Pharmacy

   On July 25, 2017, the Catalent CTS, LLC site located in Kansas City, MO paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION**
**BEFORE THE STATE BOARD OF PHARMACY**

| | |
|---|---|
| **In the Matter of:**<br><br>**Catalent CTS, LLC,**<br><br>**Applicant.** | **ORDER** |

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

## FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Kansas City, Missouri.

2. Applicant is a manufacturer of clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

## CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application



received 19 June 2017

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**

**CAROLE SMALL RUSSELL, R.Ph.**
**Board Chair**

June 16, 2017

**South Carolina Department of Labor, Licensing & Regulation**

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT CTS, LLC
PY . 17233

**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT CTS, LLC
10245 HICKMAN MILLS DR
KANSAS CITY MO 64137

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA** |
| | ) | |
| **CATALENT CTS, LLC** | ) | **STATE BOARD OF PHARMACY** |
| | ) | |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | **CASE NO: 17-L-0072** |
| | ) | |

**CONSENT ORDER**

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent CTS, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 10245 Hickman Mills Drive, Kansas City, MO 64137 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-

20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

Catalent CTS, LLC

By: _____
Its: VP & Deputy GC

_____
Michael Whisonant, Attorney for Catalent CTS, LLC

DONE this the _____ day of 8/8/2017, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware

Parent Company (if any): Creek Parent, Inc.

Corporation Name: Catalent, Inc. (Current Ultimate Parent Company of Applicant)

Mailing Address: 14 Schoolhouse Road

City: Somerset State: NJ Zip: 08873

Telephone: 732-537-6200 Email: n/a

Contact Person Name: Joseph Ferraro

Date of SEC Registration: 7/30/2014 | SEC Registration Number: 333-193542 | Stock Exchange Symbol: CTLT

**Section 5: Non-Publicly Traded Corporation or Company** N/A

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 6: Partnership** N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner** N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: We are a Contract Manufacturer and as such, this is Confidential information

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Catalent Pharma Solutions, Inc. (immediate parent company of applicant)

Corporation/Organization Name: Catalent CTS, LLC

Mailing Address: 10245 Hickman Mills Drive

City: Kansas City State: MO Zip: 64137

Telephone: 816-767-6000 Email: GMB-CatalentCTSLLC@catalent.com

Contact Person Name: Matthew Blume

**Section 6: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | ✓ | |
| 1. Copy of Certification See Attachment 2<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration See Attachment 3<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Enclosed | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment 4 | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment 4 | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment 5 | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ Enclosed | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **owning more than 10% of the business stocks/shares.** Access form at http://bop.nv.gov/Services/newapps/Business/ N/A | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** See Attachment 6 | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment 7 | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| N/A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Catalent CTS, LLC

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

Joseph Ferraro

Original signature of Authorized Person (copies or stamps not accepted)

10/28/2024

Date

| Board Use Only | Date Received: 10/31/24 | Amount: $1,000 CC |
|---|---|---|

# NABP ACCREDITED

## DRUG DISTRIBUTOR

Catalent CTS, LLC

located at

10245 Hickman Mills Dr, Kansas City, MO 64137

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

**Lemrey "Al" Carter,** PharmD, MS, RPh
*Executive Director/Secretary*

04/01/2024 - 03/31/2027
Period of Accreditation

Catalent

September 19, 2024

**Subject:** **Notification of Pending Indirect Stock Transfer Involving Licensee**

Dear Sir/Madam:

We are writing to provide notice of an upcoming indirect stock transfer involving Catalent entities, which hold manufacturer, distributor and/or other licenses or registrations issued by your office ("Licensee").

Catalent, Inc., a publicly traded corporation, is currently the ultimate parent owner of Licensee, which is positioned three or more levels below Catalent, Inc. in the corporate ownership structure. Pursuant to a merger agreement executed on February 5, 2024, 100% of the equity in Catalent, Inc. is expected to be obtained by Creek Parent, Inc., a subsidiary of Novo Holdings A/S. Following closing of the transaction, Novo Holdings A/S will be the new ultimate parent owner of Licensee and Novo Holdings A/S will be positioned six levels above Catalent, Inc. and nine or more levels above Licensee in the new corporate ownership structure. The transaction is currently expected to close at or around the end of November 2024, subject to the satisfaction of customary closing conditions.

Importantly, the anticipated transaction will not change Licensee's EIN, "doing business as" name, or address, or the services and/or products Licensee currently provides. In addition, Licensee's day-to-day operations and key management are expected to remain the same. All parties to the transaction maintain a strong commitment to continued quality assurance and regulatory compliance in the operation of this facility.

Thank you for your attention to this matter. Please do not hesitate to contact us if you have any questions.

Yours sincerely,

Joseph Ferraro
Senior Vice President, General Counsel & Secretary
Joseph.Ferraro@catalent.com

Catalent

**Attachment** 4

**Corporate Officer Information**

14 Schoolhouse Road
Somerset, NJ 08873
(732) 537 6200

**Alessandro Maselli**
*President & Chief Executive Officer*

**Ramon J. Ceron**
*Vice President & Treasurer*

**Joseph Ferraro**
*Senior Vice President, General Counsel & Secretary*

Attachment 5

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

3724407 8300

SR# 20243684177

Authentication: 204389457

Date: 09-13-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

Attachment 7

State of Missouri

*Division of Professional Registration*
Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2005035956
CATALENT CTS, LLC
CATALENT CTS LLC
MATTHEW G BLUME, MIC
10245 HICKMAN MILLS DR
KANSAS CITY MO 64137
USA

CATALENT CTS, LLC
CATALENT CTS LLC
MATTHEW G BLUME, MIC
10245 HICKMAN MILLS DR
KANSAS CITY MO 64137
USA

State of Missouri

*Missouri Department of Commerce and Insurance*
*Division of Professional Registration*
*Missouri Board of Pharmacy*
**Licensed Drug Distributor**
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2005035956
Matthew Blume
CATALENT CTS, LLC
CATALENT CTS LLC
MATTHEW G BLUME, MIC
10245 HICKMAN MILLS DR
KANSAS CITY MO 64137
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Attachment 6

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0446460 | 08-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5 | DISTRIBUTOR | 07-02-2024 |

CATALENT CTS, LLC
10245 HICKMAN MILLS DR
KANSAS CITY, MO 641371418

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0446460 | 08-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5 | DISTRIBUTOR | 07-02-2024 |

CATALENT CTS, LLC
10245 HICKMAN MILLS DR
KANSAS CITY, MO 641371418

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0446460 | 08-31-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 1,2,2N, 3,3N,4,5 | DISTRIBUTOR | 07-02-2024 |

CATALENT CTS, LLC
10245 HICKMAN MILLS DR
KANSAS CITY, MO 641371418

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration**
**P.O. Box 2639**
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
7360 2010 7350 7370 7437 2012

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0073945

Application/License No. WH02346

CATALENT CTS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10245 Hickman Mills Drive Kansas City, MO 64137 (Address of Applicant/Principal), as PRINCIPAL, and ARGONAUT INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 469011 San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 19, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2021

**ASSETS**

| | |
|---|---|
| CASH & INVESTED ASSETS | $248,880,956 |
| BONDS | $1,181,510,880 |
| STOCKS | $674,977,267 |
| INVESTMENT INCOME DUE AND ACCRUED | $5,760,648 |
| PREMIUM BALANCES | $114,828,986 |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| OTHER ASSETS | $40,514,092 |
| TOTAL ASSETS | $2,392,360,630 |

**LIABILITIES AND SURPLUS**

| | |
|---|---|
| UNEARNED PREMIUMS | $364,943,789 |
| LOSSES | $595,583,927 |
| LOSS ADJUSTMENT EXPENSES | $198,249,975 |
| COMMISSIONS | $4,787,791 |
| TAXES, LICENSES, AND FEES | $10,289,846 |
| [illegible] | $9,173,605 |
| [illegible] | [illegible] |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $0 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $2,510,048 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $11,771,696 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $52,193,204 |
| PAYABLE FOR SECURITIES | $3,599,489 |
| PROVISION FOR REINSURANCE | $16,445,734 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $47,083,249 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $1,597,617 |
| TOTAL LIABILITIES | $1,321,201,703 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $525,520,936 |
| UNASSIGNED SURPLUS | $541,137,991 |
| TOTAL SURPLUS TO POLICYHOLDERS | $1,071,158,927 |
| TOTAL LIABILITIES & SURPLUS | $2,392,360,630 |

Jace Westbrook, being duly sworn, says that he is Head of US Segment Accounting of Argonaut Insurance Company and that to the best of his knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2021.

Subscribed and sworn to before me this 5th day of April 2022

Notary Public

Julian Candler Westbrook III, Head of US Segment Accounting



# Argonaut Insurance Company
# Deliveries Only: 225 W. Washington, 24th Floor
# Chicago, IL 60606
# United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS.

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP 07/15/25
NOTARY ID 557902-8

Kathleen M. Meeks

(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 19th day of October, 2022.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

Austin W. King, Secretary

**IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.**

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of October, 2022.

APPLICANT/PRINCIPAL
CATALENT CTS, LLC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Aklima Noorhassan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application
Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Catalent CTS, LLC
Pharmacy/Wholesaler License # (if applicable): WH02346
Physical Address: 10245 Hickman Mills Drive
City: Kansas City State: MO Zip: 64137
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: 816-767-6000 Website: www.catalent.com
Licensing Company Email: GMB-CatalentCTSLLC@catalent.com

**Section 2: Personal Information**

First: Matthew Middle: Gerard Last: Blume
Alias(es, nicknames, name changes, etc.):
Date of Birt[redacted] SSN or ITIN[redacted] Sex ■ M ☐ F ☐ X
Mailing Addres[redacted]
City: Overland Park State: KS Zip[redacted]
Telephone: 816-767-6000 Email[redacted]
Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Kansas | | 08/94 - 05/96 | |
| Address | City | State | Zip |
| 1450 Jayhawk Blvd. | Lawrence | KS | 66045 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/19 - Present | [redacted] | Overland Park | KS | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 02/05 - 11/19 | | Olathe | KS | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent CTS, LLC | | | 2009-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10245 Hickman Mills Drive | | Kansas City | MO | 64137 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 816-767-6000 | VP Business Transformation, GM | | > 6000 | |
| **Description of Duties** | •Maintain and grow site operations and adhere to standard operating procedures (SOPs) for Clinical Supply Services in Kansas City, including Primary and Secondary Packaging, Labeling as well as Storage and Logistics capabilities. Manage all operational aspects of the site including productivity, cost, planning and daily business processes.• Ensure compliance with all applicable corporate and regulatory SOP, cGMP, and safety guidelines, in conjunction with site Quality Director | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 6. Provide all the following ***where applicable***:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

See Attachment 1

Original Signature (electronic, copies or stamps not accepted)

02 Oct 2024

Date

I, Matthew Blume, **certify that as the designated representative for** Catalent CTS, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MS I am at least 21 years of age;
3. MS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Blume
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 Sep 2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Matthew Blume

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 Sep 2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Missouri, ss. County of Clay

I, MATTHEW BLUME, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

30 Sep 2024

**Date**

Subscribed and Sworn to before me this 30 day of SEP 2024.

Jacqueline H McGrew

**Notary Public Signature**

JACQUELINE H MCGREW
Notary Public, Notary Seal
State of Missouri
Clay County
Commission # 14618461
My Commission Expires 05-20-2026

**(Seal)**

*CR - HR Employee Detail Report*

| Employee ID | Legal Name - Last Name | Legal Name - First Name |
|---|---|---|
| 784877 | Abbott | Jason |
| 787373 | Abbott | Joseph |
| 750238 | Abraham | Vincy |
| 777614 | Abuanga | Selma |
| 772654 | Abuhamda | Fatema |
| 784567 | Acharya | Jessika |
| 765634 | Adamson | Jakob |
| 781674 | Adedipe | Folukemi |
| 756384 | Adem | Ibrahim |
| 785877 | Adhikary | Pratik |
| 786498 | Ahammad | Tanbir |
| 791141 | Akkam | Yazan |
| 767529 | Al-Maliky | Thouraya |
| 771294 | Albrecht | Brandy |
| 756178 | Aldridge | David |
| 759787 | Alexander | Alicia |
| 774489 | Alexander | Michael |
| 750304 | Alexander | Paul |
| 769823 | Allen | Alicia |
| 758599 | Allen | Timberley |
| 790867 | Allison | Keil |
| 764079 | Allmon | Rosetta |
| 766776 | Alsadeq | Mohammad |
| 783965 | Alsup | Kazumi |
| 783013 | Alsup | Melissa |
| 762895 | Alvarez | Oliver |
| 788506 | Amsberry | William |
| 778559 | Anderson | Jaden |
| 791021 | Anderson | Sophie |
| 784983 | Andriano | Luke |
| 780200 | Angsten | Linzi |
| 758619 | Anthonysamy | Anjoe |
| 766240 | Appaiah | Hitesh |
| 766031 | Arens | Carl |
| 789183 | Armstrong | Devon |
| 790815 | Armstrong | Jonathan |
| 768934 | Arterbridge | Lindsey |
| 761872 | Asfaw | Martha |
| 784825 | Asgian | Alyssa |
| 760139 | Ashley | Jonathan |
| 789390 | Ashton | Anja |
| 787929 | Atkinson | Kale |
| 758831 | Austin | Aaron |
| 784644 | Avila | Albert |
| 760830 | Avila | Vincent |
| 775992 | Bachtel | Denae |
| 786182 | Bai | Xinyan |
| 757834 | Bailey | Zachary |
| 758773 | Baker | Schuyler |
| 784725 | Baker | Timothy |
| 750072 | Ball | Nancy |
| 784185 | Ballam | Garrison |

| | | |
|---|---|---|
| 788276 | Ballew | Mason |
| 785335 | Bamman | Isabella |
| 772436 | Banah | Ammar |
| 772883 | Barbuto | Richard |
| 783414 | Barham | Dakota |
| 763296 | Barta | Michael |
| 784078 | Bartlett | Leigh-Anne |
| 780408 | Bashir | Jordan |
| 750317 | Bassing | Tess |
| 785093 | Batie | Gerald |
| 787355 | Bauman | Benjamin |
| 750058 | Bay-Minish | Sharon |
| 756075 | Bealmear | Robert |
| 750053 | Beard | Billy |
| 761606 | Beckman | Kelsey |
| 782361 | Beel | Katie |
| 768000 | Behringer | Lynda |
| 790814 | Bell | Barrett |
| 784682 | Benavides | Michael |
| 778382 | Bentley | Thomas |
| 783799 | Berry | Nick |
| 786784 | Bertison | Ryan |
| 784504 | Biles | Philip |
| 790407 | Billinger | Amanda |
| 777460 | Birkenmeier | Catherine |
| 789097 | Black | Cannon |
| 770465 | Blake | Danielle |
| 763257 | Blake Jr | Melvin |
| 784989 | Blessington | Sharondalynn |
| 785753 | Blockinger | Hayley |
| 771405 | Bloustine | Jessica |
| 750090 | Blume | Matt |
| 781755 | Boaz | Jeffrey |
| 772612 | Boden | Hayley |
| 757609 | Boerma | Nancy |
| 768661 | Boland | Bridget |
| 762585 | Bolin | Anita |
| 750294 | Boswell | Curtis |
| 777617 | Boswell | Kaitlyn |
| 781287 | Boucena | Mohamed |
| 750750 | Boudreaux | Carol |
| 779915 | Bouhas | Bilal |
| 784664 | Bowles | Alex |
| 760321 | Bowles | Jennifer |
| 767252 | Bowser | Alexander |
| 761850 | Boyd | Larry |
| 750265 | Boye | Jodie |
| 750254 | Boyer | Angela |
| 773363 | Boyer | Daniel |
| 761885 | Brader | Rebecca |
| 761927 | Bradley | Lisa |
| 777620 | Brandsgaard | Oliver |
| 776184 | Branham | Jayme |
| 788304 | Brannon | Colin |
| 750270 | Breshears | Pamela |

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| 768769 | Brewer | Brittany |
| 780046 | Bridges | Andrew |
| 781753 | Brooks | Jason |
| 788538 | Brous | Zoe |
| 786099 | Brown | Glenn |
| 787778 | Brown | Jasmin |
| 774482 | Brown | Mary Jo |
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| 762703 | Brown | Peyton |
| 785722 | Brown | Rayna |
| 778695 | Brown | Robert |
| 779268 | Brown | Travis |
| 765887 | Browning | Cheyenne |
| 768115 | Bryant | Aaron |
| 767755 | Buchanan | Brittany |
| 750297 | Buche | Jim |
| 789726 | Bull | Stephanie |
| 765883 | Bunch | Joshua |
| 750076 | Bunton | Bryan |
| 789679 | Burich | Emily |
| 774207 | Burnett | Tyanthony |
| 759936 | Burns | Rachel |
| 789337 | Burse | Jada |
| 771448 | Bush | Scott |
| 786165 | Buso | Jordan |
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| 763090 | Byas | Marlette |
| 758771 | Bye | Nicole |
| 779555 | Byers | Alexander |
| 782322 | Byers | Darrian |
| 773362 | Byrnes | Shelby |
| 788913 | Callahan | Riley |
| 750853 | Campbell | Kassondra |
| 782005 | Cardens | Jesse |
| 784321 | Carlson | Eric |
| 763019 | Carpenter | Jessica |
| 785838 | Carpenter | Katie |
| 784523 | Carter | Ashley |
| 784735 | Cassity | Krista |
| 765607 | Castle | Elizabeth |
| 777180 | CDeBaca | Nicole |
| 783925 | Cha | Angela |
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| 784798 | Chapman | Brennan |
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| 784987 | Chestnut | Spencer |
| 750641 | Clapp | Mark |
| 778381 | Clark | Brett |
| 770712 | Clary | Carolyn |
| 784081 | Clary | Hannah |
| 765083 | Claycomb | Akasha |
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| 764152 | Clevenger | Kerry |
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| 788891 | Cole | Antowonette |
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| 777103 | Coles | Kimberly |
| 791222 | Colina | Lesvy |
| 763521 | Collier | Jack |
| 786645 | Collins | Aliyah |
| 788540 | Comley | Thierry |
| 783237 | Cone | Grant |
| 784728 | Contreras | Kadee |
| 778732 | Cooley | Justin |
| 774504 | Cooper | LaShawn |
| 789354 | Coryell | Kevin |
| 783473 | Cosby | Benjamin |
| 786572 | Coy | Christopher |
| 785398 | Coyazo | Marc |
| 787385 | Craddock | Ashley |
| 786144 | Craft | Emily |
| 791220 | Crawford | Lauren |
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| 788122 | Crockett | Lawrence |
| 785480 | Crookston | Michelle |
| 788927 | Cross | Levi |
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| 784984 | Cruz | Isaiah |
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| 775579 | Cumberland | Sara |
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| 770678 | Cunningham | DeAndre |
| 790127 | Cunningham | Donta |
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| 757906 | Curp | Kyle |
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| 788643 | Curtis | Alexus |
| 771447 | Dailey | Barry |
| 750257 | Damon | Andrew |
| 783926 | Daniel | Jennifer |
| 761933 | Dao | Duc |
| 759172 | Darnell | Molly |
| 771754 | Daugherty | Shelby |
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| 765028 | Davis | Heather |
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| 791324 | Davis | Mikilah |
| 788169 | Dawkins | Chantoy |
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| 781013 | Dean Boedeker | Allison |
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| 762589 | Dearing | Shana |

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| 783358 | Deatherage | Mary |
| 786647 | Dedert | Samuel |
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| 763564 | DeKraai | Bryanna |
| 770192 | Delacour | Jerad |
| 750103 | Deters | Luke |
| 789165 | DeVries | Lucas |
| 762170 | Diaw | Abdou |
| 750764 | Dickens | Tammy |
| 780040 | Diehl | Troy |
| 786843 | Dietz-Henk | Brian |
| 785748 | Difuntorum | Leigh Anne |
| 766716 | Dinn | Hadeel |
| 778392 | DiProperzio | Anthony |
| 750863 | Djennelbaroud | Badreddine |
| 781010 | Domann | Nick |
| 786331 | Donegan | Jordan |
| 761837 | Dorsett | Dawn |
| 770754 | Doughty | Elizabeth |
| 760365 | Douglas | Michael |
| 757713 | Dowdle | William |
| 776770 | Drake | Michael |
| 767432 | Drake Jr. | Dwight |
| 791052 | Drees | Jared |
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| 785746 | Dubric | Alisa |
| 763320 | Ducote | Matthew |
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| 773051 | Dutcher | Matthew |
| 789941 | Dylewski | Vivienne |
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| 750667 | Eagles | Karen |
| 789611 | Echevarria | Keilani |
| 787660 | Eden | Angela |
| 780205 | Edlin | Melanie |
| 756512 | Edwards | Damond |
| 771292 | Eichholtz | Marion |
| 787554 | Ekama | Trust |
| 788681 | Eldringhoff | Layla |
| 782648 | Elliott | Bryan |
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| 761357 | Elliott | Stephen |
| 782724 | Ensley | David |
| 772893 | Ermak | Alexey |
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| 750872 | Essary | Benjamin |
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| 780581 | Everest | Yessenia |
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| 774573 | Ezell | Darci |
| 763171 | Fantroy | Denise |
| 757139 | Farnan | Zachary |
| 788764 | Farrell | Trevor |
| 784325 | Farris | Joshua |
| 768449 | Faulkner | Trent |
| 787243 | Fears | Wyatt |
| 779644 | Fehner | Kathleen |
| 759296 | Feldman | Chow Yong |
| 774168 | Fenzl | Clayton |
| 782003 | Ferencz | Elizabeth |
| 784141 | Ferren | Sadie |
| 761878 | Fetters | Kelsi |
| 770366 | Field | Thomas |
| 769025 | Fielder | Keysha |
| 757395 | Finamore | Cameron |
| 790700 | Fiorentino | Paul |
| 781694 | Firebaugh | James |
| 773366 | Fisch | Brendon |
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| 786243 | Fischer | Kalie |
| 769213 | Fishback | Lauren |
| 750261 | Fitzgibbons | Shawn |
| 750303 | Flamm | Spencer |
| 750251 | Fleshman | Steven |
| 775310 | Ford | Chloe |
| 768752 | Ford | Tamara |
| 759366 | Forrester | Erin |
| 775321 | Frangedakis | Deborah |
| 789939 | Franz | Izabella |
| 777406 | Freeman | Alexys |
| 757245 | Friend | Tammy |
| 769049 | Friend | Victor |
| 785868 | Fuentes | Isabella |
| 784160 | Furman | Angela |
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| 778355 | Gaela | Brenna |
| 774157 | Gagnier | Ryan |
| 763367 | Gallagher | Devin |
| 762248 | Galler | Anita |
| 773568 | Gambino | Melissa |
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| 779295 | Garcia | Mauro |
| 762587 | Gardenhire | Perry |
| 786893 | Gardner | Katherine |
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| 757065 | Garrett | Ron |
| 781676 | Garrison | Daniel |
| 786745 | Garrow | Jeremy |
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| 761887 | Gharst | Cheryl |
| 782533 | Gibbone | Gabriella |
| 780580 | Gibson | Megan |
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| 784816 | Gillespie | Kathryn |
| 763675 | Gilstrap | Madeline |
| 759170 | Gittemeier | Rachel |
| 788213 | Godwin | Mylee |
| 778162 | Gogichaeva | Natalia |
| 767268 | Golden | Bradley |
| 785427 | Gonzales | Emilio |
| 750868 | Gonzalez | Joshua |
| 750113 | Gooch | Elizabeth |
| 786567 | Goodman | Sofia |
| 750857 | Gordon | Kori |
| 780083 | Gordon | Michael |
| 784276 | Gordon | Tiffany |
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| 750239 | Grandstaff | Rebbecca |
| 761207 | Grant | Kyle |
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| 771544 | Grey | Grace |
| 750080 | Grissom | Renee |
| 786499 | Groce | Shelby |
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| 786700 | Gutierrez | Samuel |
| 787779 | Haas | Camron |
| 773364 | Hackley | Amanda |
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| 750742 | Hadziric-Kovacevic | Nazifa |
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| 750852 | Haile | Lee |
| 777420 | Hakim | Charmille |
| 750620 | Hale | Debbie |
| 772216 | Hale | Garrison |
| 762100 | Halfmann | Dustin |
| 771970 | Hall | Derek |
| 756422 | Hall | Jared |
| 785771 | Hall | Nathaniel |
| 750266 | Hall | Scott |
| 776763 | Hallak | Rami |
| 760985 | Hallam | Jamie |
| 762210 | Hamm | Melissa |
| 750116 | Hammond | Timothy |
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| 766233 | Handler | Adam |
| 786870 | Handler | Carol |

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| 750910 | Haney | Ryan |
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| 750547 | Hansen | Paul |
| 768767 | Harder | Ashley |
| 751088 | Hardman | Kara |
| 782722 | Hardman | Meghan |
| 777204 | Harkins | Catherine |
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| 783175 | Harris | William |
| 785847 | Harrison | Adam |
| 784797 | Hart | Amanda |
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| 761844 | Hasan | Munira |
| 778901 | Hassen | Laura |
| 762090 | Hatcher | Zachary |
| 755823 | Hauser | Fred |
| 761017 | Hawkins | Emily |
| 757387 | Hawthorne | Robert |
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| 750559 | Hefner | Brian |
| 784538 | Hegarty | Megan |
| 750086 | Heier | Jean |
| 776187 | Helm | Margaret |
| 780564 | Henderson | Kayla |
| 750695 | Hendricks | Erika |
| 790170 | Henley | Quinnekka |
| 774169 | Hennessy | Robert |
| 758989 | Henning | Christopher |
| 761238 | Henry | Kristina |
| 775855 | Hensley | Jesse |
| 774480 | Heroneme | Carl |
| 763620 | Hess | Christopher |
| 763319 | Hewawasam | Geetha |
| 750231 | Hickman | Susan |
| 775092 | Hill | Charles |
| 791325 | Hill | Chester |
| 789940 | Hill | Collin |
| 789716 | Hill | Destiny |
| 773030 | Hill | Leilani |
| 790911 | Hinck | Isabella |
| 786568 | Hinote | Rachel |
| 780693 | Hirshfield | Megan |
| 772991 | Hlavaty | Ross |
| 760148 | Hodes | Eliza |
| 772999 | Hodge | Hannah |
| 785898 | Holderman | Lauren |
| 777106 | Holland | Joshua |
| 750689 | Holloway | Jean |
| 750262 | Holthouse | Tanya |
| 770194 | Hoopes | Jacob |
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| 750114 | Horn | Scott |
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| 782002 | Houck | Rachel |
| 789724 | Howard | David |
| 773134 | Howell | David |
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| 772236 | Huang | Hui-Hsien |
| 777408 | Hughes | Maurice |
| 771790 | Hughes | Thomas |
| 775990 | Hull | Roxanne |
| 783782 | Hunsucker | Angela |
| 782481 | Hunt | Rebekah |
| 764864 | Hunter Jr. | Darryl |
| 761838 | Hurd | Scott |
| 777102 | Hutley | Ashley |
| 750584 | Huxoll | James |
| 770806 | Hynes | Michael |
| 785751 | Imloul | Fares |
| 775852 | Iniguez | Elisa |
| 764377 | Ireton | Samuel |
| 765111 | Irminger | Sara |
| 773193 | Irving | Rochelle |
| 761817 | Islam | Md Saiful |
| 789161 | Islawayn-Scott | Faiza |
| 781564 | Isringhausen | Caleb |
| 783815 | Jacks | Christopher |
| 774980 | Jackson | KaSonka |
| 790985 | Jackson | Winfred |
| 769244 | Jacobs | Erin |
| 759642 | Jacobs | Lindsey |
| 771330 | Jacoby | Laura |
| 757894 | Jain | Raj |
| 777101 | Jalal | Aisha |
| 764949 | Janes | Katherine |
| 783781 | Javed | Ehsan |
| 790866 | Jefferson | Justin |
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| 789622 | Jepsen | Kayla |
| 750256 | Johns | Leonard |
| 786487 | Johnson | Abigail |
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| 771205 | Johnson | Evan |
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| 771951 | Johnson | Melody |
| 784202 | Johnson | Taylore' |
| 773553 | Johnston | Jeffrey |
| 769015 | Johnston | Jessica |
| 788855 | Jones | Carson |
| 762860 | Jones | Dana |
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| 765174 | Jones | Mason |
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| 750122 | Kahler | Cindy |
| 772993 | Kaighin | Jesse |
| 768364 | Kaminski | Joseph |
| 756466 | Kao | Jonathan |
| 769411 | Karki | Radha |
| 787518 | Kavuri | Anusha |
| 775604 | Keefe | Michael |
| 750879 | Kegley | Travis |
| 758323 | Kelley | Shannon |
| 776761 | Kennedy | Angela |
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| 767536 | Kennedy | Kirk |
| 757608 | Kerner | Allissa |
| 763569 | Kerr | Andrea |
| 768407 | Kershner | Emily |
| 785752 | Ketcher | Zachary |
| 777619 | Keys | Clara |
| 788177 | Khalid | Khandker Mohammad |
| 788403 | Khan | Muhammad |
| 785490 | Kiekel | Devin |
| 761888 | Kimani | Evans |
| 750269 | Kindel | John |
| 750118 | Kinkead | Jennifer |
| 782037 | Kirn | Caleb |
| 750702 | Klaus | Elizabeth |
| 750552 | Klein | Justin |
| 758280 | Knighten | Keosha |
| 759641 | Knox | Brett |
| 783929 | Kolb | Dylan |
| 781373 | Kollman | Alec |
| 788868 | Koontz | Jennifer |
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| 790808 | Krysa | Parker |
| 778525 | Kucia | Eleanor |
| 750216 | Laille | Erin |
| 783023 | Lambert | Parker |
| 750083 | Lambrecht | Joyce |
| 764115 | Lanclos | Kimo |
| 777891 | Large-Gurin | Josh |
| 750073 | Lasley | Mark |
| 790902 | Lavan | Derick |
| 784997 | Law | Abigail |
| 784819 | Lawson | Ashley |
| 781751 | Le | Thanh |
| 750705 | Ledgerwood | Jeremy |
| 785479 | Lee | Jamie |
| 759664 | Lee | Yingying |
| 776848 | Lee | Zachary |
| 762689 | Leibrecht | Andrea |
| 763907 | Leiker | Katherine |
| 787135 | Lemons | Kelton |
| 750772 | Lewis | Alicia |
| 756319 | Lewis | Joseph |
| 777979 | Lewis | Kelsey |
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| 765625 | Lewis | Nicole |
| 767250 | Li | Wenjing |
| 788652 | Lienhardt | Thomas |
| 770193 | Lies-McCanlies | Ashley Elijah |
| 772892 | Lilly | Holly |
| 780689 | Lin Wells | Suching |
| 758876 | Linares | Spenser |
| 787755 | Little | Johnathan |
| 766173 | Locascio | Theresa |
| 785971 | Loehr | Marie |
| 758116 | Logan | Amber |
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| 784690 | Long | Noah |
| 786000 | Lopez Ramirez | Maria |
| 788853 | Loveland | Fenton |
| 750309 | Lowry | Jessica |
| 762998 | Lu | Nang |
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| 760465 | Lugo-Schmalzried | Patricia |
| 786240 | Lundergan | Isaac |
| 787861 | Lyman | Lewis |
| 785620 | Lynn | Alexis |
| 786661 | Lynn | Megan |
| 782657 | Mackey | Amanda |
| 750235 | Madrid | Christine |
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| 779945 | Mahurin | Marvin |
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| 757384 | Mann | Amritpal |
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| 757243 | Mannebach | Scott |
| 750703 | Manning | Catherine |
| 789899 | Manyanga | Jimmy |
| 770195 | Marak | Joseph |
| 759540 | Markley | Erin |
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| 788664 | Markman | Courtney |
| 757969 | Marolt | Laura |
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| 750907 | Marshall | Sarah |
| 761155 | Martens | Madison |
| 789801 | Martin | Alex |
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| 778607 | Martinez | Magdalena |
| 775602 | Martinez | Nina |
| 785338 | Martinez Cappello | Sofía |
| 789479 | Martinez-Pruitt | Diana |
| 762048 | Marvin | Manette |
| 761268 | Massey | Hayley |
| 790994 | Maupin | Alia |
| 755824 | Maust | Steven |
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| 783552 | McCormick | Andrea |
| 773693 | McCormick | Morgan |
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| 772214 | McCurry | Shaun |
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| 774505 | McDougall | Patrick |
| 773695 | Mcgee | Melissa |
| 756406 | McGrew | Jacqueline |
| 755729 | McKeown | Steve |
| 750097 | McKine | John |
| 763207 | McLaughlin | Paul |
| 758615 | McNealey | Sharon |
| 779198 | Mead | William |
| 769826 | Medford | Dillon |
| 791094 | Medina | Samuel |
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| 761048 | Mendenhall | Joseph |
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| 775856 | Merhi | Celina |
| 767756 | Messer | Devin |
| 766574 | Meyer | Amber |
| 750276 | Mikuls | Brian |
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| 787498 | Moffat | Jennifer |
| 755797 | Monagin | Brian |
| 770916 | Monk | Alaysha |
| 750767 | Monroe | Tara |
| 786585 | Montgomery | Andre |
| 788567 | Moore | Aiden |
| 760927 | Moore | Laurie |
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| 758830 | Moors | Amanda |
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| 750121 | Morrison | Lisa |
| 766555 | Mullen | Margaret |
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| 767072 | Murmylo | Michael |
| 787745 | Murray | Austin |
| 769573 | Myers | Isaac |
| 759470 | Nash | Jennifer |
| 785721 | Nawale | Pallavi |
| 779022 | Neal-Middleton | Stacie |
| 787348 | Nelson | Sarah |
| 787917 | Nevarez Medina | Liliana |
| 781754 | Nevels | Maya |
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| 757295 | Nguyen | Soledad |
| 764980 | Nguyen | Tony |
| 762571 | Nicholas | Mike |
| 786183 | Nichols | Caleb |
| 788401 | Nickles | Molly |
| 765312 | Ninkovic | Bojan |
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| 759006 | Nold | Crystal |
| 766030 | Norris | Michaela |
| 760671 | Norton | Norreece |
| 780561 | Nova | Britta |
| 788253 | Nuru | Alameen |
| 783774 | O'Day | Mollie |
| 776771 | O'Hora | Joshua |
| 789507 | Odems | Jacqueline |
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| 771404 | Orr | Madison |
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| 786569 | Pahwa | Manvi |
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| 773360 | Pearsall | Melvin |
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| 774638 | Peeples | Robert |
| 783927 | Pelham | Christopher |
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| 759789 | Penrose | Oliver |
| 776657 | Perry | Joseph |
| 786962 | Perry | Sydney |
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| 776522 | Peterson | Samuel |
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| 774561 | Pollard | James |
| 758279 | Post | Mary |
| 787256 | Pounds | Kasey |
| 773063 | Powell | Andre |
| 789042 | Powell | Michael |
| 767231 | Prashek | Jennifer |
| 791163 | Prawl | Bruce |
| 789116 | Preisinger | Kristopher |
| 766556 | Prendergast | Tanner |
| 783904 | Price | Shannon |
| 768322 | Pride | Charles |
| 762613 | Primrose | Victor |
| 775583 | Proffit | Riley |
| 768663 | Prosperi | Natalie |
| 791010 | Pryor | Jessica |
| 785747 | Purinton | Sutton |
| 774871 | Purohit | Kruti |
| 775274 | Pyle | Logan |
| 750903 | Quick | Angela |
| 763627 | Rabile | Deqa |
| 757172 | Rabile | Mohamed |
| 790021 | Rader | Alexandra |
| 785674 | Radilla Nava | Gerardo |
| 750319 | Radtke | Laura |
| 761248 | Rajapaksa | Thejani |
| 777417 | Ramirez-Phillips | Amanda |
| 777134 | Ranallo | Alexandra |
| 777418 | Ratcliff | Rachel |
| 775297 | Rawlings | Madelyn |
| 779643 | Rebel | Nicholas |
| 775606 | Reece | Katelyn |
| 776757 | Reed | Dallan |
| 750663 | Reed | Kyle |
| 757129 | Reed | Shawn |
| 750753 | Reeves | Carmen |
| 791103 | Reji | Tyler |

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|---|---|---|
| 764783 | Reyes | Jose |
| 750206 | Reyes | Margareta |
| 777616 | Rhodes | Sarah |
| 761882 | Riaz | Sarah |
| 783363 | Richardet | Sharad |
| 785201 | Richardson | Payton |
| 758321 | Ridgell | Samuel |
| 788123 | Riley | Clayton |
| 750749 | Rish | Kimberly |
| 786589 | Robben | Thomas |
| 760626 | Robberson | Susan |
| 774162 | Roberts | Kevin |
| 758770 | Roberts | Richard |
| 756281 | Robertson | Benjamin |
| 788008 | Robertson | Craig |
| 750640 | Robertson | Imelda |
| 785557 | Robinson | Davionne |
| 756312 | Robinson | Stephanie |
| 772291 | Robison | Denice |
| 761113 | Rockwell | John |
| 759604 | Roddy | Eric |
| 790466 | Rodriguez | Ana |
| 784988 | Rodriguez | Yssa |
| 791039 | Roettgen | Caleb |
| 770760 | Rogers | Spencer |
| 750915 | Rose | Kristie |
| 770004 | Rotari | Sandu |
| 782750 | Roth | Justin |
| 771527 | Rothe | Rebecca |
| 777890 | Rothove | Matthew |
| 750711 | Rowe | Krista |
| 785607 | Rudic | Sofia |
| 767527 | Rush | Hannah |
| 782493 | Russell | Anthony |
| 758322 | Russell | Jacob |
| 785118 | Russell | Madison |
| 790945 | Ruth | Uhura |
| 750350 | Ryder | Amanda |
| 775294 | Sabin | Sydney |
| 772431 | Sails | Elizabeth |
| 750648 | Salgado | Edwin |
| 770920 | Sanfilippo | Benjamin |
| 769012 | Sansom | Michael |
| 791022 | Santamaria | Antonia |
| 786935 | Sarson | Kara |
| 785097 | Saunders | Faith |
| 756470 | Scheiferstein | Joel |
| 750345 | Scheuer | LaDona |
| 755944 | Schieszer | Chris |
| 756393 | Schmidt | Lynette |
| 784263 | Schneider | Jesse |
| 785421 | Schneider | Raymond |
| 776756 | Schnelle | Amy |
| 771521 | Schnitz | Alexander |
| 750068 | Schnitz | Joseph |

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| 750278 | Schoen | Joan |
| 764663 | Schubert | Brenda |
| 785922 | Schwab | Oliver |
| 772490 | Schwartze | Jacqueline |
| 788456 | Scott | Adrienne |
| 750629 | Scott | Jennifer |
| 786744 | Scott | Martez |
| 756311 | Scott | Rachel |
| 791327 | Seacreas | Janet |
| 757092 | Seba | Alyson |
| 768418 | Selby | Mackenzie |
| 787264 | Senanayaka | Dulmi |
| 761692 | Senter | Amy |
| 766120 | Serda | David |
| 778609 | Servos | Philip |
| 784801 | Sewell | Dylan |
| 760652 | Sexton | LaMicha |
| 788507 | Shaffer | Kelsey |
| 781579 | Sharp | Anna |
| 786001 | Sharpton | Jeffrey |
| 790809 | Shears | Amya |
| 790587 | Shelby | Marcia |
| 785991 | Shilvock | Rachel |
| 762569 | Shirley | Catherine |
| 782576 | Sholander | Chelsea |
| 768754 | Shortino | Roman |
| 762775 | Siegele | Heidi |
| 761718 | Sifuentes | Sienna |
| 763985 | Simmons | Demonica |
| 772504 | Simmons | Lauren |
| 750283 | Simmons | Scott |
| 763001 | Simmons-Nolan | Tina |
| 789396 | Simonelli | Doreen |
| 781119 | Sims | William |
| 776760 | Siriwardane | Dumindika |
| 757548 | Slattery | Kayle |
| 778527 | Slaughter | Brittany |
| 790908 | Sloan | Jaleen |
| 781015 | Small | Melissa |
| 756582 | Smalley | Donald |
| 760930 | Smiley | Kelly |
| 757757 | Smith | Austin |
| 761504 | Smith | Bruce |
| 788649 | Smith | Hannah |
| 773000 | Smith | Kayla |
| 769882 | Smith | Malik |
| 785926 | Smith | Marlon |
| 771452 | Smith | Nicolas |
| 750070 | Smith | Robert |
| 756685 | Smith | Shelly |
| 773730 | Smith | Victoria |
| 788402 | Snyder | Jerad |
| 762899 | Sodini | Coleton |
| 775986 | Sodini | Emelia |
| 781438 | Sorensen | Erik |

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|---|---|---|
| 774486 | Soucie | Krystina |
| 763155 | Souraxay-Phouangphet | Zynthia |
| 791303 | Spanel | Jack |
| 775094 | Spare | Cale |
| 772186 | Spencer | Janessa |
| 757614 | Squire | Joshua |
| 775578 | Starkweather | Graham |
| 772662 | Stasiak | Anthony |
| 783109 | Stawarz | Lorenzo |
| 750328 | Stephens | Duane |
| 778723 | Stevens | Lillian |
| 774158 | Stevens | Taelar |
| 750288 | Stevenson | Marilyn |
| 785899 | Stewart | TaT'yanna |
| 750092 | Stickel | Devin |
| 787520 | Stoker | Porscha |
| 784982 | Storms | Christine |
| 790810 | Strickland | Michael |
| 756052 | Stuart | George |
| 786166 | Stucky | Chase |
| 750079 | Stutzman | Todd |
| 788642 | Sudduth | Carey |
| 759785 | Sullivan | Nathan |
| 757885 | Summers | Diana |
| 782350 | Svay | Maranny |
| 786225 | Sweeney | Sean |
| 785651 | Swenson | Jonathan |
| 750743 | Swift | Christin |
| 782139 | Sykes | Tiffany |
| 785377 | Tabakh | Jennifer |
| 784369 | Tady | John |
| 783151 | Talley | Mitchell |
| 758984 | Tatum | Charlotte |
| 750324 | Taylor | Adam |
| 750656 | Taylor | Althea |
| 776774 | Taylor | Darrion |
| 750563 | Taylor | Dionne |
| 779559 | Taylor | Lauren |
| 781595 | Taylor | Rachel |
| 773691 | Telles | Ashley |
| 767808 | Tenay | Brandon |
| 777624 | Tenney | Laura |
| 790040 | Thomas | Jonathan |
| 756819 | Thomas | Joseph |
| 757795 | Thompson | Eric |
| 788277 | Thompson | Kamdyn |
| 757967 | Thompson | Ronald |
| 750300 | Thompson | Stacey |
| 772881 | Thurman | Randy |
| 775364 | Timmerman | Eric |
| 750260 | Timmons | Deuandara |
| 750243 | Timmons | Jeffrey |
| 776174 | Todd | Julie |
| 791081 | Tolsma | Joseph |
| 789173 | Tolson | Dion |

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|---|---|---|
| 773361 | Tolstik | Alice |
| 756753 | Tompkins | Deborah |
| 757134 | Torres | Edwin |
| 791140 | Torres | Elizabeth |
| 783441 | Tran | Jason |
| 788900 | Truong | Alina |
| 784076 | Truong | Derrick |
| 784985 | Tubbs | Marissa |
| 777413 | Tuli | Sayema |
| 781254 | Tuma | Carly |
| 779582 | Turner | Danielle |
| 750089 | Tuter Shahan | Debbie |
| 775987 | Twenter | Zachary |
| 756197 | Vaglio | Joseph |
| 783476 | Valentine | Darien |
| 769830 | Van Camp | Austin James |
| 778160 | Van Eaton | Kristen |
| 777421 | Vasquez | Bryan |
| 765562 | Vassholz | Logan |
| 756912 | Vaughan | Kenneth |
| 760725 | Vaughn | Jaclin |
| 785322 | Vennard | Elizabeth |
| 766101 | Verma | Raj |
| 789877 | Villacampa | Alvynne |
| 787546 | Vinluan | Rodrigo |
| 767952 | Volstromer | Alex |
| 769013 | Wade | Vince |
| 790560 | Wadekar | Mrunmayee |
| 758600 | Walker | Angela |
| 783174 | Walker | Leslie |
| 767807 | Wallace | Mark |
| 776775 | Walter | Matthew |
| 757657 | Ward | Nichole |
| 788505 | Warnock | Manuela |
| 790989 | Warren | Trevor |
| 750778 | Warrino | Renee |
| 785378 | Wassinger | Kira |
| 787593 | Webb | Anthony |
| 784623 | Webb | Marcus |
| 758877 | Weddle | Susan |
| 771948 | Weese | Jocelyn |
| 750234 | Weese | Paul |
| 767071 | Wehmeyer | Hannah |
| 774983 | Wehren | Elizabeth |
| 769582 | Wellman | Rebecca |
| 783534 | Wells | Christopher |
| 750774 | Welsh | Susan |
| 781288 | Wendelin | Chelsey |
| 785381 | Wescott | Susan |
| 766184 | West | James |
| 791323 | Westmoreland | Chris |
| 781187 | Whinery | Rachelle |
| 757947 | White | Aaron |
| 786660 | White | Claire |
| 780354 | White | Megan |

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|---|---|---|
| 775983 | White | Roy |
| 761845 | White | Wilma |
| 778158 | Whiting | Gabrielle |
| 777111 | Wickham | Justin |
| 756498 | Wilbur | Pamela |
| 750230 | Wilkerson | Carolyn |
| 750732 | Williams | April |
| 784954 | Williams | Jessica |
| 763002 | Williams | Lauren |
| 761893 | Wilson | Alexander |
| 756282 | Wilson | Jonathan |
| 789022 | Wilson | Sydney |
| 783570 | Wind | Edward |
| 769436 | Windsor | Megan |
| 761290 | Winters | Darin |
| 780982 | Wolf | Austin |
| 776759 | Womeldorff | Katie |
| 784432 | Wooden | Sharetta |
| 786226 | Woodroof | Shelby |
| 761482 | Woods | Melody |
| 779196 | Wooldridge | Flavia |
| 783108 | Worden | Amber |
| 760020 | Wright | Bethany |
| 784681 | Wright | Marcus |
| 757928 | Wright | Sheila |
| 750054 | Wulff | Paul |
| 759581 | Wyman | Michael |
| 765969 | Yahn | Eric |
| 782852 | Yates | Adam |
| 750105 | Yeager | Jason |
| 764339 | Yeasmin | Romana |
| 750245 | Yeutter | Gregory |
| 760022 | Ying | Su-Liang |
| 773734 | Yoder | Austin |
| 786238 | Yoder | Grant |
| 783263 | Yoo | Tae |
| 791326 | York | Andrew |
| 772218 | Yost | Ryan |
| 784999 | Young | April |
| 784817 | Zeiger | Alicia |
| 750645 | Zemler | Philip |
| 750100 | Zhang | Xiaoying |
| 791181 | Zheng | Rachel |
| 750120 | Zhu | Junhua |
| 787927 | Zieman | Joshua |
| 784401 | Zijadic | Enver |
| 762026 | Zoog | Audrey |
| 765986 | Zynda | Keith |

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**Washington, D.C. 20549**

# FORM 10-K/A
**(Amendment No. 1)**

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the Fiscal Year Ended June 30, 2024**

**or**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from _____ to _____**

**Commission File Number: 001-36587**

Catalent

# CATALENT, INC.
**(Exact name of registrant as specified in its charter)**

| **Delaware** | **20-8737688** |
|---|---|
| **(State or other jurisdiction of incorporation or organization)** | **(I.R.S. Employer Identification Number)** |
| **14 Schoolhouse Road Somerset, New Jersey** | **08873** |
| **(Address of principal executive offices)** | **(Zip Code)** |

**(732) 537-6200**
**(Registrant's telephone number, including area code)**

**Securities registered pursuant to section 12(b) of the Act:**

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| **Common stock, $0.01 par value per share** | **CTLT** | **New York Stock Exchange** |

**Securities registered pursuant to Section 12(g) of the Act: None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

| | | | |
|---|---|---|---|
| Large accelerated filer | ☒ | Accelerated filer | ☐ |
| Non-accelerated filer | ☐ | Smaller reporting company | ☐ |
| | | Emerging growth company | ☐ |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

As of December 31, 2023, the aggregate market value of the registrant's voting and non-voting common equity held by non-affiliates was $8.10 billion.

As of October 23, 2024, Catalent, Inc. had 181,511,586 shares of the common stock, par value $0.01 per share, outstanding.

## EXPLANATORY NOTE

Catalent, Inc. (the "Company") is filing this Amendment No. 1 ("Amendment No. 1") to its Annual Report on Form 10-K for the fiscal year ended June 30, 2024 as filed with the Securities Exchange Commission (the "SEC") on September 6, 2024 (the "Original Form 10-K"), to provide the information required by Part III of Form 10-K. This information was previously omitted from the Original Form 10-K in reliance on the General Instructions to Form 10-K, which permits the information in Part III to be incorporated in Form 10-K by reference from the registrant's definitive proxy statement or included in an amendment to Form 10-K, in either case filed with the SEC no later than 120 days after the end of the fiscal year.

Pursuant to Rule 12b-15 under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), this Amendment No. 1 also contains new certifications pursuant to Sections 302 and 906 of the Sarbanes-Oxley Act of 2002, which are being filed and furnished, respectively, as exhibits to this Amendment No. 1 under Item 15 of Part IV. Because this Amendment No. 1 does not contain or amend any disclosure with respect to Items 307 and 308 of Regulation S-K under the Exchange Act, paragraphs 4 and 5 of the Section 302 certifications have been omitted. As a result, Item 15 of Part IV has been amended to reflect the filing and furnishing of these new certifications, and to reflect the filing of compensatory agreements relating to individuals who became a named executive officer for the first time.

Except as otherwise expressly noted herein, this Amendment No. 1 does not modify or update in any way the financial position, results of operations, cash flows, or other information contained or incorporated in, including the exhibits thereto, the Original Form 10-K, nor does it reflect events occurring after the filing of the Original Form 10-K. Accordingly, this Amendment No. 1 should be read in conjunction with the Original Form 10-K and with our other filings made with the SEC subsequent to the filing of the Original Annual Report.

In this Amendment No. 1, we provide our website address, www.catalent.com, to disclose that certain information is available on our website. Information contained on, or that can be accessed through, our website is not incorporated by reference into this Amendment No. 1, and references to our website address in this Amendment No. 1 are inactive textual references only.

**CATALENT, INC.**

**INDEX TO ANNUAL REPORT ON FORM 10-K/A (Amendment No. 1)**
**For the Fiscal Year Ended June 30, 2024**


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## PART III

### ITEM 10. DIRECTORS, EXECUTIVE OFFICERS AND CORPORATE GOVERNANCE

**Information Regarding Directors**

Set forth below is certain information with respect to our current directors as of October 21, 2024.

**Michael J. Barber**
**Director since 2021**
[redacted]
**Committees:**
- Compensation and Leadership
- Nominating and Corporate Governance

Michael J. Barber has been a member of the Board since April 2021. He retired as the Chief Diversity Officer for General Electric Company in January 2022. During his forty-year career at GE, Mr. Barber held a variety of progressively senior roles in engineering, operations, and product management, including service as President and CEO of GE Molecular Imaging and Computed Tomography from 2016 until 2020; as Chief Engineer, GE Healthcare and Chief Operating Officer, GE Healthcare Systems from 2013 until 2015; as VP and General Manager, Molecular Imaging, GE Healthcare in 2012; as Vice President, healthymagination (GE Corporate) from 2009 until 2011; and as Vice President and CTO, GE Healthcare from 2007 until 2008. Among other prestigious awards, he was named a "Master of Innovation" by Black Enterprise in 2009 and elected a Fellow of the American Institute of Medical and Biological Engineering in 2014. He served as a director of Talix, Inc. from 2017 until it was acquired by Edifecs in 2021, and served as a director of Healthline, Inc. from 2009 until its acquisition by Summit Partners in 2016. He also served as a board member of the National Action Council for Minorities in Engineering (NACME) from 2009 until 2022. He also serves on the Board of the Green Bay Packers Football Club and Chairs the Foundation Committee. Mr. Barber received a B.S. in electrical engineering and an honorary doctorate in engineering from the Milwaukee School of Engineering, where he also serves as a Regent.

**Steven K. Barg**
**Director since 2023**
[redacted]
**Committees:**
- Quality & Regulatory Compliance
- Strategic and Operational Review

Steven Barg has been a member of the Board since September 2023. Mr. Barg is Global Head of Engagement at Elliott. Prior to joining Elliott in February 2020, Mr. Barg spent 30 years in investment banking, most recently as a Participating Managing Director at Goldman Sachs. During his time at Goldman Sachs, Mr. Barg established and led what became the firm's Global Activism and Shareholder Advisory practice; founded and led the M&A Capital Markets practice; and ran Asian Equity Capital Markets in Hong Kong. In addition, Mr. Barg served on both the Asian and Global Equity Commitments Committees and was Global Head of Diversity for the Investment Banking Division. Prior to joining Goldman Sachs, Mr. Barg served as a Managing Director in Equity Capital Markets at UBS and Credit Suisse, with postings in New York, Hong Kong, and London. Mr. Barg has served on the Board of Directors of Cardinal Health since September 2022. Mr. Barg holds an M.B.A. from the Stanford University Graduate School of Business and a B.A. from Wesleyan University. In addition, Mr. Barg was a Henry Luce Scholar in Hong Kong and a Coro Fellow in Public Affairs in New York.

**J. Martin Carroll**
**Director since 2015**
[redacted]
**Committees:**
- Compensation and Leadership
- Nominating and Corporate Governance
- Quality and Regulatory Compliance (chair

J. Martin Carroll has been a member of the Board since July 2015 and served as our lead independent director from October 2021 to June 2023 and our non-executive Chair from July 2023 to August 2023. He served as President and Chief Executive Officer of Boehringer Ingelheim Corporation and of Boehringer Pharmaceuticals, Inc. from 2003 until 2011 and as Head, Corporate Strategy and Development of Boehringer Ingelheim GmbH from 2012 until his retirement in 2013. He served as a director of Boehringer Ingelheim Corporation from 2003 until December 2012. Mr. Carroll joined the Boehringer Ingelheim organization in 2002 as President of Boehringer Pharmaceuticals, Inc. Mr. Carroll worked at Merck & Company, Inc. from 1976 to 2001. From 1972 to 1976, he served in the United States Air Force where he attained the rank of Captain. Mr. Carroll has been chairperson of the board of directors of Esperion Therapeutics since June 2022. He served as a director of Durata Therapeutics, Inc. from August 2014 until November 2014 when it was acquired by Actavis, as a director of Vivus, Inc. from May 2013 until September 2014, as a director of Therapeutics MD from March 2015 until December 2021, and as a director of Mallinckrodt plc from June 2013 until May 2022. He also served as a director of Inotek from April 2016 to June 2016 and as Chairman of its Board from June 2016 until January 2018 when Inotek was sold to Rocket Pharmaceutical. Mr. Carroll received a B.A. in accounting and economics from the College of the Holy Cross and an M.B.A. from Babson College. Mr. Carroll was granted a waiver, which will end at our 2025 Annual Meeting of Shareholders, from the resignation obligation imposed by our Corporate Governance Guidelines on directors over the age of 75.

**Rolf Classon**
**Director since 2014**
[redacted]
**Committees:**
- Audit
- Compensation and Leadership
- Nominating and Corporate Governance (chair)

Rolf Classon has been a member of the Board since August 2014. From October 2002 until his retirement in July 2004, Mr. Classon was Chairman of the Executive Committee of Bayer HealthCare AG, a subsidiary of Bayer AG. He served as President of Bayer Diagnostics from 1995 to 2002 and as Executive Vice President of Bayer Diagnostics from 1991 to 1995. Prior to 1991, Mr. Classon held various management positions with Pharmacia Corporation. Mr. Classon currently serves as the Chairman of Bico AB. Mr. Classon served as Vice Chairman of the Supervisory Board of Fresenius Medical Care AG & Co. KGaA through December 2023. He was previously Chairman of the Board of Directors of Perrigo Company plc from 2018 to 2022, having joined that board as a director in 2017, and Chairman of the Board of Directors of Tecan Group Ltd., serving from 2009 until April 2018. Mr. Classon served as Chairman of the Board of Directors of Hill-Rom Corporation from 2006 until March 2018, also serving as Vice Chairman of the Board from 2003 through May 2005 and as interim chief executive officer from May 2005 until March 2006. From 2005 to 2015, Mr. Classon served as Chairman of the Board of Directors of Auxilium Pharmaceuticals, Inc., and as Vice Chairman from March 2005 to April 2005. He also previously served as a director of Sequanna Medical AG from 2016 to 2017; of Aerocrine AB, Stockholm from 2013 to 2015; of Millipore Corporation from 2005 to 2010; of Prometheus Laboratories Inc. from 2004 to 2010; and of Enzon Pharmaceuticals Inc. from 1997 to 2011. Mr. Classon received his Chemical Engineering Certificate from the Gothenburg School of Engineering and a Business Degree from the Gothenburg University. Mr. Classon was granted a waiver, which will end at our 2025 Annual Meeting of Shareholders, from the resignation obligation imposed by our Corporate Governance Guidelines on directors over the age of 75.

**Frank D'Amelio**
**Director since 2023**
[redacted]
**Committees:**
- Compensation & Leadership
- Quality & Regulatory Compliance

Frank D'Amelio has been a member of the Board since August 2023. Mr. D'Amelio is the former Chief Financial Officer and Executive Vice President, Global Supply, of Pfizer Inc. where he was responsible for all corporate finance functions including audit, controllers, tax, and treasury, as well as global supply. Prior to joining Pfizer, Mr. D'Amelio served as Senior Executive Vice President of Integration and Chief Administrative Officer of Alcatel-Lucent, responsible for the 2006 Alcatel-Lucent merger as well as procurement, real estate, IT, and supply chain. Prior to that, Mr. D'Amelio was the Chief Operating Officer of Lucent Technologies, responsible for leading business operations, including sales, the product groups, the services business, the supply chain, information technology operations, human resources, and labor relations. In 2001, he was appointed Executive Vice President and Chief Financial Officer of Lucent. In addition, Mr. D'Amelio held a number of roles while at Lucent Technologies, and before that, served in a variety of positions while at AT&T, including CFO, Transmission Systems and Controller, Network Systems. Mr. D'Amelio has served on the Board of Directors of Humana since September 2003, where he currently serves as Chair of the Audit Committee, on the Board of Directors of Zoetis, Inc. since July 2012, and on the Board of Directors of Hewlett Packard Enterprise since January 2023. He currently serves as a CFO in residence at the Deloitte CFO Academy. Mr. D'Amelio holds an M.B.A. in Finance from St. John's University and a bachelor's degree in Accounting from St. Peter's College.

**John J. Greisch**
**Director since 2018**
**Executive Chair since August 2023**
[redacted]
Committees:
- Strategic and Operational Review (chair)

John Greisch has been a member of the Board since February 2018 and was appointed as Executive Chair on August 28, 2023. Mr. Greisch retired in May 2018 from his position as President and Chief Executive Officer of Hill-Rom Holdings, Inc., a position that he had held since 2010. Prior to that, Mr. Greisch was President International Operations for Baxter International, Inc., a position he held beginning in 2006. During his seven-year tenure with Baxter, he also served as Baxter's Chief Financial Officer and as President of Baxter's BioScience division. Before his time with Baxter, Mr. Greisch was President and Chief Executive Officer for FleetPride Corporation in Deerfield, Illinois, an independent after-market distribution company serving the transportation industry. Prior to his tenure at FleetPride, he held various positions at The Interlake Corporation, including serving as President of its Materials Handling Group. Mr. Greisch currently serves as chairman of the board of Viant Medical LLC, as chairman of the board of Discovery Life Sciences, and as lead independent director on the board of Carrier Corporation. He previously served on the boards of Cerner Corporation, Idorsia Pharmaceuticals Ltd., Hill-Rom Holdings, Inc., Actelion Ltd, and TomoTherapy, Inc. Additionally, he serves as a senior advisor to TPG Capital and is on the board of directors for Ann & Robert H. Lurie Children's Hospital of Chicago. He received a Masters in Management from the Kellogg School of Management at Northwestern University and a B.S. degree from Miami University.

**Gregory T. Lucier**
**Director since 2015**
[redacted]
**Committees:**
- Audit
- Compensation and Leadership (chair)
- Strategic and Operational Review

Gregory T. Lucier has been a member of the Board since April 2015. Mr. Lucier is the chief executive officer of Corza Health, Inc. a company focused on acquiring healthcare companies and assets since April 2019. Prior to that, he served as Chairman and Chief Executive Officer of NuVasive, Inc., a medical device company, from 2015 to 2018. Before joining NuVasive, Mr. Lucier was Chairman and Chief Executive Officer of Life Technologies Corporation, a global biotechnology company, from May 2003 until it was acquired by Thermo Fisher Scientific Inc. in February 2014. Prior to that, Mr. Lucier was a corporate officer at General Electric Company, where he served in a variety of leadership roles. Mr. Lucier is chairman of Dentsply Sirona and a director at Maravai LifeSciences. He previously served as a director of Life Technologies Corporation from May 2003 to February 2014, of Carefusion Corporation from August 2009 until its sale to Becton Dickinson in March 2015, of Invuity, Inc. from October 2014 until its sale to Stryker in October 2018, and of Nuvasive from December 2013 to May 2021. Mr. Lucier received an M.B.A. from Harvard Business School and a B.S. in industrial engineering from Pennsylvania State University.

**Alessandro Maselli**
**Director since 2022**
[redacted]

Alessandro Maselli was appointed Catalent's President and Chief Executive Officer and joined the Board of Directors in July 2022. He previously served as the company's President & Chief Operating Officer from February 2019 until July 2022. Mr. Maselli joined Catalent in 2010 as Director of Operations at Catalent's pharmaceutical, nutritional and cosmetics plant in Aprilia, Italy. In 2013, he was appointed General Manager of Zydis® operations at Catalent's facility in Swindon, U.K., in 2015 he became Vice President of Operations, Europe, for Catalent's Drug Delivery Solutions business unit, and in 2016 he was named Catalent's Senior Vice President, Global Operations. Prior to Catalent, Mr. Maselli held operational and business leadership roles at Alstom and SGS. From 1998 to 2006, he held roles of increasing responsibility from process engineer to operations director at ABB. Mr. Maselli began his career as an automation systems engineer in the food industry. A native of Italy, Mr. Maselli earned bachelor and master degrees in electronic engineering from La Sapienza University of Rome.

**Donald E. Morel, Jr., Ph.D.**
**Director since 2015**
[redacted]
**Committees:**
- Quality & Regulatory Compliance

Dr. Donald E. Morel has been a member of the Board since November 2015. Dr. Morel retired in June 2015 as Chairman of West Pharmaceutical Services, Inc., a leading manufacturer of packaging components and delivery systems for injectable drugs and healthcare products, a position he had held since March 2003. He also served as West's Chief Executive Officer from April 2002 until April 2015 and as its President from April 2002 until June 2005. Currently, Dr. Morel serves as Chairman of the Board of Directors of the American Oncologic Hospital of the Fox Chase Cancer Center. He also serves as Chairman of the Board of Trustees of the Franklin Institute, a trustee of the University of Virginia Darden School Foundation, and an Emeritus Trustee of Lafayette College. Additionally, Dr. Morel has been a Director of Stevanato Group since September 2018 and of Integra LifeSciences Holdings Corporation from August 2013 through May 2023. Prior to that, he served as a Director of Kensey Nash Corporation from 2010 until 2012. Dr. Morel obtained a Master of Science degree and a Ph.D. in Materials Science from Cornell University and a Bachelor of Science degree in Engineering from Lafayette College.

**Stephanie Okey**
**Director since 2023**
[redacted]
**Committees:**
- Compensation & Leadership
- Nominating & Corporate Governance

Stephanie Okey has been a member of the Board since August 2023. Ms. Okey is the former Senior Vice President, Head of North America, Rare Diseases, and U.S. General Manager, Rare Diseases at Genzyme, a Sanofi company, where she worked for 19 years in various executive management roles. By the time of her retirement in July 2015, Ms. Okey had acquired launch and commercialization experience with nine rare disease therapeutics and 4 large market therapeutics during her career. Prior to joining Genzyme, Ms. Okey served in various positions of increasing responsibility in the biopharmaceutical industry, having held roles in field sales and marketing at Bristol Myers Squibb and later Genentech, Inc. Ms. Okey is currently a member of the board of directors of PTC Therapeutics, Inc. and Crinetics Pharmaceuticals, Inc., both publicly traded biopharmaceutical companies. In addition, Ms. Okey previously served as a member of the board of directors of the California Life Sciences Association from October 2014 to January 2016, and on the board of directors of Albireo Pharma, Inc. from 2018 until its acquisition by Ipsen in March 2023. Ms. Okey holds a B.S. in Zoology from The Ohio State University and an M.S. in Immunology and Medical Microbiology from Wright State University. She has also completed executive training and education in manufacturing resource planning and organizational leadership.

**Michelle R. Ryan**
**Director since 2023**
[redacted]
**Committees:**
- Audit
- Strategic and Operational Review

Michelle Ryan has been a member of the Board since August 2023. Ms. Ryan is the former Treasurer of Johnson & Johnson, where she worked for almost 30 years. As Treasurer, Ms. Ryan was responsible for providing financial oversight and insights to Johnson & Johnson's M&A activities. Additionally, she was responsible for managing Johnson & Johnson's global retirement assets, capital market transactions, and risk management activities. Prior to her role as Treasurer, Ms. Ryan worked in various financial leadership roles across Johnson & Johnson's businesses, including as Chief Financial Officer of its Global Consumer Business and Chief Financial Officer of its Pharmaceutical Business of the Americas. Ms. Ryan has served on the board of directors of Aledade, Inc., a public benefit corporation helping independent practices, health centers, and clinics deliver better care to their patients and thrive in value-based care, since December 2021. Ms. Ryan received a B.S. in Accounting and an M.B.A. in Finance from the Wharton School of the University of Pennsylvania and is a Certified Public Accountant (inactive) and Certified Management Accountant (inactive).

**Jack Stahl**
**Director since 2014**
**Lead Independent Director since August 2023**
[redacted]
Committees:
- Audit (chair)
- Strategic and Operational Review

Jack Stahl has been a member of the Board since August 2014 and was appointed as Lead Independent Director on August 28, 2023. Mr. Stahl was the President and Chief Executive Officer of Revlon Inc. from 2002 until his retirement in 2006. Prior to joining Revlon, Mr. Stahl served as President and Chief Operating Officer of The Coca-Cola Company from 2000 to 2001, having previously served in various management positions at that company, including Executive Vice President of The Americas Group and earlier as Chief Financial Officer, since joining it in 1979. Mr. Stahl is the chair of the board of directors of United Natural Food, Inc. and serves on the U.S. board of advisors of CVC Capital Partners. Additionally, he formerly served on the boards of Schering-Plough Corporation, Dr Pepper Snapple Group, Saks, Inc., Coty Inc., Ahold Delhaize, and Advantage Solutions LLC, Coca-Cola Enterprises, Coca-Cola Amatil Limited, and was chairman of the board of managers of New Avon LLC. Mr. Stahl holds a bachelor's degree in economics from Emory University and a master's degree from the Wharton School of Business at the University of Pennsylvania.

**Information Regarding Executive Officers**

Set forth below is certain information with respect to our current executive officers as of October 21, 2024.

**Alessandro Maselli**
**President and Chief Executive Officer**
[redacted]

Mr. Maselli's biography is set forth above.

**John J. Greisch**
**Executive Chair**
[redacted]

Mr. Greisch's biography is set forth above.

**Matti Masanovich**
**Senior Vice President and Chief Financial Officer**
[redacted]

Matti Masanovich was named Senior Vice President & Chief Financial Officer in July 2023. Prior to joining Catalent, Mr. Masanovich served as Executive Vice President & Chief Financial Officer of Tenneco Automotive from August 2020 until it was acquired by Apollo in November 2023. Previously he was Chief Financial Officer at Superior Industries International from September 2018 until August 2020 and General Cable Corporation from November 2016 until July 2018. Earlier in his career, Mr. Masanovich held finance leadership roles of increasing responsibility in a number of companies in the automotive industry, where he demonstrated a strong history of improvement and profitability and operating efficiency. Mr. Masanovich began his career with PricewaterhouseCoopers LLP. He has Bachelor of Commerce, Finance & Accounting and M.B.A. degrees from the University of Windsor and is a Chartered Accountant in Canada.

**Lisa Evoli**
**Senior Vice President and Chief Human Resources Officer**
[redacted]

Lisa Evoli was named Senior Vice President and Chief Human Resources Officer in August 2023. Prior to joining Catalent, Ms. Evoli served as Executive Vice President and Chief Human Resources Officer of Integra LifeSciences Holdings Corporation from January 2016 until July 2023. Prior to that, she served for over two decades in a number of senior HR leadership roles, including at TE Connectivity Ltd., Johnson & Johnson and Motorola. Ms. Evoli holds a bachelor's degree in business administration from the California University of Pennsylvania and a master's degree in human resources development from Villanova University.

**Joseph A. Ferraro**
**Senior Vice President, General Counsel, Chief Compliance Officer, and Secretary**
[redacted]

Joseph A. Ferraro was named Senior Vice President, General Counsel, Chief Compliance Officer, and Secretary in February 2023 and is responsible for managing Catalent's global legal and compliance operations. Prior to joining Catalent, Mr. Ferraro served as Chief Legal Officer and Secretary for Innovate Corp. from September 2017 until October 2022, where he managed global legal and compliance operations. Prior to Innovate, Mr. Ferraro served as General Counsel and Deputy Chief Compliance Officer at Prospect Capital from October 2008 until August 2017, having previously spent his early career at two leading law firms, Sullivan & Cromwell and Boies, Schiller & Flexner, where he focused on corporate and securities law. Mr. Ferraro holds a Juris Doctor degree with honors from The Law School at the University of Chicago, where he was a managing editor of The University of Chicago Law Review, and a Bachelor of Arts cum laude in public and international affairs from Princeton University. He is NACD Directorship Certified®.

**Aristippos Gennadios, Ph.D.**
**Group President, Pharma & Consumer Health**
[redacted]

Aris Gennadios was named Group President, Pharma and Consumer Health in July 2022. Prior to that, he served as President of our Softgel & Oral Technologies business since September 2013 and, earlier, as Vice President and General Manager of Softgel Technologies. Dr. Gennadios has worked in the pharmaceutical industry since 1996 in roles including R&D, field sales, business development, operations, and leadership. He joined Catalent's predecessor company, Cardinal Health, in 2002 and held several leadership posts within the softgel technologies business, including Global Vice President of Business Development for Softgel Technologies, General Manager of the Oral Development Center in Somerset, NJ, and Vice President and General Manager for Rx Softgel and Consumer Health products. Dr. Gennadios earned his bachelor's degree in chemical engineering from the National Technical University of Athens, Greece and his master's degree in agricultural engineering from Clemson University. Dr. Gennadios holds a doctorate in engineering from the University of Nebraska and an MBA from Wake Forest University.

**Scott Gunther**
**Senior Vice President, Quality & Regulatory Affairs**
[redacted]

Scott Gunther was named Senior Vice President of Quality & Regulatory Affairs in May 2017. Mr. Gunther joined Catalent in 2012 as Vice President, Quality and was responsible for overseeing the quality function for the United States and other countries with sites in the Drug Delivery Solutions business unit. He previously also concurrently served as an interim Vice President of Product Development for the DDS business unit. Prior to joining Catalent, Scott spent 22 years with Bristol-Myers-Squibb in various roles of increasing responsibility. In his last role at BMS, he held the position of Executive Director Quality Operations Americas, where he was responsible for quality operations at its manufacturing sites in the U.S., Puerto Rico, and Latin America. Scott holds a Bachelor of Science degree from the State University of New York at Buffalo and an MBA from Canisius College.

**Michael Hatzfeld**
**Vice President & Chief Accounting Officer**
[redacted]

Michael Hatzfeld was named Vice President & Chief Accounting Officer in January 2024. Prior to joining Catalent, Mr. Hatzfeld most recently served as Vice President of Finance and Corporate Controller of Superior Industries International, Inc. (NYSE: SUP) from December 2018 through January 2024. Prior to that, Mr. Hatzfeld held various accounting and finance positions with General Motors Company since 2011, including Controller, US Sales and Marketing Unit. Mr. Hatzfeld began his career in public accounting at Ernst & Young LLP. Mr. Hatzfeld holds a Bachelor of Science degree from Duquesne University and is a Certified Public Accountant.

**Ricky Hopson**
**President, Division Head for BioProduct Delivery, and Chief of Staff**
[redacted]

Ricky Hopson was named President, Division Head for BioProduct Delivery and Chief of Staff in August 2023. From July 2022 until August 2023, he was President, Division Head for Clinical Development and Supply. Concurrently, from April 2023 through July 2023, he served as Interim Chief Financial Officer. Prior to that, he served as Vice President & Chief Accounting Officer since June 2021. Mr. Hopson has been with Catalent for more than 20 years, serving in a variety of finance roles, including Vice President & Corporate Controller, Global Vice President, Operational Finance, and Vice President of Finance for two different business units. Mr. Hopson graduated from the University of Portsmouth and is a chartered management accountant in the U.K.

**David McErlane**
**Group President, Biologics**
[redacted]

David McErlane joined Catalent as Group President of Biologics in September 2023. Prior to joining Catalent, Mr. McErlane served as senior vice president and business unit head for Lonza's Bioscience business from July 2021 to September 2023 - where he led strategy, sales, marketing, innovation, digital, and operations functions for this division while developing transformational business strategies, executing major investments to digitize the customer journey, and acquiring and integrating new technologies. Earlier in his career, Mr. McErlane held several leadership positions at MilliporeSigma from 2016 to 2021 and BioReliance from 2006 to 2016 after beginning his career as an engineering manager at Zeneca from 1990 to 1999. Mr. McErlane holds a bachelor's degree in electronic systems engineering from Glasgow Caledonian University.

**Delinquent Section 16(a) Reports**

Section 16(a) of the Exchange Act requires our directors, executive officers, and beneficial owners of 10% or more of our shares of common stock to file reports with the SEC about their ownership of and transactions in our common stock. Based solely on our review of reports filed with the SEC and written representations from our executive officers and directors, we believe that all reports required to be filed under Section 16(a) during fiscal 2024 were timely filed, except for one Form 4 filed on July 7, 2023 for director J. Martin Carroll to report the grant of restricted stock units on July 1, 2023.

**Insider Trading Arrangements and Policies**

We have adopted an Insider Trading Policy governing the purchase, sale, and/or other dispositions of our securities by our directors, officers and employees, as well as by Catalent itself, that we believe is reasonably designed to promote compliance with insider trading laws, rules and regulations, and NYSE listing standards. The foregoing summary of the Insider Trading Policy does not purport to be complete and is qualified in its entirety by reference to the full text of the Insider Trading Policy attached to the Company's Annual Report on Form 10-K for the fiscal year ended June 30, 2024 (the "2024 Annual Report") as Exhibit 19.1 and incorporated herein by reference.

**Standards of Business Conduct**

Our Board and all of our employees, including our CEO, principal financial officer, principal accounting officer, and all other executive officers are required to abide by our Standards of Business Conduct to ensure that our business is conducted in a consistently legal and ethical manner. A copy of our Standards of Business Conduct can be found on our website at investor.catalent.com/corporate-governance. We will disclose on our website any future amendment to, or waiver from, provisions of our Standards of Business Conduct affecting our directors or executive officers as and to the extent required under applicable SEC and NYSE rules.

**Director Nomination Process**

The Nominating and Corporate Governance Committee (the "Nominating Committee") considers and recommends the annual slate of director nominees for approval by our Board. The Nominating Committee considers a number of factors and principles in making its recommendations, including the following:

- individual qualifications, including strength of character, mature judgment, familiarity with our business and industry, independence of thought, an ability to work collegially, and all other factors it considers appropriate, which may include age, gender, and ethnic and racial background

- existing commitments to other businesses or any other board of directors (or similar body)
- potential conflicts of interest with other pursuits
- legal considerations, such as antitrust issues
- corporate governance background
- varied and relevant career experience
- relevant technical skills and education
- relevant business or government acumen
- financial and accounting background
- executive compensation background
- the size, composition, and combined expertise of the existing Board

Although our Board and Nominating Committee consider diversity of viewpoints, background, and experiences when identifying and reviewing candidates for our Board, our Board does not have a separate diversity policy. In identifying and evaluating prospective director candidates, the Nominating Committee may seek referrals and assistance from other members of our Board, management, shareholders, and other sources, including third-party search consultants. The Nominating Committee uses the same criteria for evaluating candidates regardless of the source of the referral. When considering director candidates, the Nominating Committee seeks individuals with backgrounds and qualities that, when combined with those of our incumbent directors, provide a blend of skills and experiences to further enhance our Board's effectiveness.

Shareholders may nominate directors for election by following the provisions set forth in our bylaws concerning such matters. The Nominating Committee, in accordance with our Governance Guidelines, will consider the qualifications of any nominee proposed by one or more shareholders in the same manner in which it evaluates any other candidate.

**Audit Committee and Audit Committee Financial Expert**

The members of the Audit Committee are Jack Stahl (Chair), Rolf Classon, Gregory T. Lucier and Michelle R. Ryan. All members of the Audit Committee are "independent" in accordance with the NYSE listing standards and SEC rules applicable to boards of directors in general and audit committee members in particular. Our Board has determined that each member of the Audit Committee qualifies as an "audit committee financial expert" as defined in SEC rules.

## ITEM 11. EXECUTIVE COMPENSATION

### Executive Summary

Our executive compensation program is intended to attract, motivate, retain, and reward our leadership in a manner that will align their interests with those of our shareholders on an annual and long-term basis and promote sustainable shareholder value creation. We believe attracting, motivating, retaining, and rewarding superior talent is needed to maintain and improve our performance and shareholder returns. We therefore seek to maintain a competitive program that ties a significant portion of executive pay to our financial and stock price performance.

The following is a summary of important aspects of our executive compensation program.

**Balanced mix of pay components and incentives.** Our compensation program targets a market-based mix of cash and equity compensation, and of short- and long-term incentives. The principal elements of our program are base salary; performance-based annual bonus; and long-term equity awards, split 67/33 between performance-contingent (PSUs and stock options) and time-vested (RSUs).

**Pay for Performance.** We emphasize pay-for-performance to align executive compensation with our business strategy. Approximately 90% of the target total direct compensation of our CEO in 2024 was variable or performance-based.

**Share Retention.** Our Compensation and Leadership Committee (the "Compensation Committee") has established stock ownership guidelines directing our executive officers to hold a multiple of annual salary in the form of shares of common stock in order to align management and shareholder interests.

**Pledging and Hedging.** Our executives are prohibited from pledging our shares (absent our General Counsel's permission, which has never been granted) or hedging against the economic risk of such ownership.

**Use of Independent Consultant.** The Compensation Committee has engaged an independent, third-party consultant, Frederic W. Cook & Co., Inc. ("FW Cook"), to assist it in designing our compensation program and making compensation decisions.

**Clawback/Forfeiture Provisions.** The terms of our long-term, equity-based awards and our short-term, cash-based award plan allow us in certain circumstances to "claw back" shares and cash received pursuant to such awards or, in the case of the equity-based awards, to require the repayment of all gains realized on the vesting or exercise of such awards.

**Compensation Peer Group.** The Compensation Committee uses a group of peer companies, selected with the assistance of FW Cook to be aligned with corporate governance best practices, to benchmark target total direct compensation levels, other executive compensation-related programs and policies, and benefit packages.

**Shareholder Say-on-Pay.** At the 2023 Annual Meeting of Shareholders held in January 2024, our shareholders voted 97.31% in favor of our say-on-pay proposal, demonstrating their concurrence that our executive compensation program reflects a strong pay-for-performance orientation. In fiscal 2024, the Compensation Committee considered the outcome of the shareholder advisory vote when making decisions relating to the compensation of our named executive officers ("NEOs") and our executive compensation program and policies.

**Overview of 2024 Executive Compensation**

## 2024 COMPENSATION CONSIDERATIONS

In fiscal 2024, we remained steadfast in our commitment to attract, motivate, retain, and reward our leadership team, and implemented strategic adjustments to our compensation programs to further enhance the flexibility and accountability of our leadership team. We revised the fiscal 2024 management incentive plan ("MIP") for our executive leadership team ("ELT"), including our NEOs, by (1) eliminating the 30% individual performance factor, (2) increasing the business performance factor weighting to 100%, and (3) introducing an individual performance modifier for MIP payment adjustments (i) for the ELT, based on our CEO's recommendations, and (ii) for each of the CEO and Executive Chair, based on the Compensation Committee's evaluation of his contributions. Additionally, we introduced Free Cash Flow, as defined below, as a third performance metric for determining the business performance factor of the MIP for NEOs and certain employees with the business performance factor based on our consolidated financial results.

For fiscal 2024, the business performance factor payout percentage was initially determined to be 69% of target. With respect to the three performance metrics used to determine such business performance factor, our fiscal 2024 financial performance resulted in Budget-Based Revenue being up by 1.4%, Budget-Based EBITDA missing target at 9.4%, and Free Cash Flow below target resulting in a 0% payout (all three terms as defined below). As a result, the business performance-based compensation determined for and paid out in fiscal 2024 was below the target.

However, in light of certain qualitative and quantitative considerations presented by management, the Compensation Committee adjusted the business performance factor payout percentage from 69% to 93% of target for the entire Company. These qualitative and quantitative considerations included management:

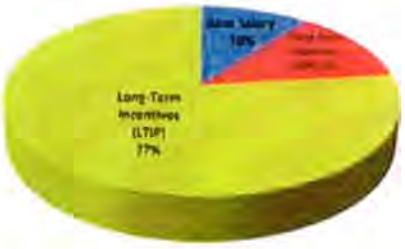
1. Successfully delivering the signing of a transformational deal with Novo Holdings, adding significant value to shareholders and setting up Catalent for a stronger, more secure future;
2. Remediating regulatory inspection deficiencies, correcting operations at our Bloomington and BWI sites, and exiting the year returning toward normalized margins;
3. Improving financial reporting and controls, including on-time filing of financials, remediating material weaknesses, increasing control robustness, and navigating a mid-year change in audit firm;
4. Successfully delivering Free Cash Flow objectives;
5. Making significant progress on difficult restructuring initiatives; and
6. Upgrading critical leadership roles for retention purposes across the executive and senior leadership teams.

Additionally, our financial performance in fiscal 2024 resulted in materially lower payouts under the long-term incentive program compared to fiscal 2023 payouts. Our Relative Return PSUs, as described below, for the fiscal 2022-2024 performance period had a 0% payout, and our Adjusted EPS PSUs, as described below, for the same period vested at 0%. Similarly, the values of time-vested RSUs at their vesting in early fiscal 2025 were materially lower than their values at the time of their grant due to the decline in our stock price compared to early fiscal 2022 when they were awarded. As of the end of fiscal 2024, outstanding PSUs aligned to the fiscal 2023-2025 performance period are tracking meaningfully below target, while the fiscal 2024-2026 performance period PSUs are tracking above target.

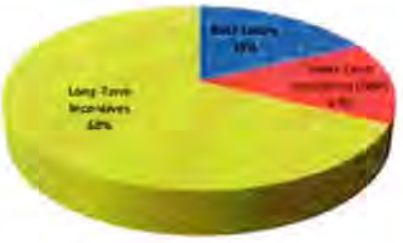
## EXECUTIVE PAY MIX FOR 2024

The majority of target total direct compensation for our NEOs during fiscal 2024 consisted of variable pay elements. The Compensation Committee believes this allocation aligns with our pay-for-performance compensation philosophy of motivating our NEOs to achieve our performance objectives in the short-term and to grow the business to create sustainable value for our shareholders in the long term.

CEO Direct Compensation Pay Mix[1]




Other NEOs Direct Compensation Pay Mix[1][2]




(1) Does not include other compensation, pension values and nonqualified deferred compensation earnings, which are shown in the Summary Compensation Table below. Mr. Maselli's LTIP target remained at $5,500,000; however, he received a one-time increase in his long-term incentives which resulted in an LTIP target value of $6,875,000 for fiscal 2024, which is represented in the chart above.

(2) Per the terms of Mr. Masanovich's offer letter, his initial LTIP target is $5,000,000, which is represented in the chart above. In fiscal 2025, Mr. Masanovich's LTIP target will be $2,500,000. Mr. Hopson's LTIP target is $450,000; however, he received a one-time increase in his long-term incentives to recognize his role as Interim CFO resulting in an LTIP target value of $650,000 for fiscal 2024, which is represented in the chart above.

**CEO 2024 TARGET DIRECT COMPENSATION OVERVIEW**

| | |
|---|---|
| **BASE SALARY** | • $925,000 |
| **MANAGEMENT INCENTIVE PLAN (MIP)** | • $1,110,000 at target, equal to 120% of base salary |
| **LONG-TERM INCENTIVE AWARD** | • $6,875,000 in grant date fair market value awarded under our long-term incentive plan |

**Our Executive Compensation Program**

**OUR COMPENSATION PHILOSOPHY AND PRINCIPLES**

Our executive compensation program ties pay delivery to the successful execution of our overall business goals and adherence to our core values, which we believe best serves the interests of our shareholders. We believe that attracting, motivating, retaining, and rewarding superior executive talent is a key to delivering attractive shareholder returns, and that an appropriately structured executive compensation program is critical to that end, with each element supporting the achievement of our compensation philosophy.

Our executives must be of a caliber and level of experience necessary to manage our complex, global business effectively. Given the long-cycle nature of most of our businesses, the complexity and highly regulated nature of our operations, and the competitive nature of our industry, it is especially important for us to retain our executive talent to ensure continuity of management. We seek to implement this philosophy by following three key principles:

• ***Competitive compensation.*** Providing a competitive compensation opportunity that enables us to attract, motivate, retain, and reward superior executive talent.

• ***Alignment with shareholder interests.*** Aligning our executives' interests with our shareholders' through equity compensation, short- and long-term absolute and relative performance metrics and share retention guidelines.

• ***Linking compensation to performance.*** Fostering a pay-for-performance philosophy by tying a significant portion of pay to financial and stock-price performance as well as other goals that support the creation of sustainable long-term shareholder value.

4KK

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Catalent Pharma Solutions, LLC

Physical Address: 10360 Drummond Road

City: Philadelphia State: PA Zip: 19154

Mailing Address (if different from physical address): 3031 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: (215) 501-1210 Website: www.catalent.com

Name of Designated Representative (DR): Brandon Getsinger

Licensing Company Email: GMB-CPSLLC-PHL@catalent.com DR Email: GMB-CPSLLC-PHL@catalent.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ■ Repacker |
| ■ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 6/25/2017 | 6/25/2017 | AL | Birmingham | Shelby |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 17-L-0071 | Alabama Board of Pharmacy |

| Reason/Charge |
|---|
| See Attachment 8 |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| N/A | N/A |

| Name of Business/Industry/Entity |
|---|
| Catalent Pharma Solutions, LLC |

**Provide explanation below:**

Alabama Board of Pharmacy – PHILADELPHIA
On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

Joseph Ferraro
Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 6/27/2017 | 6/27/2017 | AL | Birmingham | Shelby |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 17-L-0011 | Alabama Board of Pharmacy |

| Reason/Charge |
|---|
| See Attachment 8 |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| N/A | N/A |

| Name of Business/Industry/Entity |
|---|
| Catalent Pharma Solutions, LLC |

**Provide explanation below:**

Alabama Board of Pharmacy – ST PETERSBURG
On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a $6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

Joseph Ferraro
Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/2014 | | FL | St. Petersbrg | Leon |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 2014-008409 | | Department of Business & Professional Regulation | | |
| **Reason/Charge** | | | | |
| See Attachment 8 | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| N/A | | N/A | | |
| **Name of Business/Industry/Entity** | | | | |
| Catalent Pharma Solutions, LLC | | | | |

**Provide explanation below:**

Catalent Pharma Solutions, LLC, St. Petersburg, FL
In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 4/25/2017 | 4/25/2017 | SC | Columbia | Lexington |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| PY 17234 | South Carolina Board of Pharmacy |

| Reason/Charge |
|---|
| See Attachment 8 |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| N/A | N/A |

| Name of Business/Industry/Entity |
|---|
| Catalent Pharma Solutions, LLC |

**Provide explanation below:**

South Carolina Board of Pharmacy – PHILADELPHIA
On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA(Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

Joseph Ferraro
Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Adira Medica, LLC
Address: 585 Turner Industrial Way City: Aston State: PA Zip: 19104
Name: McKesson Corp
Address: 1 John Henry Drive City: Robbinsville State: NJ Zip: 08691
Name: ICS Direct AmericousrceBergen Drug Corp.
Address: L5025 Plano Parkway City: Carrollton State: TX Zip: 75010
Name: RXSource Corp
Address: 74-556 Edward Avenue, City: Richmond Hill State: ON Zip: L4C9Y5

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): Catalent Pharma Solutions, Inc.
Corporation/Organization Name: Catalent Pharma Solutions, LLC
Mailing Address: 3031 Red Lion Road
City: Philadelphia State: PA Zip: 19114
Telephone: (215) 501-1210 Email: GMB-CPSLLC-PHL@catalent.com
Contact Person Name: Brandon Getsinger

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| N/A<br>1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration **See Attachment 1**<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. **See Attachment 2** | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors. See Attachment 3** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership. N/A** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership. See Attachment 3** | | ✓ | | |
| • **List of all partners and their percent ownership. N/A** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months. See Attachment 4** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ **See Attachment 5** | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ **N/A** | | ✓ N/A | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ N/A | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment 6** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ **See Attachment 7** | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ **N/A** | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). **N/A** | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: **N/A** http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. **N/A** | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Catalent Pharma Solutions, LLC

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/1/23

Date

| Board Use Only | Date Received: 3.14.23 | Amount: 1000.00 CC |
|---|---|---|

Attachment 7

# Certificate of Licensure

**Certificate No.** 8000003016
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

**Category:**

Wholesaler/Distributor

**Drug & Device Registration**
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

CATALENT PHARMA SOLUTIONS, LLC
10360 DRUMMOND ROAD
PHILADELPHIA, PA 19154

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: August 14, 2019
Expiration Date: The Last Day of September, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

**NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.**

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

3724407 8300

SR# 20223089398

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204010106

Date: 07-26-22

Catalent

**Attachment 3**

**Ownership Information**

Catalent Pharma Solutions, LLC
10360 Drummond Road
Philadelphia, PA 19154

Parent Company:
Catalent Pharma Solutions, Inc.
14 Schoolhouse Rd
Somerset, NJ

Catalent Pharma Solutions, LLC is 100% owned by its parent company, Catalent Pharma Solutions, Inc.

**Corporate Officers:**

**Alessandro Maselli**
*President & Chief Executive Officer*

**Steven L. Fasman**
*Executive Vice President, Chief Administrative Officer & Secretary*

**Lawrence Shapiro**
*Vice President, Global Tax & Treasurer*

**Thomas Castellano**
*Senior Vice President & Chief Financial Officer*

**Attachment 6**

# PHL Site Leadership Team



Harold Jenkins
General Manager

Open
Administrative
Assistant

Brian Rogers
Director, Project
Management



Jack Sinclair
Director, Quality



Patrick Murphy
Director, CI



Karolina Narczykiewicz
Director, Clinical
Operations



Nick Lenarduzzi
Director, Supply Chain



Michael Ames Director,
Finance



Damon Kellum
Director, HR



## Extended Staff/Team



**Joanne Kirwin**
EHS Manager



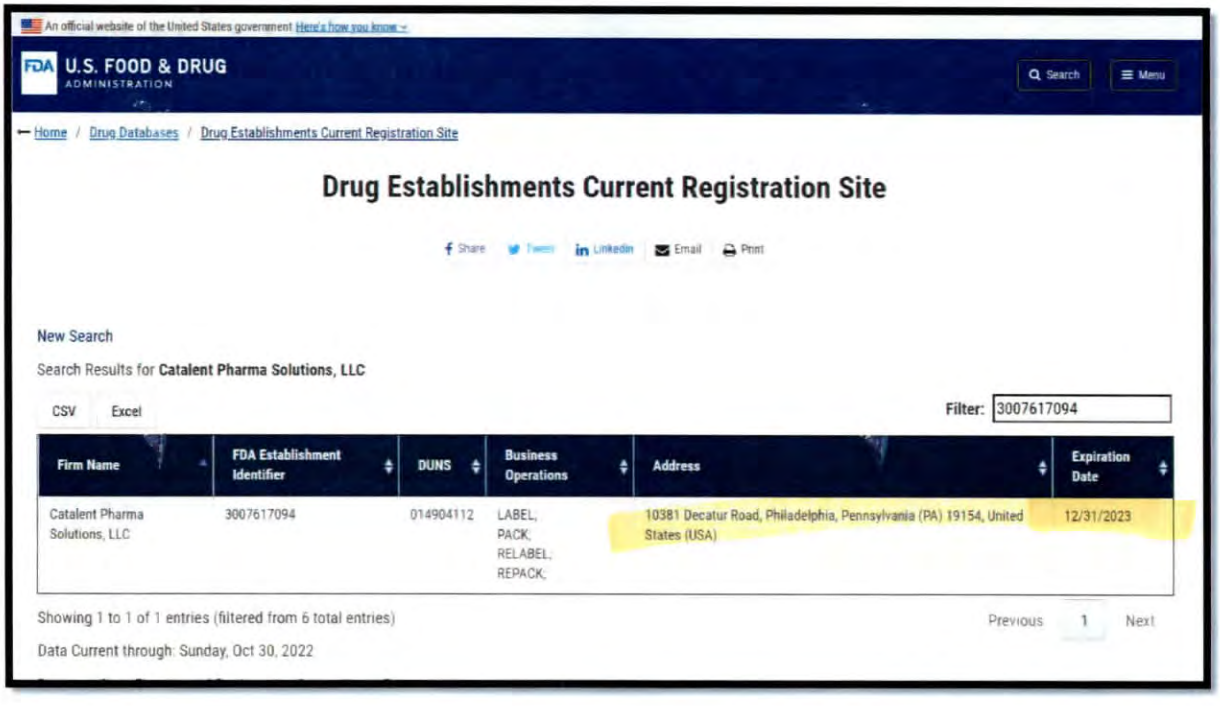
**John Celis**
Security Leader



**Brandon Getsinger**
Sr Manager, Val,
Eng. & Commercial
Programs

**One Team! One Fight! Proud to Serve!**

Source: [Drug Establishments Current Registration Site (fda.gov)]



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U.S. FOOD & DRUG ADMINISTRATION

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Home / Drug Databases / Drug Establishments Current Registration Site

## Drug Establishments Current Registration Site

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New Search

Search Results for **Catalent Pharma Solutions, LLC**

CSV Excel

Filter: 3007617094

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Catalent Pharma Solutions, LLC | 3007617094 | 014904112 | LABEL; PACK; RELABEL; REPACK; | 10381 Decatur Road, Philadelphia, Pennsylvania (PA) 19154, United States (USA) | 12/31/2023 |

Showing 1 to 1 of 1 entries (filtered from 6 total entries)

Previous 1 Next

Data Current through: Sunday, Oct 30, 2022

| Name in Reporting Display Format |
| --- |
| Abdur- Rahman, Azizah |
| Abdus-Saber, Idris |
| Abrams, Mark |
| Adams, Tanya |
| Adkins, Lamonda Chanel |
| Adu, Oluwasegun |
| Agosto, Johanna |
| Ahmed, Shaharyar |
| Allison, Shaurice |
| Almonte, Junior |
| AMES, MICHAEL |
| Amin, Nisha |
| Andrews, Candice |
| Angelo, Denise Ann |
| Anil, Shyni |
| Aponte, Bianca Marie |
| Ariza, Kassandra |
| Arroyo, Frances |
| Arroyo, Rosemary |
| Audsley, Walter |
| Baby, Beena |
| Bader, Eric |
| Bah, Hadja |
| Bahama, Badiaa |
| Baldwin, Khazeer |
| Barry, Ebony |
| Bates, Bryan |
| Bates, William K |
| Bauman, William Edward |
| Beharie, Anesha |
| Bell, Everett M |
| Benny, Binil |
| Benzo, Minelba |
| Biju, Blesson |
| Bizuk, Mark |
| Blake, Michael James |
| Blanco, Armando |
| Blatz, Cynthia |
| Bolton, Jalam |
| Bonilla, Jose |
| Bomaschella, Gaetano |
| Bosenko, Vitaliy |
| Brooks, Steven |
| Brown, Dave |
| Brown, Diane |
| Brown, Karim |
| Brown, Tyherea |
| Bruce, Patrice |
| Bundy, Andre Lamont |
| Buonfiglio, Dennis |
| Burgos, Zenobia |
| Burroughs, Eric Alvin |
| Burton, Troy |

Bush, Elizabeth A
Bustos, Marive B
Butler, Katherine
By, Charlenna
Callands, Cameron
Camba, Todd
Cardone, Megan
Cataldi, Brianna
Cedeno, Maria
Celis, John
Charalabidis, Efthimia
Chu, Yim
Clapps, Erica
Clapps, Jaclyn
Cobani, Arjana
Cobani, Brian
Cochran, Heather S
Cohen, Neil
Cooper, John D.
Cross, Kelly
Cruz, Linette
Cruz, Ramon
Cruz, Yeiniely
Cucinotta, Michael A
Cuni, Arjana
Dailey, John R
Danfa, Fatimata
David, Robert
DAVIS, HANNAH
Davis, Wanda D.
Decker, Maureen
Defino, Nicholas Joseph
Delbrey, Daphnie
Delcastillo, Palmida
Delhomme, Josma
Diaz, Jose
Dillon, Christopher
DILLON, WILLIAM
Dougherty, Ayah
Doyle, Amanda P
Doyle, Diane
Dressel, Laura
Dubil, David
Dubil, Heather
DULAC, LOVORKA
Duncan, Ayanna
Everett, Richard
Exconde, Antonio
Fantini, Elizabeth
Fields, Shalil
Figueroa, Nelson
Fisher, Yvonne M
Floody, Joseph
Flowers, Tony
Ford, Frances JB

Fox, Jaclyn
Franklin, Anthony James
Franklin, Dominic
Franklin, Ludovic
Frisby, Shantaira
Galvan, Christopher
Gandhi, Karmendra
Gans, Amoni
Garcia, Khadijah
Garcia, Maranda
George, Biju
George, Binu
George, Joel
george, neethu anna
Gerhart, Giselle
Getsinger, Brandon
Ghouri, Jamal
Giesen, Mark D
Giglia, Allan
Gilles, Denilia
Giovannucci, Michelle S.
Githens, Carl Leslie
Gondalia, Rushabh
Gonzalez, Aurea N
Gonzalez, Bryan
Gonzalez, Jared
Gonzalez, Maria J
Gonzalez, Pricilla
Goodmond, China
Goonewardene, Kumar A
Grabowski, Steven
Graham, Oonea
Grandy, Darnell
Grauvogel, John
Gray, Diane
Grondahl, Aysia Bailey
Gunawan, Melisa
Guzik, Mariusz
Hall, Albert D
HALL, AMINAH
Hamilton, Kayla
Hampton, Jason
Hankinson, Nathan
Hanna, Ashley
Harker, Sylvia
Haut, Jonathan Brooks
Hazali, Amiri
Hazizi, Lindita
Heinisch, Louis Fairburn
Hernandez, Awilda
Hernandez, Laura
Hersh, Marinn
Hidi, Eric
Hodges, Claudia M
Howell, Joseph M

Howell, Robert
Howell, Tyrik
Hussie, Terence
Hynes, Debora Louise
Issac, Anand
Jackson, Chris
Jackson, Lakesha E
Jackson, Shirley A
Jackson, Travis
James-Bellessis, Chante
Jantos, Daniel
Jarnagin, Hope
Jean, Nesly
Jenkins, Anajah
Jenkins, emani
Jenkins, Harold Augustus
Jervas, Claudia
Johnson, Ashley
Johnson, Chyna
Johnson, Jerin
Jones, Glenn
Jose, Melvin
Kabejja, Rachel
Kafi, Ifteajul
Kao, Kaitlyn
Keil, William
Kejariwal, Rohini
Kellum, Damon
Kilduff, Shane
KIM, STEVE
Kirwin, Joanne
Knudsen, Hannah
Konneh, Schanarre
Kopay, Michael
Kunin, Gary
Kurian, Priya
Kurian, Shaji
Lam, Hoa Kim
Laporte, Paula N
Laude, Rocen
Le, Christine
Le, James
Lenarduzzi, Nicholas
Charles
Liceaga, Janet
Lisowski, Jessica
Littner, Grace
Lockett, Desiree
Long, Rashid
Lopez, Nathan
Louis-Jean, Emmanuel
Lowery, WILLIAM
Lozada, Angel
LUCAS, ANDREA
Luchtman, Kathryn Nicole

Luong, Lynne
Maharjan, Rajeev
Malczon, Kevin
Maldonado, Edwin
Maldonado, Efran
Maldonado, Jonathan
Mangano, Sarah
Mann, Inderdeep
Marte-Nunez, Vanessa
Martinez, Omar
Massey, Aimee
Mateo-Cruz, Olga M
Mathew, Jayaraj
Mathies, Shean
Maw, David
May, Rany
McCartney, Meghan Grace
McCormick, Robert
McGrath, Michelle
McLeigh, Jacob
McMullin, Annemarie
Medina, Maelin
Melonashi, Albora
Mendez Perez, Maritza
Mian, Nayab
Miriam, Luz
Miske, Michele
Mitchell, Gina
Molina, Angel
Moore, Kimberly
Morales, Ramon
Morales-Flores, DeMaris
Morris, Donald
Muffler, Helena Marie
Muhammad, Salimah
Mulvihill, James J
Murcia, Angelica
Murphy, Patrick
Murphy, Peter
Murphy, Shawn
Muskaj, Marjana
Narczykiewicz, Karolina
Nathan, Robert J
Neal, Joseph Michael
Nguyen, Long
Nicolodi, Christina
Nunez, Lydia
Obed, Hetal
Obed, Sanjay Reynold
Olaleke, Olufisayo
Olanrewaju, Elizabeth
On, Doanh
Ong, Cuong
Padolina, Ferdinand M
Palmer, Latonya R

Panaccio, Steven
Parikh, Nalini
Pasho, Luljeta
Patel, Dushyant
Patel, Hemang
Patel, Hiren
Patel, Jakesh
Patel, Janika
Patel, Kevin
Patel, Raveena
Patel, Sandeep
Patel, Tushar
Pattan, Neeraj
Patterson, Moira
Paul, Janine Lindsey
Pearson, Joseph
Pena, Blanca
Pena, Rosaura
Pereira, Kelly
Perry, Kevin
Pruden, James
Quinones Mendez, Victor Manuel
Rahman, Zamiur
Ramos, Brian
Ramos, Erica
Ramos, Jorge L
Rao, Neshma
Rao, Ragini P
REID, YELENA
Rice, Ikeem
Rink, Samantha
Rivera-Fuller, Kyona
Robinson, Kimberly
Robinson, Mermastine
Rodgers, Michael J
Rodriguez, Daniel
Rodriguez, Jan
Rodriguez, Janet
Rodriguez, Jazmine
Rodriguez, Maria R
Rodriquez, Zanya
Rogers, Brian
Rondon, Ciara
Rondon, Kiara
Rosado, Olga N
Rudd, Dolores M
Ruiz-Rosario, Mirna
Saint-Felix, Kevin
SALDANA, JAMES
Sampson, Breana
Sanchez, Andres
Sanchez, Arnel
Sanchez, Precious
Sandu, Shilz

SANJUAN, CHENCHO
Sanjuanelo, Yomaira
Santiago, Elena
Santiago, Luis
Santiago, Moraima
Santiago, Yanessa
Santoso, Debby
Saraci, Valentina
Sarmiento, Monica
Saunders, Desi A
Schonder, Margaret
Sease, Craig L
SEPULVEDA, VALENTIN
Serrano, Madeline
Serrano, Wanda I
Servius, Rosebentha
Shah, Dhara
Shaikh, Asim Y
Shaikh, Munirabanu
Shaikh, Rehanabanu
SHAJI, SHINY
Shaw, Troy T
Sheppy, Deandra L
Shook, Anthony
Siji, Jesy
Simmons, Montrell
Simmons-Perry, Amonnie
Sinclair, John
Singh, Jiwan
Slayton, Nadia
Sleister, Kathleen Anne
Smith, James Richardson
Smith, Lamar Dante
Smith, Lilly
Smith, Quran
Smith, Sabrina
Snyder, Rebecca
Strataj, Klarita
Strickland, Marcus
Stuart, Caroline
Suarez, Marilyn
Tam, Po-shing
Thomas, Babu
THOMAS, BIBIN
Thomas, Darnelle
Thomas, Elizabeth
Thomas, Joby
Thomas, Juby
Thomas, Kathleen A
Thomas-Koshy, Tresa
Thompson, Shalonda
Thompson, Tayler
Traber, James Thomas
Tracy, Conner
Trainor, Nicole

Tran, David
Travers, Cylinda T
Trendler, Stephen
Trzesniowski, Paul
Tucker, Alexus
TUTIN, MELANIE
Tyler, Alexandra
Vahora, Neelam
Valazza, Olivia
Valentin, Marisol
Vargas-Jimenez, Jeffrey
Varughese, Monson
VAZQUEZ, ALICIA
Vega, Lionel
Vent, Jeffrey
Vijayanathan, Chelliah Aruun
Von Der Linden, Cecelia
Wagner, Cynthia
Wagoner, Roberta
Washington, Valorie P
Watson, Angela
Whalen Jr, John
Wilczynska, Katarzyna
Wildgoose, Ramona
Williams, Jade
Williams, Kellie
Williams, Sonia
Williams, Tremayne
Williams, Xaviera
Wister, Lindsay
Wlazlo, John
Xhaferi, Vjollca
Yetter, Maureen M
Yoeun, Sokha
Young, Linda M
Young, Susan
Zharri, Anita

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Catalent Pharma Solutions, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 10360 Drummond Road

City: Philadelphia State: PA Zip: 19154

Mailing Address (if different from physical address): 3031 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: (215) 501-1210 Website: www.catalent.com

Licensing Company Email: GMB-CPSLLC-PHL@catalent.com

**Section 2: Personal Information**

First: Brandon Middle: Vincent Last: Getsinger

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Deptford State: NJ Zip: [redacted]

Telephone: (215) 501-1210 Email: GMB-CPSLLC-PHL@catalent.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Rowan University | | 09/07-05/11 | |
| **Address** | **City** | **State** | **Zip** |
| 201 Mullica Hill Road | Glassboro | NJ | 08028 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science, Mechanical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Rowan University | | 09/11-05/2013 | |
| **Address** | **City** | **State** | **Zip** |
| 201 Mullica Hill Road | Glassboro | NJ | 08028 |
| **Diploma/Degree obtained, if any** | | | |
| Mast of Engineering Management | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/18-Present | [redacted] | Deptford [redacted] | NJ | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 03/89-01/18 | | Deptford | NJ | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Pharma Solutions, LLC | | | 01/21-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10360 Drummond Road | | Philadelphia | PA | 19154 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (215)501-1210 | Sr. Manager,Validation,Engineering&Commercial Program | | 4,160 | |
| **Description of Duties** | | | | |
| See Attachment 9 | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Pharma Solutions, LLC | | | 03/18-01/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10360 Drummond Road | | Philadelphia | PA | 19154 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (215)501-1210 | Engineering Manager | | 4,080 | |
| **Description of Duties** | | | | |
| See Attachment 8 | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Pharma Solutions, LLC | | | 10/13-03/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10360 Drummond Road | | Philadelphia | PA | 19154 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (215)501-1210 | Project Engineer | | 6,320 | |
| **Description of Duties** | | | | |
| See Attachment 8 | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

NA

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

02Feb23
Date

I, Brandon Getsinger, **certify that as the designated representative for**

Catalent Pharma Solutions, LLC - 10360 Drummond Road,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. BG I am at least 21 years of age;
3. BG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brandon Getsinger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02Feb23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Brandon Getsinger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02Feb23

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Philadelphia

I, Brandon Getsinger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

02Feb23

**Date**

Subscribed and Sworn to before me this 2 day of February, 2023

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
SAMANTHA RAE RINK - Notary Public
Philadelphia County
My Commission Expires October 17, 2026
Commission Number 1429182

(Seal)

**Brandon Getsinger**

[redacted]

**Summary**

I believe that engineers can change the world. As a results driven engineering manager with a strong emphasis on teamwork, I enjoy working on difficult collaborative projects with tight timelines and delivering creative results. "Engineering problems are under-defined, there are many solutions, good, bad and indifferent. The art is to arrive at a good solution. This is a creative activity, involving imagination, intuition and deliberate choice." My goal is to lead a team to work with various stakeholders to come up with the best solutions for the business.

**Education**

Rowan University, Glassboro, NJ

Master of Engineering Management: **May 2013**

GPA-3.77 on 4.0 scale, Magna Cum Laude, Dean's List each semester

Bachelor of Science, Mechanical Engineering: **May 2011**

Bantivoglio Honors Concentration

Required to do more technical work on Design Teams

GPA – 3.74 on 4.0 scale, Magna Cum Laude, Dean's List each semester, Graduation keynote speaker

**Professional Experience**

Senior Manager, Validation Engineering & Commercial Programs **January 2021 to Present**

- Develops projects from conception through installation & validation and turnover the project to be production ready
- Manages day-to-day activity for Validation activities, Packaging Engineering and Capital Projects
- Launched Specialty innovative Commercial Packaging Programs
- Strategizes with Senior Leadership and Clients on how to appropriately take on new projects to meet both internal and external needs in an efficient manner
- Maintains validation compliance for all production, facilities, and computer system equipment.
- Maintains effective communication with project team members, contractors and vendors.
- Develop employees to become technical specialists on projects developing advanced engineering concepts, techniques, and standards to implement for the site's needs
- Managed site capital spend portfolio that has ranged up to $15+million annually

Engineering Manager at Catalent: **March 2018 to January 2021**

- Develops projects from conception through installation & validation and turnover the project to be production ready
- Manages day-to-day activity for Validation activities and Capital Projects
- Strategizes with Senior Leadership and Clients on how to appropriately take on new projects to meet both internal and external needs in an efficient manner
- Leads Facility and Equipment teams on Commercial Expansion Project
- Maintains validation compliance for all production, facilities, and computer system equipment.
- Implementing new technologies and capabilities for the site to market perpetually
- Maintains effective communication with project team members, contractors and vendors.
- Develop employees to become technical specialists on projects developing advanced engineering concepts, techniques, and standards to implement for the site's needs
- Manages Capital spend that has ranged up to $10+million annually
- Created Revenue stream for Engineering Department

Project Engineer at Catalent: **October 2013 to March 2018**

- Analyzed Business Development request to determine equipment or delivery systems needed.
- Responsible for design, procurement, and execution of large expense and capital projects up to and exceeding $1 million

- Managed production and facility equipment acquisition and installation process up to and exceeding $1 million
- Coordinated facility expansion project to create more GMP warehousing and office space
- Drove facility upgrade projects to optimize cubic utilization and efficient floor layouts
- Oversee capital budget and spending forecasts for the entire site each year
- Lead the implementation of a new computerized maintenance management system and capital asset management
- Coordinated with the Validation department to manage scope and timeline deliverables of a project

Interim Engineering Manager at Teleflex: **May 2013 to September 2013**

- Manage outstanding projects to progress them to completion
- Plan and oversee elements of manufacturing transfer plan to multiple facilities in multiple countries
- Direct and allocate resources to ensure daily/weekly/monthly tasks are completed in a timely fashion
- Ensure successful plant closure activities

Manufacturing Engineer at Teleflex: **May 2012 to May 2013**

- Provide technical service to manufacturing operations, including validations (IQ, OQ, PQ)
- Implement continuous improvement projects to reduce scrap rates using automated vision inspection systems and non-contact measurement systems
- Manage small to mid-size capital projects through development and design into production
- Implement several Poka-Yoke devices into production to remove operator error from several processes
- Investigate Nonconformances to discern root cause of defects and implement corrective actions
- Drastically increased a manufacturing operation from 60% efficiency to over 100% using the Lean Six Sigma approach

Quality Assurance Supervisor at Teleflex: **June 2011-April 2012**

- Maintain compliance and quality system requirements
- Supervise and develop employees to achieve more in their career
- Assist in the development and validation of manufacturing processes

Biomedical Research Assistant at University of Delaware: **January 2010-September 2010**

- Designed and implemented a compact mouse bone bending device to quantify fluid flow through tibia bones
- Applied elements of machine design and structural and dynamic analysis
- Created complex control algorithms to load the bone in a consistent repeatable fashion using strain gauges.
- Measured strain using advanced image processing techniques
- Co-authored abstracts and presented results at Orthopedic Research Society Annual Meeting

**Skills/Abilities**

**Computer Skills**

- *Minitab-* Performed diverse types of statistical analysis to drive root cause investigations and lead six sigma improvement projects
- *SolidWorks*-Designed many parts and assemblies for design projects; Analyzed structural and dynamic forces using Finite Element Analysis
- *MATLAB, MathCad, C++-* Coded simulations to predict automobile and wind turbine performances
- *LabVIEW-* Created control algorithms for mouse bone bending device
- *MS Project-* Created schedules and plans for design projects to keep team on task

- *MS PowerPoint & Visio*- Presented material on various projects to address multiple types of audiences

**Honors/Leadership/Other Interests**

- ASQ Certified Six Sigma Green Belt
- Tau Beta Pi (Engineering Honor Society) –Former President New Jersey Epsilon Chapter
- Member of American Society of Mechanical Engineers (ASME)
- Eagle Scout
- Vigil Honor member of the Order of the Arrow (Honor Society of Boy Scouts)

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References available upon request

**NEVADA STATE BOARD OF PHARMACY**
**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

# PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0073830

Application/License No. _____

CATALENT PHARMA SOLUTIONS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10360 Drummond Road Philadelphia, PA 19154 (Address of Applicant/Principal), as PRINCIPAL, and ARGONAUT INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 469011 San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 29, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of April, 2022.

APPLICANT/PRINCIPAL
CATALENT PHARMA SOLUTIONS, LLC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by:

Nevada Resident/Agent Non-Resident Agent Frances A. Rodriguez

Posted February 20, 2020

# Argonaut Insurance Company
## Deliveries Only: 225 W. Washington, 24th Floor
## Chicago, IL 60606
## United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021.

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM EXP 07/15/25
NOTARY ID 557902-8

_____
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 29th day of April, 2022.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

_____

Austin W. King, Secretary

**IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.**

ARGO POWER OF ATTORNEY

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2020

| ASSETS | |
|---|---|
| CASH & INVESTED ASSETS | $158,499,834 |
| BONDS | $1,054,092,626 |
| STOCKS | $650,147,228 |
| INVESTMENT INCOME DUE AND ACCRUED | $5,764,999 |
| PREMIUM BALANCES | $137,318,710 |
| NET DEFERRED TAX ASSET | $25,246,782 |
| REINSURANCE RECOVERABLE | $64,889,336 |
| OTHER ASSETS | $45,219,794 |
| **TOTAL ASSETS** | $2,141,179,309 |

| LIABILITIES AND SURPLUS | |
|---|---|
| UNEARNED PREMIUMS | $289,279,454 |
| LOSSES | $525,826,062 |
| LOSS ADJUSTMENT EXPENSES | $166,554,738 |
| COMMISSIONS | $5,043,149 |
| TAXES, LICENSES, AND FEES | $16,089,949 |
| OTHER EXPENSES | $9,990,100 |
| FUNDS HELD UNDER REINSURANCE TREATIES | $83,850,484 |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $4,511,006 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $1,380,869 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $8,624,453 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $3,618,938 |
| PAYABLE FOR SECURITIES | $4,622,776 |
| PROVISION FOR REINSURANCE | $16,443,084 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $39,002,167 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $930,971 |
| **TOTAL LIABILITIES** | $1,165,681,902 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $525,520,936 |
| UNASSIGNED SURPLUS | $445,476,471 |
| **TOTAL SURPLUS TO POLICYHOLDERS** | $975,497,407 |
| TOTAL LIABILITIES & SURPLUS | $2,141,179,309 |

Lauren T. Welch, being duly sworn, says that she is VP US Financial Controller of Argonaut Insurance Company and that to the best of her knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2019.

Subscribed and sworn to before me this 3rd day of March 2021

Notary Public

DEBBIE BAUMANN
My Notary ID # 129375987
Expires April 6, 2021

Lauren T. Welch, VP US Financial Controller

CORPORATE SEAL ILLINOIS

Catalent

14 Schoolhouse Road
Somerset, NJ 08873
catalent.com

+ 1 888 SOLUTION (76588466)

Explanations of Disciplinary Actions
Catalent Pharma Solutions, LLC

Catalent Pharma Solutions, LLC has resolved alleged violations with the Florida Department of Business & Professional Regulation, the Alabama Board of Pharmacy and the South Carolina Board of Pharmacy. Catalent Pharma Solutions, LLC has since rectified the situation in all 3 jurisdictions and has not been disciplined since.

**PLEASE NOTE THAT NONE OF THE DISCIPLINARY ACTIONS DESCRIBED BELOW RELATE TO THE CATALENT SITE THAT IS THE SUBJECT OF THIS APPLICATION, WHICH IS LOCATED AT 10360 DRUMMOND ROAD, PHILADELPHIA, PA 19154**

1. Florida Department of Business & Professional Regulation – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

2. Alabama Board of Pharmacy – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a $6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

3. Alabama Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

4. South Carolina Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

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| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA** |
| | ) | |
| **CATALENT PHARMACY SOLUTIONS** | ) | **STATE BOARD OF PHARMACY** |
| | ) | |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | **CASE NO: 17-L-0071** |
| | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

By: _____
Its: VP & Deputy GC

_____
Michael Whisonant, Attorney for Catalent Pharma Solutions, LLC

DONE this the _____ day of 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE BOARD OF PHARMACY** |
| **CATALENT PHARMA SOLUTIONS, LLC** | ) | |
| | ) | **CASE NO: 17-L-0011** |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Catalent, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out in the Statement; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 2725 Scherer Drive North, St. Petersburg, Florida 33716 expressly contingent upon the payment of a fine in the amount of Six Thousand and NO/100 Dollars ($6,000.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject

to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

3. That Catalent agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Catalent acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 5 day of JUNE, 2017.

Catalent Pharma Solutions, LLC

BY: Scott Gunther

ITS: SR. VP Quality + Regulatory

SCOTT GUNTHER

Michael Whisonant, Attorney for
Catalent Pharma Solutions, LLC

DONE this the _____ day of _____, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Buddy Bunch, R.Ph., President

James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

**OF COUNSEL**:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

# EXHIBIT "A"

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE BOARD OF PHARMACY** |
| **CATALENT PHARMA SOLUTIONS, LLC** | ) | |
| | ) | **CASE NO: 17-L-0011** |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | |

**STATEMENT OF CHARGES AND NOTICE OF HEARING**

**TO: Catalent Pharmacy Solutions, LLC**
**2725 Scherer Drive North**
**St. Petersburg, Florida 33716**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1 and § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 27th, 2017 at 1:00 p.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the 2015/2016 Manufacturer/Wholesaler/Distributor Application for New Permit should be granted based upon any or all of the following:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(I)(3) mandates the Board to consider, at a minimum, certain factors to include:

(a) The applicant's past experience in the manufacturing or distribution of drugs, including controlled substances (Board Rule 680-X-2.23(I)(3)(iii)).

(b) Compliance with licensing requirements under previously granted

licenses (680-X-2.23(3)(vi)).

(c) Any other factors or qualifications the Board considers relevant to and consistent with public health and safety (680-X-2.23(3)(vii)).

3. Board Rule 680-X-2.23(l)(4) provides the Board reserves the right to deny a license to an applicant if it determines that the granting of such would not be in the public interest.

4. Board Rule 680-X-2.23(k)(1) provides it shall be a violation of the Rule to operate in such a manner as to endanger the public health.

5. Board Rule 680-X-2.253(k)(2) provides that a violation of the Rule may be grounds for a refusal to issue the applicable permit and/or allows the imposition of a fine not to exceed One Thousand Dollars ($1,000.00) for each such violation.

6. Board Rule 680-X-2.23(k)(3) provides wholesale drug distributors shall operate in compliance with applicable State laws or regulations.

**COUNT ONE**

The Board alleges you have violated the above referenced provisions and/or it would not be in the public interest to grant you the referenced permit based upon the Final Order, Settlement Agreement and Notice of Violation attached hereto as Exhibit "A", or the purchase of an API, i.e. Tipranavir-BI from an unauthorized source located in Germany, that is a person not authorized under Florida law to distribute prescription drugs and/or including the same into a finished manufactured drug which was then shipped for distribution.

The Board alleges that each occurrence described herein is a separate and distinct violation or deficiency.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 22nd day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT A

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

## FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

## NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September 2014.

By: Brenda M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 06:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

## SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

**STANDARD PROVISIONS**

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

| CATALENT PHARMA SOLUTIONS, LLC | FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION |
|---|---|
| By: | By: |
| Name: ARIS GENNADIOS | Name: REGINALD D DIXON |
| Title: PRESIDENT, SOFTGEL TECHNOLOGIES | Title: DIVISION DIRECTOR |
| Date: 19AUG2014 | Date: AUGUST 29, 2014 |

Florida Department of
Business & Professional Regulation

Drugs, Devices and Cosmetics
1940 North Monroe Street
Tallahassee, Florida 32399-1047
Phone: 850.717.1800
Fax: 850.414.8340

Ken Lawson, Secretary

Rick Scott, Governor

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

**NOTICE OF VIOLATION**
**Case No.: 2014-008409**

July 10, 2014

Corporation Service Company, Registered Agent for
Catalent Pharma Solutions, LLC
1201 Hays Street
Tallahassee, FL 32301-2525

Ms. Linda Vick, Senior Quality/ Regulatory Affairs Specialist
Catalent Pharma Solutions, LLC
2725 Scherer Drive North
St. Petersburg, FL 33716

Re: **Department of Business & Professional Regulation v. Catalent Pharma Solutions, LLC, Case Number 2014-008409**

Dear Sir/Madam:

On or about March 17, 2014 through March 19, 2014, the Department of Business & Business Professional Regulation, Drugs, Devices, and Cosmetics Division (hereafter "Department"), conducted an on-site inspection of Catalent Pharma Solutions, LLC (hereafter "Catalent") located 2725 Scherer Drive, St. Petersburg, Florida 33716. Catalent is permitted by the Department to operate as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723, all of which expire on November 30, 2014, and as a diethyl ether purchaser, permit number 10:1300003, which expires on September 30, 2014.

During the on-site inspection, the Department determined that Catalent is a contract manufacturer for Boehringer Ingelheim, Binger Strabe 173, 55216 Ingelheim am, Rhein Germany (hereafter "BI-Germany"). Catalent received prescription drugs from BI-Germany for the manufacturing of finished dosage forms of the prescription drugs, BI-Germany is not permitted by the Department, and does not qualify for an exemption from licensure.

The Department determined that Catalent, received, shipped, manufactured and/or distributed prescription drug active pharmaceutical ingredient (API) from an

unauthorized source and failed to register and report the distribution of controlled substances.

The Department is authorized by Rule 61N-1.024(8), Florida Administrative Code, to issue a Notice of Violation for any alleged violations of Chapter 499, Florida Statutes, in order to facilitate the uncontested settlement of all issues related to a complaint or investigation. The Notice of Violation is to be done at the completion of the investigation and prior to filing of any Administrative Complaint. The Notice of Violation will advise the alleged violator of the statutory violation and provide a proposed penalty for settlement of the disciplinary matter related to a complaint.

The Department believes Catalent committed the following violations of Chapter 499, Florida Statutes and the administrative Rules promulgated pursuant thereto:

1. Section 499.005(14), Florida Statutes (2013); provides that the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that purchaser or recipient is unlawful.

During the on-site inspection, the Department obtained purchasing and receiving specification sheets for prescription drugs, and/or active pharmaceutical ingredients (API); Catalent received that identify the distributor as BI-Germany. Records show Catalent was in receipt of four shipments from BI-Germany as follows:

1. Item number OET 00308819-Tipranavir-BI, dated 11/1/13; lot number 7648849, supplier/manufacturer lot number 1044065, 200kg.

2. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648845, supplier/manufacturer lot number 1043891, 20kg.

3. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7646848, supplier/manufacturer lot number 1043888, 60kg.

4. Item number OET 00308819-Tipranavir-BI, dated 9/12/13; lot number 7490105, supplier/manufacturer lot number 1043891, 280kg.

Because BI-Germany manufactured the prescription drug API Tipranavir, in Germany, and distributed it to Catalent, located in Florida, without having a permit to do so, Catalent received prescription drugs from an unauthorized source in violation of Section 499.005(14), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: $6,000**

2. Section 499.006(10), Florida Statutes, (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(1), Florida Statute (2013), provides that the manufacture, repackaging, sale, delivery or holding or offering for sale of any drug that is adulterated or misbranded is unlawful.

Catalent informed the Department it receives the prescription drug API, Tipranavir, manufacturered by the unauthorized source BI-Germany. Catalent manufacturss the commercial prescription drug into a finished dosage form and ships it to Roxane Laboratories, Inc., located at 1809 Wilson Road, Columbus, Ohio 43228. Because BI-Germany, located in Germany, is not authorized to distribute prescription drugs into Florida, and Catalent manufacturered the unauthorized prescription drugs, Catalent caused them to become adulterated.

Catalent violated Section 499.005(1), Florida Statutes (2013), by manufacturing the adulterated prescription drug Tipranavir, on at least four occasions, received from BI-Germany, within the meaning of Section 499.006(10), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $3,000**

3. Section 499.006(10), Florida Statutes (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(4), Florida Statutes (2013), provides that the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful.

Catalent distributed the adulterated prescription drug API Tipranavir, on at least four occasions, to Roxane Laboratories, in violation of Section 499.005(4), Florida Statutes (2013), within the meaning of Section 499.006(10), Florida Statutes (2013.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: $3,000**

4. Section 499.0121(14), Florida Statutes (2013), provides:

(14) **DISTRIBUTION REPORTING.**—Each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy

drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distribution of controlled substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

(a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.

(b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.

(c) The transaction code that indicates the type of transaction.

(d) The National Drug Code identifier of the product and the quantity distributed or received.

(e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System identifier on all Schedule II transactions.

(f) The date of the transaction.

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Catalent advised the Department they had registered to report controlled substances but failed to report in a timely matter since August of 2012.

Catalent violated Section 499.0121(14), Florida Statutes (2013), by failing to register and report the distribution of control substances monthly to the Department as required, from August 2012 through July 2013.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $3,000**

5. Section 499.0121, Florida Statutes (2013), provides:

(4) EXAMINATION OF MATERIALS AND RECORDS.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(c) The recordkeeping requirements in subsection (6) must be followed for all incoming and outgoing prescription drugs.

(6) RECORDKEEPING.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(a) Wholesale distributors must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records must provide a complete audit trail from receipt to sale or other disposition, be readily retrievable for inspection, and include, at a minimum, the following information:

2. The name, principal address, and state license, permit or registration number of the person authorized to purchase prescription drugs; [Emphasis supplied].

Rule 61N-1.012 provides:

(1)(a) Records to document the movement of drugs, devices or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component. A complete audit trail includes records which document each transaction or step in the receipt, manufacture, shipping, transfer, or other steps in the channel of trade of that person, whether or not physical possession or handling of the product or component occurs. At a minimum, records shall consist of invoices from the supplier or source which document acquisition of each product by the person and invoices of sale or other transfer by the person to the recipient. Retail sales transactions to the consumer of over-the-counter drugs, non-restricted devices, or cosmetics are exempt from the requirements of this rule. Additional recordkeeping is required for persons permitted by the department as further stated in this rule.

(b) A person engaged in the distribution of drugs, devices, or cosmetics is not required to maintain documentation from a common carrier that the designated recipient received the product shipped; however, the person must obtain such documentation from the common

carrier and make it available to the department upon specific request of the department.

(2) Any person engaged in the manufacture of prescription drugs, the wholesale distribution of prescription drugs, or otherwise receiving or distributing prescription drugs must maintain records as follows:

(a) For each step in the channel of trade, records containing the information required by Section 499.0121(6)(a), F.S., and the Florida permit or license number which authorizes the source to possess and transfer prescription drugs in or into Florida must appear on one document. If delivery of prescription drugs is made to a person other than the purchaser, the name, address or location where the prescription drugs are delivered, and the state license, permit or registration number for that location must be included also. [Emphasis supplied].

Invoices and packlists for the prescription drug API Tipranavir provided to Catalent from BI-Germany failed to contain Catalent's Florida permit number, in violation of Section 499.0121(4)(c), Florida Statutes (2013), within the meaning of Section 499.0121(6)(a)2., Florida Statutes (2013), and Rule 61N-1.012, Florida Administrative Code.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $1,000**

In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within twenty-one (21) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, the Department and Catalent Pharma Solutions, LLC may resolve this matter. If you agree to a resolution, please sign and date the enclosed Settlement. Return the following items to my attention, at the address on this letterhead:

(a) The original signed Stipulation,

(b) A corporate check, cashier's check, or money order for SIXTEEN THOUSAND DOLLARS. **($16,000.00) made payable to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Drugs, Devices and Cosmetics Division, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant.**

Upon receipt of the above-mentioned items, a final order incorporating the terms of the Stipulation will be entered.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within twenty-one (21) days of receipt of this letter.

If the Department does not concur, or we are unable to reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced 21-day time period given. Appropriate legal action may include:

(a) Filing and serving an administrative complaint for a hearing pursuant to Chapter 120, Florida Statutes (2011). This may result in the imposition of an administrative fine up to five thousand dollars ($5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record.
(b) Revocation or suspension of the company permit.
(c) Seizure for destruction of adulterated or misbranded products.
(d) Seeking an injunction in Circuit Court to obtain compliance.
(e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at (850) 717-1803.

Sincerely,

Bert O. Moore
Senior Attorney

Enclosure: Stipulation

BOM/jes

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION**
**BEFORE THE STATE BOARD OF PHARMACY**

| | |
|---|---|
| **In the Matter of:**<br><br>**Catalent Pharma Solutions, LLC,**<br><br>**Applicant.** | **ORDER** |

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

## FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Philadelphia, PA.

2. Applicant manufactures clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

## CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**

Carole Small Russell

**CAROLE SMALL RUSSELL, R.Ph.**
**Board Chair**

June 16, 2017

## South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC
PY . 17234

**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION RD
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,**

**Petitioner,** **Case No. 2014-008409**

**v.**

**CATALENT PHARMA SOLUTIONS, LLC,**

**Respondent.**
_____/

## FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

## NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____ /

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

## SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

**Sampson, Senior Legal Assistant.** Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

**STANDARD PROVISIONS**

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

**final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.**

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

| CATALENT PHARMA SOLUTIONS, LLC | FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION |
|---|---|
| By: | By: |
| Name: ARIS GENNADIOS | Name: REGINALD D DIXON |
| Title: PRESIDENT, SOFTGEL TECHNOLOGIES | Title: DIVISION DIRECTOR |
| Date: 19AUG2014 | Date: AUGUST 29, 2014 |

4LL

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ☑ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>☑ Ownership Change*<br>☑ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 01412 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: J. Knipper and Company, Inc.

Physical Address: 5100 Hickory Hill Rd

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Website: www.knipper.com

Name of Designated Representative (DR): Zrenda Coleman

Licensing Company Email: licensing@knipper.com DR Email: Zrenda.coleman@knipper.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☑ Pharmacies | ☑ Dangerous Drugs | ☐ Manufacturer |
| ☑ Practitioners | ☑ Controlled Substances | ☐ Repacker |
| ☑ Hospitals | ☑ Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☑ Wholesalers | ☑ Others: | ☑ Warehouse |
| ☑ Veterinarians | | ☑ Retail pharmacy wholesale distributor |
| ☑ Others: Pharmaceutical sale representatives | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #_____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Name:** _____

**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Name:** _____

**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: New Jersey

Parent Company (if any): Knipper Holding, Inc.

Corporation/Organization Name: _____

Mailing Address: One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Email: licensing@knipper.com

Contact Person Name: Teresita Weiss

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | X | |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • List of all Officers and Directors. | ✓ | ✓ | | |
| • List the top four corporation shareholders and their percent ownership. | ✓ | | | |
| • List of all corporation shareholders and their percent ownership. | | ✓ | | |
| • List of all partners and their percent ownership. | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars **($1,000,000.00)**. | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

J. Knipper and Company, Inc.

Facility Name

Teresita Weiss

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

12/18/2024

Date

| Board Use Only | Date Received: _____ | Amount: _____ |
|---|---|---|

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | X | |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Print Name of Authorized Person Submitting Application

Teresita Weiss, General Manager Regulatory Affairs, Compliance & Quality
Original signature of Authorized Person (copies or stamps not accepted)

10/9/2024
Date

| Board Use Only | Date Received: 10/29/24 | Amount: $1000-ck 87909 |
|---|---|---|

# NABP ACCREDITED

## DRUG DISTRIBUTOR

Distribution Solutions International, Inc
dba Priority Solutions International

located at

5100 Hickory Hill Rd, Memphis, TN 38141

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

**Lemrey "Al" Carter,** PharmD, MS, RPh
*Executive Director/Secretary*

03/22/2023 - 03/21/2026
Period of Accreditation

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***LONG FORM STANDING WITH OFFICERS AND DIRECTORS***

***J. KNIPPER AND COMPANY, INC.***
*0100313707*

*DIRECTORS*

*Frank McNicholas*

*One Healthcare Way*

*Lakewood, NJ 08701*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of November, 2024*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6158972732*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***LONG FORM STANDING WITH OFFICERS AND DIRECTORS***

***J. KNIPPER AND COMPANY, INC.***
*0100313707*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 09, 1986.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*CORPORATION SERVICE COMPANY*
*PRINCETON SOUTH CORPORATE CENTER,*
*SUITE 160, 100 CHARLES EWING BLVD*
*EWING, NJ 08628*

*I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on August 21, 2024.*

| | |
|---|---|
| *PRESIDENT* | *Michael J. Laferrera*<br>*One Healthcare Way*<br>*Lakewood, NJ 08701* |
| *SECRETARY* | *Frank McNicholas*<br>*One Healthcare Way,*<br>*Lakewood, NJ 08701* |
| *TREASURER* | *Frank McNicholas*<br>*One Healthcare Way,*<br>*Lakewood, NJ 08701* |
| *DIRECTORS* | *Michael J. Laferrera*<br>*One Healthcare Way,*<br>*Lakewood, NJ 08701* |

*Continued on next page...*

Last Updated: 2/4/2025

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

# Health Care Facilities

## Licensed Facilities

### Current Listings

Type = Pharmacy-Manufacturer/Wholesaler/Distributor
County = All
Results = 6

Click here to return to the search page

1

J KNIPPER AND CO., INC.
1550 OAK ST
Lakewood, NJ 08701
Attn: John Gardner
732-905-7878

Rank: Manufacturer/Wholesaler/Distributor

Facility License Number: 00002648
Status: Licensed
Date of Original Licensure: 06/01/2007
Date of Expiration: 06/30/2025
**No Disciplinary Actions**

2

J KNIPPER AND COMPANY INC.
ONE HEALTHCARE WAY
Lakewood, NJ 08701
Attn: James Garcia
732-905-7878

*Qualifications*
*Controlled Subs*

Rank: Wholesale/Distributor

Facility License Number: 00000946
Status: Licensed
Date of Original Licensure: 08/12/1994
Date of Expiration: 12/31/2025
**No Disciplinary Actions**

3

J Knipper and Company, Inc
5100 Hickory Hill Rd
Memphis, TN 38141
Attn: Zrenda Maria Coleman
732-905-7878

*Qualifications*
*Controlled Subs*

Rank: Wholesale/Distributor

Facility License Number: 00002474
Status: Licensed
Date of Original Licensure: 07/21/2006
Date of Expiration: 08/31/2026
**No Disciplinary Actions**

4

J KNIPPER AND COMPANY, INC
5100 Hickory Hill Rd
Memphis, TN 38141
Attn: Zrenda Maria Coleman
901-201-2215

*Qualifications*
*Controlled Subs*

Rank: Third Party Logistics

Facility License Number: 00006686
Status: Licensed
Date of Original Licensure: 03/28/2022
Date of Expiration: 08/31/2026
**No Disciplinary Actions**

---

5

J Knipper and Company, Inc
1550 Oak Street
Lakewood, NJ 08701
Attn: John Gardner
732-905-7878

Rank: Third Party Logistics

Facility License Number: 00010135
Status: Licensed
Date of Original Licensure: 03/21/2024
Date of Expiration: 03/31/2026
**No Disciplinary Actions**

---

6

J Knipper and Company Inc
1250 Patrol Road
Charlestown, IN 47111
Attn: Geraldine Treacy
732-905-7878

*Qualifications*
*Controlled Subs*

Rank: Third Party Logistics

Facility License Number: 00010136
Status: Licensed
Date of Original Licensure: 04/16/2024
Date of Expiration: 04/30/2026
**No Disciplinary Actions**

---

TENNESSEE DEPARTMENT OF HEALTH
J KNIPPER AND COMPANY, INC
ID NUMBER: 2474
EXPIRATION DATE: 08/31/2026

THIS IS TO CERTIFY THAT ALL REQUIREMENTS OF THE STATE OF TENNESSEE HAVE BEEN MET
BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
ALL APPLICABLE QUALIFICATIONS AND/OR SPECIALTIES PRINTED ON BACK

COMMISSIONER OF HEALTH

J KNIPPER AND COMPANY, INC
ONE HEALTHCARE WAY
LAKEWOOD, NJ 08701

**State of Tennessee**
**Department of Health**

14153283

Renewal No. 35805

Board of Pharmacy
Wholesale/Distributor

J KNIPPER AND COMPANY, INC
5100 HICKORY HILL RD,
MEMPHIS, TN 38141

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 2474

EXPIRATION DATE: August 31, 2026

CONTROLLED SUBSTANCE REGISTRATION

Commissioner, Dept. of Health

Jennifer L. Putnam, Esq
Assistant Commissioner, Health Licensure & Regulation

## DEA POWER OF ATTORNEY

**Distribution Solutions International Inc.**
**5100 Hickory Hill Road, Memphis, TN 38141**
**DEA Registration Wholesale Distributor RD0372487**

I, Bill Turner, the undersigned, am authorized to sign the current applications for the Drug Enforcement Administration ("DEA") registrations of Distribution Solutions International Inc., under the Controlled Substances Act, 21 U.S.C. § 801, et seq., have made, constitute, and appoint Teresita Weiss, General Manager of J. Knipper and Company, Inc., my true and lawful attorney for me in my name, place and stead, to use the above-referenced DEA registration for the purpose of continuing to Wholesale Distribute Schedule IV Controlled Substances at the DEA-registered facility located at 5100 Hickory Hill Road, Memphis, TN 38141, in accordance with all federal laws. I hereby affirm that Distribution Solutions International Inc. as the above-named registrant, shall remain responsible for the lawful handling of any and all controlled substances pursuant to the above-listed DEA registration number. The authority granted herein shall be effective on December 18, 2024 and expire 90 days from the date of execution, upon receipt by J. Knipper and Company, Inc. of a valid DEA registration pertaining to controlled substances or prior revocation by me. I hereby ratify and affirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

**Current Registrant**

By: **Bill Turner, General Manager**
**Distribution Solutions International Inc.**

**Purchasing Company**

By: **Teresita Weiss, General Manager**
**J. Knipper and Company, Inc**

(1) _____
Witness

(2) _____
Witness

Signed and dated on the 11 day of December, 2024.

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RD0372487 | 06-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 4,5 | DISTRIBUTOR | 07-15-2024 |

DISTRIBUTION SOLUTIONS INTERNATIONAL INC
5100 HICKORY HILL RD
MEMPHIS, TN 38141

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.


CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RD0372487 | 06-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 4,5 | DISTRIBUTOR | 07-15-2024 |

DISTRIBUTION SOLUTIONS INTERNATIONAL INC
5100 HICKORY HILL RD
MEMPHIS, TN 38141

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended provide that the Attorney General may revoke or suspend a registration to manufacture, distribute dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE


Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RD0372487 | 06-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 4.5 | DISTRIBUTOR | 07-15-2024 |

DISTRIBUTION SOLUTIONS INTERNATIONAL INC
5100 HICKORY HILL RD
MEMPHIS, TN 38141

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

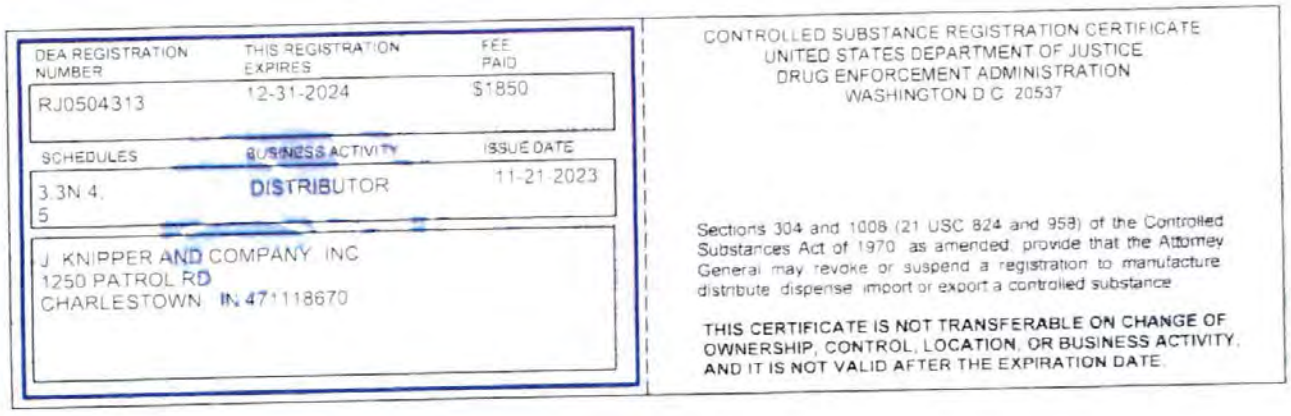
To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to
   **Drug Enforcement Administration**
   **P.O. Box 2639**
   **Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Confidential
Bridget Serzan Bridget Serzan
knipper.com
2024.12.19 PM EDT



DEA REGISTRATION NUMBER: RJ0504313
THIS REGISTRATION EXPIRES: 12-31-2024
FEE PAID: $1850
SCHEDULES: 3 3N 4 5
BUSINESS ACTIVITY: DISTRIBUTOR
ISSUE DATE: 11-21-2023

J KNIPPER AND COMPANY INC
1250 PATROL RD
CHARLESTOWN IN 471118670

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970 as amended provide that the Attorney General may revoke or suspend a registration to manufacture distribute dispense import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

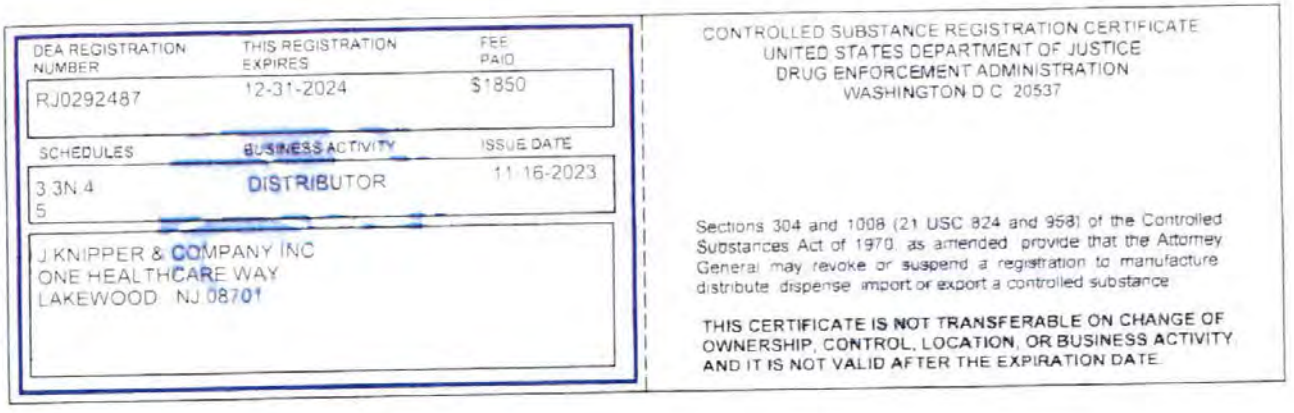
DEA REGISTRATION NUMBER: RJ0504313
THIS REGISTRATION EXPIRES: 12-31-2024
FEE PAID: $1850
SCHEDULES: 3 3N 4 5
BUSINESS ACTIVITY: DISTRIBUTOR
ISSUE DATE: 11-21-2023

J KNIPPER AND COMPANY INC
1250 PATROL RD
CHARLESTOWN IN 471118670

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970 as amended provide that the Attorney General may revoke or suspend a registration to manufacture distribute dispense import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP CONTROL LOCATION OR BUSINESS ACTIVITY AND IT IS NOT VALID AFTER THE EXPIRATION DATE

Form DEA-223 (9/2016)



| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RJ0292487 | 12-31-2024 | $1850 |

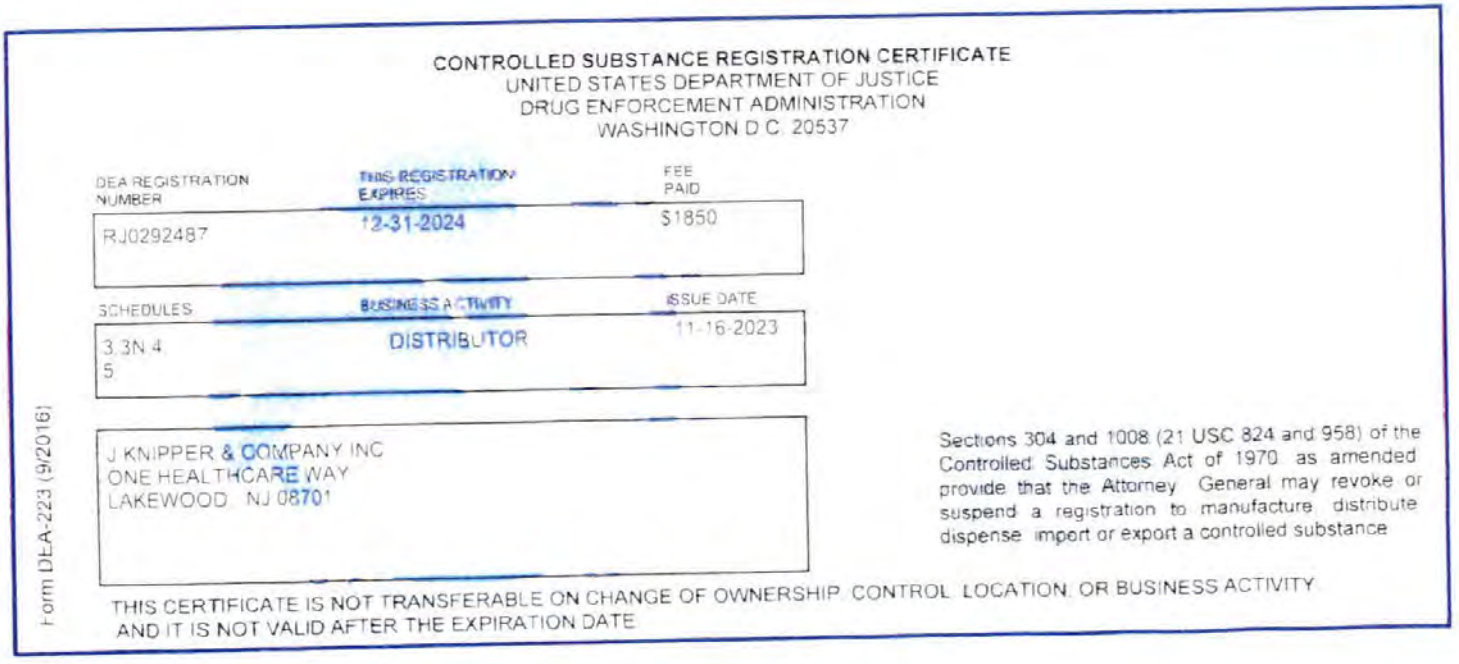
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3 3N 4 5 | DISTRIBUTOR | 11-16-2023 |

J KNIPPER & COMPANY INC
ONE HEALTHCARE WAY
LAKEWOOD NJ 08701

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RJ0292487 | 12-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3 3N 4 5 | DISTRIBUTOR | 11-16-2023 |

J KNIPPER & COMPANY INC
ONE HEALTHCARE WAY
LAKEWOOD NJ 08701

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Client#: 1541191 JKNI

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: Heather Sherwin | |
|---|---|---|
| USI Insurance Services, LLC<br>180 Park Avenue<br>Suite 103<br>Florham Park, NJ 07932 | PHONE (A/C, No, Ext): 973-315-0440 | FAX (A/C, No): |
| | E-MAIL ADDRESS: heather.sherwin@usi.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Federal Insurance Company | 20281 |
| INSURED<br>J. Knipper & Company, Inc.<br>One Healthcare Way<br>Lakewood, NJ 08701 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | COMMERCIAL GENERAL LIABILITY | | | 35809008 | 12/10/2024 | 12/10/2025 | EACH OCCURRENCE | $5,000,000 |
| | X CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | X Products Liability | | | | | | MED EXP (Any one person) | $ |
| | X Retro: 10/20/2023 | | | Deductible(s): | | | PERSONAL & ADV INJURY | $5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | $50,000 occ. / | | | GENERAL AGGREGATE | $ |
| | X POLICY ☐ PRO-JECT ☐ LOC | | | $250,000 agg. | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A | | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Professional Liability/E&O<br>Retro: 09/30/2002 | | | 35809008 | 12/10/2024 | 12/10/2025 | $5,000,000 occ/agg<br>Ded: $50,000 each claim | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance FOR ALL LOCATIONS, including 5100 Hickory Road, Memphis, TN 38141

**CERTIFICATE HOLDER**

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056-0000

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ulle Scott

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## DESCRIPTIONS (Continued from Page 1)

1550 Oak Street, Lakewood, NJ 08701
270 Davidson Avenue, Somerset, NJ 08873
1009 Lenox Drive, Lawrenceville, NJ 08648
1250 Patrol Road, Charlestown, IN 47111
160 Chubb Avenue, Suite 305, Lyndhurst, NJ 07071
200 Patrol Road, Suite 300, Jeffersonville, IN 47130
310 Eagles Landing Drive, 330 Eagles Landing Drive, 350 Eagles Landing Drive, Lakeland, FL 33810
2700 Blankenbaker Pkwy, Louisville, KY 40299
5100 Hickory Road, Memphis, TN 38141

# RIDER NO.

This Rider to be attached to and form part of Bond No. 021143V ,effective March 1, 2024 , covering

Pharmaceutical Wholesaler Surety Bond ,

on behalf of J. Knipper & Company, Inc. ,

and in favor of Nevada State Board of Pharmacy ,

The following additional location is being added to the above captionend bond.

5100 Hickory Hill Road, Memphis, TN 38141

The attached bond shall be subject to all its agreements, limitations, and conditions except as herein expressly modified.

This Rider is effective from the 14th day of January , 2025 .

Signed and dated this 14th day of January , 2025 .

☒ WESTFIELD INSURANCE COMPANY
☐ WESTFIELD NATIONAL INSURANCE COMPANY
☐ OHIO FARMERS INSURANCE COMPANY

By Robyn Rost
Robyn Rost Attorney-in-Fact

Accepted N/A

By

**BD 5596 OFWWN** (03-01)

**POWER NO. 3120081 01**
**General Power of Attorney**

**CERTIFIED COPY**

**Westfield Insurance Co.**
**Westfield National Insurance Co.**
**Ohio Farmers Insurance Co.**
Westfield Center, Ohio

*Know All Men by These Presents.* That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **ROBYN ROST, JOINTLY OR SEVERALLY**
of **RED BANK** and State of NJ its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their names, place and stead, to execute, acknowledge and deliver **any and all bonds, undertakings, and recognizances; provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed TWENTY MILLION DOLLARS AND NO CENTS ($20,000,000)---**

**LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.**

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY:

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."

"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

*In Witness Whereof*, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their **Senior Executive** and their corporate seals to be hereto affixed this **15TH** day of **NOVEMBER**, A.D., **2013**.

Corporate Seals Affixed

WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By: _____
**Dennis P. Baus**
*National Surety Leader and Senior Executive*

State of Ohio
County of Medina ss.:

On this **15TH** day of **NOVEMBER**, A.D., **2013**, before me personally came **Dennis P. Baus**., to me known, who, being by me duly sworn, did depose and say, that he resides in **Wooster, Ohio**, that he is **National Surety Leader and Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument, that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Companies, and that he signed his name thereto by like order.

Notarial Seal Affixed

By: _____
**William J. Kahelin**, Attorney at Law, *Notary Public*
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

**CERTIFICATE**

I, **Frank Carrino**, Secretary of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

*In Witness Whereof*, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this 14th day of January, A.D., 2025.

By: _____
**Frank Carrino**, *Secretary*

BPOAC4A

# Financial Statement

**December 31, 2023**

**Westfield Insurance Co.**
Westfield Center, Ohio 44251-5001

## WESTFIELD INSURANCE COMPANY
## BALANCE SHEET

**12/31/23**
(in thousands)

| | |
|---|---|
| Assets | |
| Cash, cash equivalents, and short term investments | 34,614 |
| Bonds | 1,387,543 |
| Stocks | 370,629 |
| Agents' balances and uncollected premiums, net | 458,142 |
| Other admitted assets | 1,080,285 |
| Total admitted assets | 3,331,213 |
| Liabilities | |
| Reserve for unearned premiums | 713,530 |
| Reserve for unpaid losses and loss expenses | 1,106,583 |
| Reserve for taxes and other liabilities | 304,081 |
| Total liabilities | 2,124,194 |
| Capital stock | 8,220 |
| Surplus to policyholders | 1,198,799 |
| Total surplus | 1,207,019 |
| Total liabilities and surplus | 3,331,213 |

State of Ohio
ss:
County of Medina

The undersigned, being duly sworn, says: That he is National Surety Leader - Surety Operations of Westfield Insurance Company, Westfield Center, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety Company by virtue of the Laws of the State of Ohio and authorized to do business in the State of ..... and has duly complied with all the requirements of the laws of said State applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved July 1947, 6 U.S.C. sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December, 2023.

Attest:

Frank A. Carrino
Group Legal Leader, Secretary

Gary W. Stumper
National Surety Leader
Senior Executive

WESTFIELD INSURANCE CO. SEAL

Sworn to before me this 14th day of February A.D. 2024.

David A. Kotnik
Attorney at Law
Notary Public – State of Ohio

NOTARY PUBLIC STATE OF OHIO

My Commission Does Not Expire
Sec. 147.03 Ohio Revised Code

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG J. Knipper and Company, Inc. MDEG License # (if applicable)

Physical Address 5100 Hickory Hill Rd

City Memphis State TN Zip 38141

Mailing Address (if different from physical address) One Healthcare Way

City Lakewood State NJ Zip 08701

Telephone 732-905-7878 Website www.knipper.com

Licensing Company Email licensing@knipper.com

**Section 2: Personal Information**

First Zrenda Middle Maria Last Coleman

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Memphis State TN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | √ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | √ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | √ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | √ |

| | | |
|---|---|---|
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | √ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Memphis | | 08/93– 08/95 | |
| Address: 3720 Alumni Avenue | City: Memphis | Address: 3720 Alumni Avenue | City: Memphis |
| Diploma/Degree obtained, if any: Master of Arts | | | |
| School Name: University of Memphis | | From - To (MM/YY – MM/YY): 08/88 – 05/92 | |
| Address: 3720 Alumni Avenue | City: Memphis | State: TN | Zip: 38152 |
| Diploma/Degree obtained, if any: Bachelor of Arts | | | |
| School Name: Fairley High School | | From - To (MM/YY – MM/YY): 09/86 – 05/88 | |
| Address: 4950 Fairley Road | City: Memphis | State: TN | Zip: 38109 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/09 – Present | [redacted] | Memphis | TN | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| J. Knipper & Company | | | 12/24 - present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5100 Hickory Hill Road | | Memphis | TN | 38141 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 901-201-2215 | Sr. Manager, Distribution | | full time | |
| **Description of Duties** | | | | |
| Manage the site distribution operations including pick/pack/ship, inventory control, and order fulfillment. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ThermoFisher Scientific | | | 07/21 – 12/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5100 Hickory Hill Road | | Memphis | TN | 38141 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 901-201-2215 | Site Leader | | Full time | |
| **Description of Duties** | | | | |
| Manage the site distribution operations including pick/pack/ship, inventory control, and order fulfillment. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | √ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | √ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | √ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

02 Jan 2025
Date

I, Zrenda Coleman, certify that as the MDEG Administrator for J. Knipper & Company,

**that I (initial that you have read and meet the following requirements):**

1. ZC Have a high school diploma or its equivalent;
2. ZC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ZC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ZC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Zrenda Coleman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02 Jan 2025
Date

| Board Use Only | Date Received: |
|---|---|

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Designated Representative Application

Rev (05/12/2022)

## Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: J. Knipper and Company, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01412

Physical Address: 5100 Hickory Hill Road

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Website: www.knipper.com

Licensing Company Email: licensing@knipper.com

## Section 2: Personal Information

First: Zrenda Middle: Maria Last: Coleman

Alias(es, nicknames, name changes, etc.):

Date of Birth: SSN or ITIN: Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Bartlett State: TN Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Memphis | | | 08/93 - 08/95 | |
| Address | | City | State | Zip |
| Office of Registrar | | Memphis | TN | 38152 |
| Diploma/Degree obtained, if any | | | | |
| Master of Arts | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| University of Memphis | | | 08/88 - 05/92 | |
| Address | | City | State | Zip |
| Office of Registrar | | Memphis | TN | 38152 |
| Diploma/Degree obtained, if any | | | | |
| Bachelor of Arts | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Fairley High School | | | 09/85 - 05/88 | |
| Address | | City | State | Zip |
| 4950 Fairley Road | | Memphis | TN | 38109 |
| Diploma/Degree obtained, if any | | | | |
| High School Diploma | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/09 - present | [redacted] | Bartlett | TN | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| J. Knipper & Company | | | 12/24 - present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5100 Hickory Hill Road | | Memphis | TN | 38141 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Sr. Manager, Distribution | | full time/40hrs | |
| **Description of Duties** | | | | |
| Manage the site distribution operations including pick/pack/ship, inventory control, and order fulfillment. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ThermoFisher Scientific | | | 07/21 - 12/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5100 Hickory Hill Road | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Site Leader | | Full time/40hrs | |
| **Description of Duties** | | | | |
| Manage the site distribution operations including pick/pack/ship, inventory control, and order fulfillment. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Zrenda Coleman, **certify that as the designated representative for**

J. Knipper and Company, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Zrenda Coleman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20 Sept 2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Zrenda Coleman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20 Sep 2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of OCEAN

I, Michael J. Laferrera ~~Zrenda Coleman~~ elect 10/22, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/22/24

**Date**

Subscribed and Sworn to before me this 22 day of OCTOBER.

**Notary Public Signature**

Darlene A Faone
NOTARY PUBLIC
State of New Jersey
ID # 50024991
My Commission Expires 10/9/2025

(Seal)

J. Knipper And Company, Inc.

| PAYROLL LAST NAME | PAYROLL FIRST NAME | PAYROLL MIDDLE NAME |
|---|---|---|
| Allshouse | Ashley Dawn | Dawn |
| Austin | Robert L | L |
| Bland | Latonya | |
| Borgos | Solange | |
| Bridgeforth | Genneveieve | |
| Broadnax Jr | Austin | |
| Burress | Katelyn | |
| Bush | Jikena | |
| Byrd | Melvia | |
| Cain | Brandi G | G |
| Chalmers | Deborah | |
| Cole | Anthony L. | L. |
| Coleman | Zrenda M | M |
| Craine | Latricia | |
| Crutcher | Adrianne Charmelle | Charmelle |
| Cunningham | Robert | |
| Davis | Cleotra | |
| Denman | Marie Rena | Rena |
| Dennard | James E | E |
| Dockery | Jerry Bernard | Bernard |
| Elliott | Lawanda | |
| Ford | Christian | |
| Frank | Coral Lashea | Lashea |
| Fryman | John | |
| Fuzz | Carolyn | |
| Givens | Carl | |
| Gray | Kanesha | |
| Gray | Cheryl | |
| Green | Bryan Matthew | Matthew |
| Hall | Anthony Morice | Morice |
| Hines | John Albert | Albert |
| Hodges | Tony D | D |
| Holmes | LaTanya Shree | Shree |
| Hood | Daren | |
| Hornes | Raven Shontae | Shontae |

| | | |
|---|---|---|
| Jackson | Mauricia Leanndra | Leanndra |
| Jefferson | Jodie Lee | Lee |
| Johnson | Adrienne | |
| Jones | Lashanda | |
| Jones | Connie Ruth | Ruth |
| Kimmons | Deitrich | |
| Kossen | Joseph Binkley | Binkley |
| Lee | Ayanna Erin | Erin |
| Leonard | Alicia | |
| Lockett | Sherry | |
| Long | Lori R | R |
| Lovett | Lownie | |
| Manuel | Vernisha | |
| Martin | Cordero Dimitric | Dimitric |
| Mason | Martha Wayne | Wayne |
| McGlothin | Bernadette Sade | Sade |
| McMillon | Tomako | |
| Mcfarland | Vickie | |
| Michie | Andrew | |
| Miller | Nakeisha | |
| Mosby-Winbush | Curthesia | |
| Parson | Mario Polo | Polo |
| Perkins | Andreana | |
| Pickens | Alexandria | |
| Ragland | Shakeena Beniece | Beniece |
| Ramos | Judith Esther | Esther |
| Reed | Nataki Angree | Angree |
| Richardson | Davitress | |
| Richardson | Tracey | |
| Rodgers | Valeda | |
| Rollberg | Edward Paul | Paul |
| Sails | Steven Bernard | Bernard |
| Scott | Niga | |
| Scruggs | Cartillia S. | S. |
| Seymour | Marisa Brittany | Brittany |
| Smith | Sharon | |
| Snell | Tevin | |

| | | |
|---|---|---|
| Stewart | Darnell | |
| Strahan | Gregory | |
| Swift | Sandra Elaine | Elaine |
| Tagle | Clement | |
| Thomas | Janice M | M |
| Thomas-Stephney | Regina | |
| Thompson Jr. | Eddie | |
| Tuggle | Jacquelyn | |
| Turner | Ben | |
| Unson | Mario | |
| Wade | Courtney | |
| Wallace | Christopher | |
| Ware | Tenita L | L |
| Watkins | Saneiura Nicole | Nicole |
| Westmoreland | Shanquita | |
| White | Debra | |
| Wiley | Pamela Denise | Denise |
| Williams | Marvin L. | L. |
| Williams | Barbara DeElaine | DeElaine |
| Wright | Rosa Linda | Linda |
| Yarbrough | Frankie | |

# TENNESSEE DEPARTMENT OF HEALTH
# BOARD OF PHARMACY
# MANUFACTURER/WHOLESALER/DISTRIBUTOR
# REPORT OF INSPECTION

| Inspected by | Date | Phone No. |
|---|---|---|
| DERIC JOHNSTON | 6/7/23 | 901-589-0308 |

This Inspection Satisfactory: Yes ☑ No ☐

☐ Opening ☐ Relocation ☑ Periodic ☐ Follow-up ☐ New Ownership

Licensee: DISTRIBUTION SOLUTIONS INTERNATIONAL INC

License No. 6686 Expiration Date 3/31/24

Mailing Address:

Physical Address: 5100 HICKORY HILL RD MEMPHIS 38141

Manufacturer ☐ 3PL ☑ Distributor (Includes Medical Gases) ☐ Wholesaler ☐

Distributes drugs to: Community Pharmacists, Hospital Pharmacies, Wholesalers, Physicians, Veterinarians, Researchers

Other

DEA No. RD0372487

TN Cont. Sub. ☑

Last Theft/Loss Report ~~MEDT~~ NONE

Last DEA Inventory 5/15/23

Managers Name: LEONARD STOKES

Pharmacist (if repackaging): N/A

Pharmacist License No: N/A

| Compliance Yes | Compliance No | PHYSICAL REQUIREMENTS |
|---|---|---|
| ✓ | | 1. Certificate displayed |
| ~~✓~~ | ✓ | 2. Board's law book on hand ACCESSED ONLINE |
| ✓ | | 3. Suitable size and construction to facilitate cleaning, maintenance, and proper operations |
| ✓ | | 4. Storage area provides adequate lighting, ventilation, temperature, sanitation, humidity, space and equipment |
| ✓ | | 5. Quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated |
| ✓ | | 6. Maintained in a clean and orderly condition |
| ✓ | | 7. Free from infestation by insects, rodents, birds, or vermin |

| Compliance Yes | Compliance No | STORAGE |
|---|---|---|
| ✓ | | 1. Prescription drugs stored at "controlled" room temperature |
| ✓ | | 2. Appropriate manual electro mechanical or electronic temperature, humidity recording equipment, devices and/or logs |

| Compliance Yes | Compliance No | SECURITY |
|---|---|---|
| ✓ | | 1. Access from outside premises shall be kept to a minimum and well controlled |
| ✓ | | 2. Outside perimeter of the premises shall be well lighted |
| ✓ | | 3. Entry into areas where prescription drugs are held shall be limited to authorized personnel |
| ✓ | | 4. Alarm system equipment to detect entry after hours provide suitable protection against theft and diversion; diversion that is facilitated or hidden by tampering with computers or electronic records. Alarm type: PINPAD, CAMERAS, MOTION DETECTORS, GATE, KEY CARD ACCESS |

Business hours: 8-4:30 M-F

| Compliance Yes | Compliance No | RECORD KEEPING |
|---|---|---|
| ✓ | | 1. Inventories of records of all transactions maintained to reflect: |
| ✓ | | a. Source of drugs – names and address of seller/or transferor |
| ✓ | | b. Address of location shipped from |
| ✓ | | c. Identity/quantity of drugs received and distributed or disposed of |
| ✓ | | d. Dates of receipt of distribution or other disposition of the drugs |
| ✓ | | 2. Inventories and records maintained so as to be readily retrievable for at least 2 years |

| Compliance Yes | Compliance No | WRITTEN POLICIES AND PROCEDURES ON HAND INCLUDE: |
|---|---|---|
| ✓ | | 1. Oldest approved stock of prescription drug products distributed first. FEFO (PER CLIENT) |
| ✓ | | 2. Procedures for handling recalls and withdrawals of prescription drugs |
| ✓ | | 3. Procedures to remove defective or potentially defective drugs from market |
| ✓ | | 4. Procedure to protect against and handle crisis that affects security or operation in the event of a strike, flood, or other natural disaster or national emergency |
| ✓ | | 5. Procedures to insure that any outdated prescription drugs shall be segregated from other drugs – either returned to manufacturer or destroyed |
| ✓ | | 6. Procedures to identify damaged goods upon receipt to prevent further distribution |
| ✓ | | 7. Procedures outline education and/or experience for qualification for each job title at the facility |

DISCUSSED

I [redacted] Manager, do hereby acknowledge and understand all notations made on this report and confirm that within 30 days I will notify the Board of Pharmacy in writing of the correction of any and all deficiencies noted above.

Response Required Yes ☐ No ☑

PH – 4036

RDA S-836-1

# TENNESSEE DEPARTMENT OF HEALTH
# BOARD OF PHARMACY
# MANUFACTURER/WHOLESALER/DISTRIBUTOR
# REPORT OF INSPECTION

| Inspected by | Date | Phone No. |
|---|---|---|
| DEREK DAWSON | 6/7/23 | 601-589-0308 |

This Inspection Satisfactory: Yes ☑ No ☐

☐ Opening ☐ Relocation ☑ Periodic ☐ Follow-up ☐ New Ownership

Licensee: DISTRIBUTION SOLUTIONS INTERNATIONAL INC

License No. 2474 Expiration Date 10/31/23

Mailing Address:

Physical Address: 5100 HICKORY HILL RD MEMPHIS ~~TENN~~ 38141

Manufacturer ☐ Distributor (Includes Medical Gases) ☑ Wholesaler ☑

Distributes drugs to: Community Pharmacists, Hospital Pharmacies, Wholesalers, Physicians, Veterinarians, Researchers

Other

DEA No. RD0372487 TN Cont. Sub. ☑

Last Theft/Loss Report: MULTIPLE - AVAILABLE ON REQUEST

Last DEA Inventory: 5/15/23

Managers Name: LEONARD STOKES

Pharmacist (if repackaging): N/A

Pharmacist License No: N/A

| Compliance Yes | Compliance No | PHYSICAL REQUIREMENTS |
|---|---|---|
| ✓ | | 1. Certificate displayed |
| | ✓ | 2. Board's law book on hand ACCESSED ONLINE |
| ✓ | | 3. Suitable size and construction to facilitate cleaning, maintenance, and proper operations |
| ✓ | | 4. Storage area provides adequate lighting, ventilation, temperature, sanitation, humidity, space and equipment. |
| ✓ | | 5. Quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated. PHYSICALLY & DIGITALLY SEGREGATED |
| ✓ | | 6. Maintained in a clean and orderly condition |
| ✓ | | 7. Free from infestation by insects, rodents, birds, or vermin |

| Compliance Yes | Compliance No | STORAGE |
|---|---|---|
| ✓ | | 1. Prescription drugs stored at "controlled" room temperature |
| ✓ | | 2. Appropriate manual electro mechanical or electronic temperature, humidity recording equipment, devices and/or logs |

| Compliance Yes | Compliance No | SECURITY |
|---|---|---|
| ✓ | | 1. Access from outside premises shall be kept to a minimum and well controlled. |
| ✓ | | 2. Outside perimeter of the premises shall be well lighted |
| ✓ | | 3. Entry into areas where prescription drugs are held shall be limited to authorized personnel. |
| ✓ | | 4. Alarm system equipment to detect entry after hours provide suitable protection against theft and diversion, diversion that is facilitated or hidden by tampering with computers or electronic records. |

Alarm type: RING PAD CAMERAS, MOTION DETECTORS, GATE KEY CARD ACCESS

Business hours: 8-4:30 M-F

| Compliance Yes | Compliance No | RECORD KEEPING |
|---|---|---|
| ✓ | | 1. Inventories of records of all transactions maintained to reflect |
| ✓ | | a. Source of drugs – names and address of seller or transferor. |
| ✓ | | b. Address of location shipped from |
| ✓ | | c. Identity/quantity of drugs received and distributed or disposed of |
| ✓ | | d. Dates of receipt of distribution or other disposition of the drugs |
| ✓ | | 2. Inventories and records maintained so as to be readily retrievable for at least 2 years. |

| Compliance Yes | Compliance No | WRITTEN POLICIES AND PROCEDURES ON HAND INCLUDE: |
|---|---|---|
| ✓ | | 1. Oldest approved stock of prescription drug products distributed first FEFO |
| ✓ | | 2. Procedures for handling recalls and withdrawals of prescription drugs. |
| ✓ | | 3. Procedures to remove defective or potentially defective drugs from market. |
| ✓ | | 4. Procedure to protect against and handle crisis that affects security or operation in the event of a strike, flood, or other natural disaster or national emergency. |
| ✓ | | 5. Procedures to insure that any outdated prescription drugs shall be segregated from other drugs – either returned to manufacturer or destroyed |
| ✓ | | 6. Procedures to identify damaged goods upon receipt to prevent further distribution |
| ✓ | | 7. Procedures outline education and/or experience for qualification for each job title at the facility. |

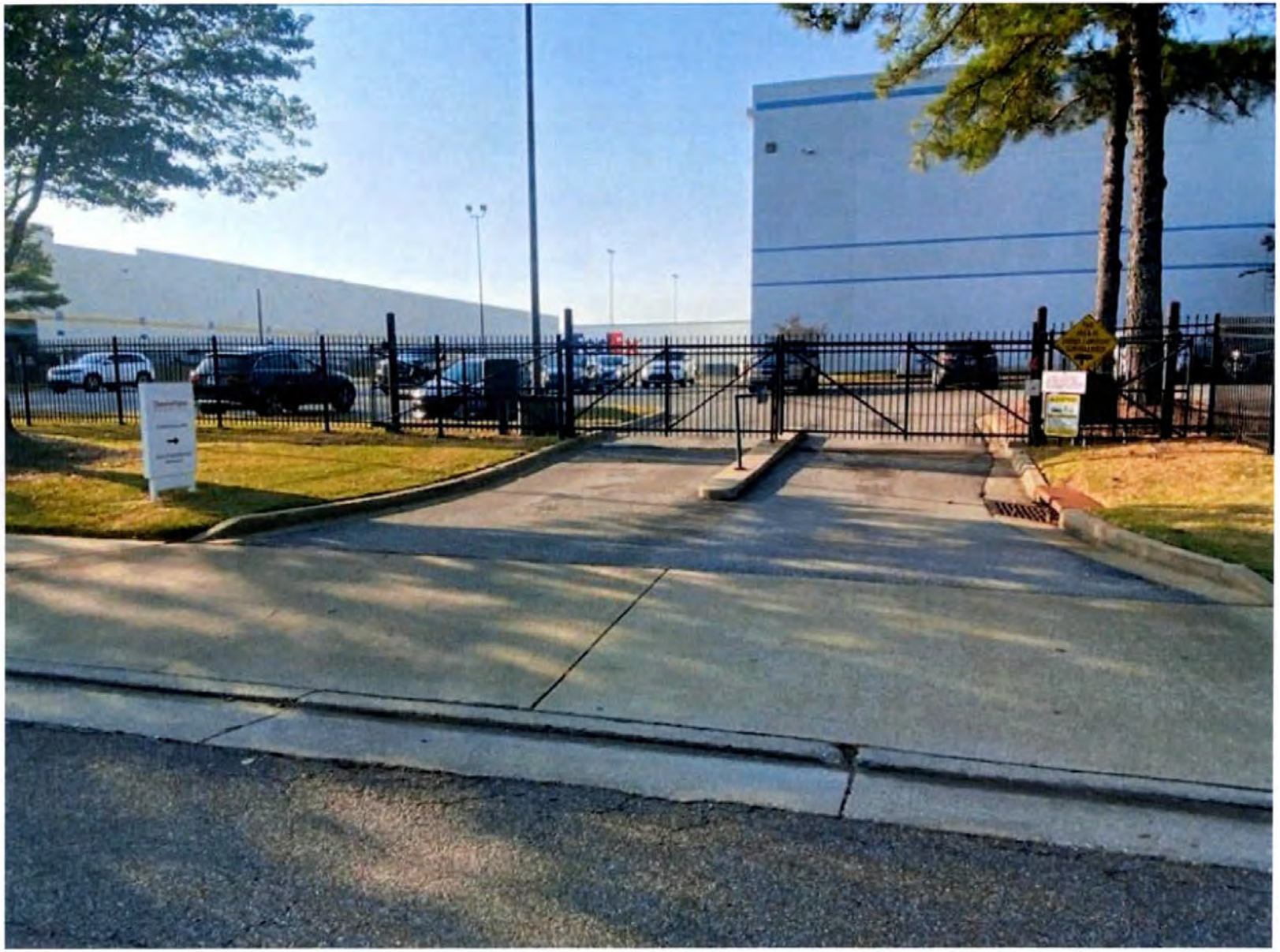
DISCUSSED

I [signature] Manager, do hereby acknowledge and understand all notations made on this report and confirm that within 30 days I will notify the Board of Pharmacy in writing of the correction of any and all deficiencies noted above.

Response Required Yes ☐ No ☑

PH – 4036

RDA S-836-1



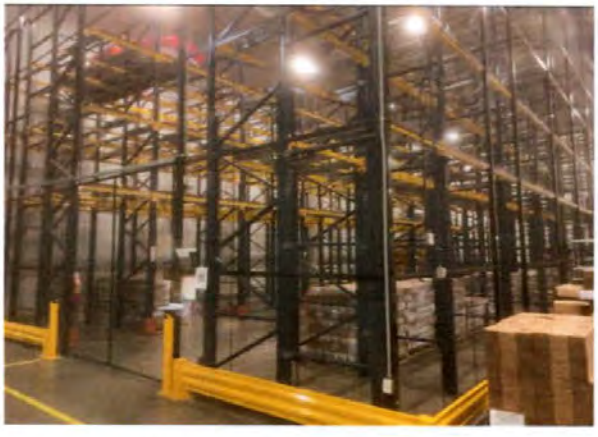

ThermoFisher
SCIENTIFIC



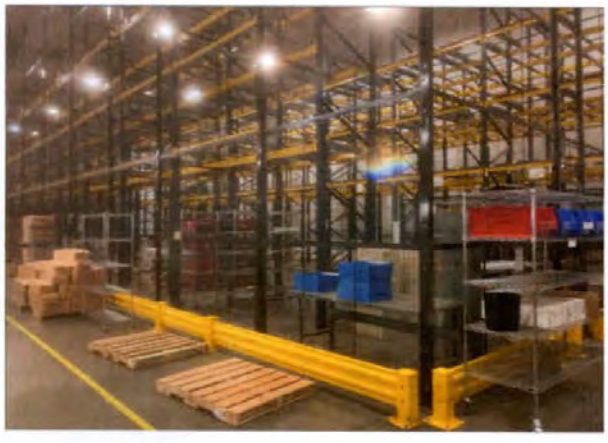
B1 Freezer



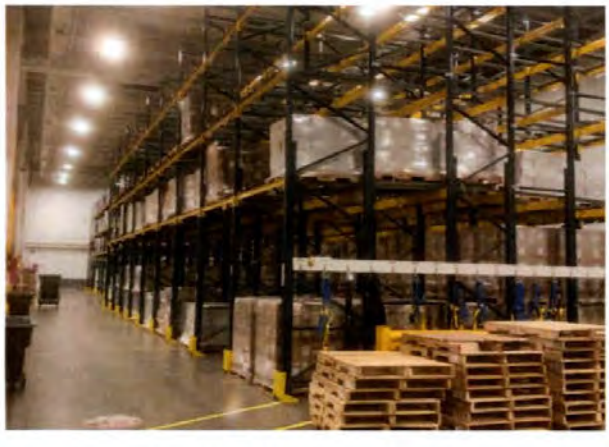
B1 Cooler



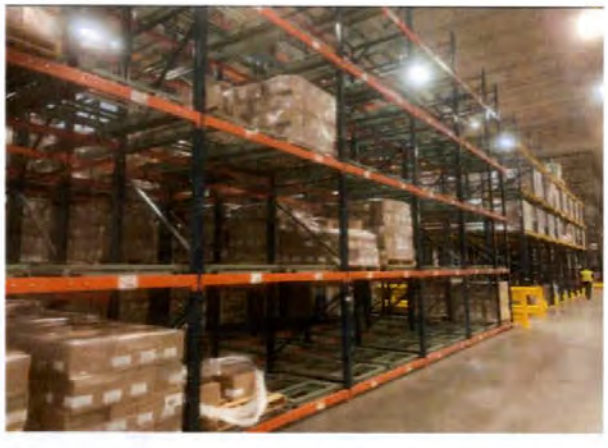
Cont Subs Cage



Cont Subs Cage



Ambient Storage

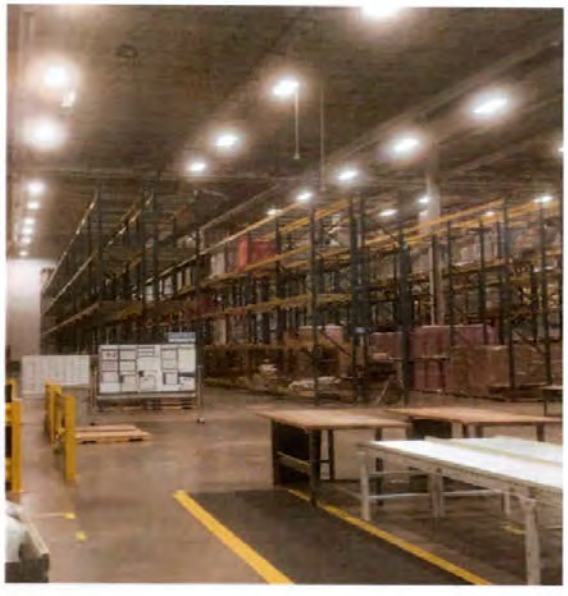


Ambient Storage

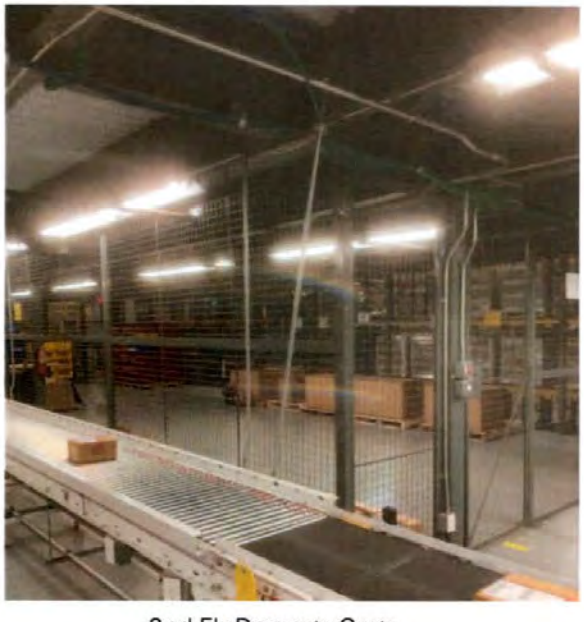
**BAY 1**



B2 Cooler



Ambient Storage



2nd Flr Damage Cage

**BAY 2**

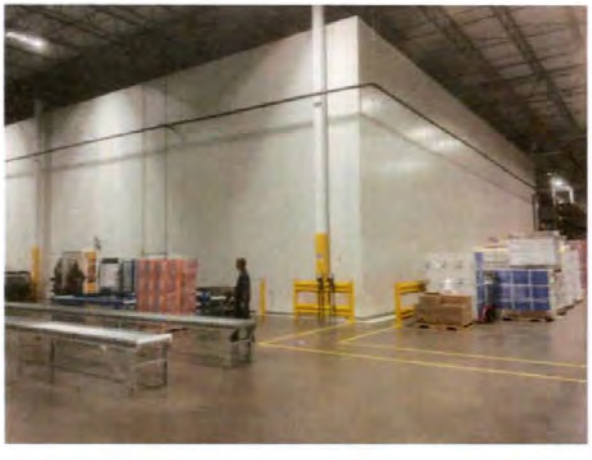


Ambient Storage

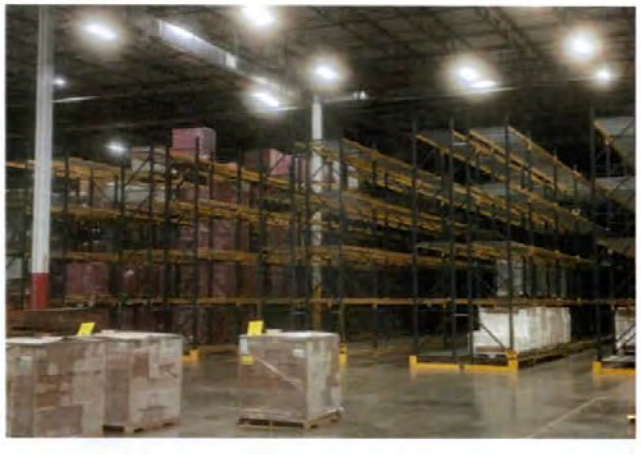


Returns Cage

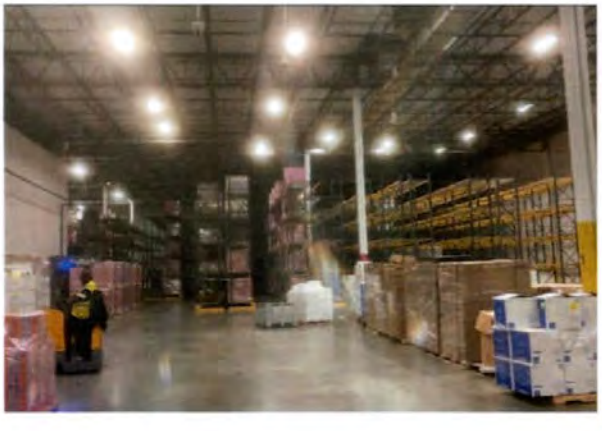
**BAY 3**



B4 Cooler



Ambient Storage



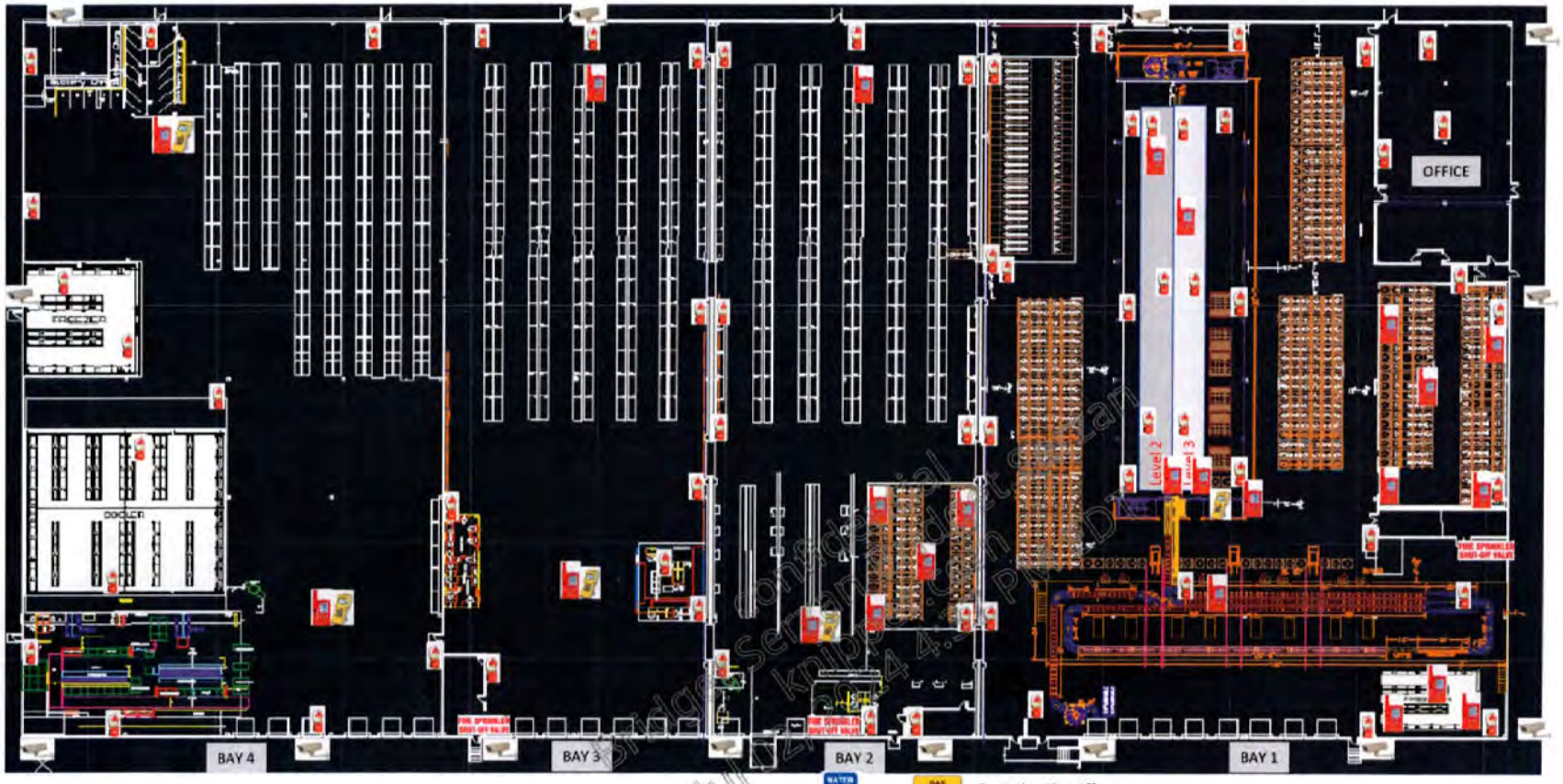
Ambient Storage



B4 Freezer

**BAY 4**

HICKORY HILL ROAD




FREEPORT AVE

LEGENDS:

- Fire Extinguisher
- Temperature Probe
- Humidity Probe
- Security Camera
- Sprinkler ShutOff
- Water Valve ShutOff
- Gas Valve ShutOff
- Sprinkle Valve
- Generator

1481

**Thermo Fisher Scientific**

5500 Hickory Road, Memphis TN 38141

Distribution Solutions International, Inc.
Pharmaceutical Product List

| owner_id | warehouse_id | item_id | item_class | description | compute_0006 | expiration_date | tot_sum |
|---|---|---|---|---|---|---|---|
| ABBV | PHL01 | 57-0300 | SUPPLIES | Insulated Shipper with Corrugated Box Large | 57-0300-PR | 12/31/2049 00:00:00 | 16 |
| ABBV | PHL01 | 57-0300 | SUPPLIES | Insulated Shipper with Corrugated Box Large | 57-0300 | 12/31/2049 00:00:00 | 76 |
| ABBV | PHL01 | 57-0323 | SUPPLIES | 24 oz Foam Brick | 57-0323PR | 12/31/2049 00:00:00 | 152 |
| ABBV | PHL01 | 57-0323 | SUPPLIES | 24 oz Foam Brick | 57-0323 | 12/31/2049 00:00:00 | 36829 |
| ABBV | PHL01 | 57-0324 | SUPPLIES | 56 oz Foam Brick | 57-0324PR | 12/31/2049 00:00:00 | 1055 |
| ABBV | PHL01 | 57-0324 | SUPPLIES | 56 oz Foam Brick | 57-0324 | 12/31/2049 00:00:00 | 552 |
| ABBV | PHL01 | 57-0350 | SUPPLIES | Thermal Container with Outer Corr Box Med | 57-0350 | 12/31/2049 00:00:00 | 1471 |
| ABBV | PHL01 | 57-0350 | SUPPLIES | Thermal Container with Outer Corr Box Med | | | 70 |
| ABBV | PHL01 | 570298TRI | SUPPLIES | Insulated Shipper Small | 570298TRI-PR | 12/31/2049 00:00:00 | 65 |
| ABBV | PHL01 | 570298TRI | SUPPLIES | Insulated Shipper Small | 570298TRI | 12/31/2049 00:00:00 | 78 |
| ABBV | PHL01 | 90-8510 | SUPPLIES | Polybag | 90-8510 | 12/31/2049 00:00:00 | 5850 |
| ABBV | PHL01 | D-RECMATSUP | RECYCLE-MAT | Derm Recycle Material Supplies | D-RECMATSUP | 12/31/2049 00:00:00 | 5872 |
| AKORN | PHL01 | 8258430702 | COLD CHAIN | AzaSite 2.5 mL | IN22E12D | 5/31/2025 00:00:00 | 36 |
| ARBOR | PHL01 | 53451-0101-9 | SAMPLES | HORIZANT 600MG 5CT BOTTLE SAMPLE | 3212533 | 8/31/2025 00:00:00 | 198 |
| ARBOR | PHL01 | 53451-0103-9 | SAMPLES | HORIZANT 300MG 5CT BOTTLE SAMPLE | 3210114 | 12/31/2024 00:00:00 | 348 |
| ARBOR | PHL01 | 53451-0103-9 | SAMPLES | HORIZANT 300MG 5CT BOTTLE SAMPLE | 3208139 | 8/31/2025 00:00:00 | 48 |
| ARBOR | PHL01 | 60631-040-77 | SAMPLES | EDARBI 40MG 7 CT TABLET BOTTLE SAMPLE | 83557 | 2/28/2026 00:00:00 | 531 |
| ARBOR | PHL01 | 60631-040-77 | SAMPLES | EDARBI 40MG 7 CT TABLET BOTTLE SAMPLE | 86802 | 7/31/2026 00:00:00 | 64356 |
| ARBOR | PHL01 | 60631-080-77 | SAMPLES | EDARBI 80MG 7 CT TABLET BOTTLE SAMPLE | 82396 | 5/31/2026 00:00:00 | 223 |
| ARBOR | PHL01 | 60631-080-77 | SAMPLES | EDARBI 80MG 7 CT TABLET BOTTLE SAMPLE | 86803 | 11/30/2026 00:00:00 | 35856 |
| ARBOR | PHL01 | 60631-080-77 | SAMPLES | EDARBI 80MG 7 CT TABLET BOTTLE SAMPLE | 81919 | 2/28/2026 00:00:00 | 162 |
| ARBOR | PHL01 | 60631-412-77 | SAMPLES | EDARBYCLOR 40MG/12.5MG 7CT TABLET BOTTLE SAMPLE | 81920 | 4/30/2025 00:00:00 | 270 |
| ARBOR | PHL01 | 60631-412-77 | SAMPLES | EDARBYCLOR 40MG/12.5MG 7CT TABLET BOTTLE SAMPLE | 86800 | 1/31/2026 00:00:00 | 53112 |
| ARBOR | PHL01 | 60631-425-77 | SAMPLES | EDARBYCLOR 40MG/25MG 7CT TABLET BOTTLE SAMPLE | 89788 | 10/31/2026 00:00:00 | 80707 |
| ARBOR | PHL01 | 60631-425-77 | SAMPLES | EDARBYCLOR 40MG/25MG 7CT TABLET BOTTLE SAMPLE | 86801 | 4/30/2025 00:00:00 | 11100 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970626 | 8/31/2024 00:00:00 | 4824 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005828 | 12/31/2024 00:00:00 | 162144 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970624 | 8/31/2024 00:00:00 | 1452 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970632 | 1/31/2025 00:00:00 | 58176 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1998965 | 8/31/2024 00:00:00 | 2392 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005823 | 12/31/2024 00:00:00 | 154368 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005830 | 12/31/2024 00:00:00 | 139080 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970625 | 8/31/2024 00:00:00 | 2328 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005825 | 12/31/2024 00:00:00 | 154224 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970630 | 12/31/2024 00:00:00 | 80640 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1998967 | 8/31/2024 00:00:00 | 9512 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005821 | 12/31/2024 00:00:00 | 151128 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970627 | 11/30/2024 00:00:00 | 5328 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970628 | 12/31/2024 00:00:00 | 24 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970629 | 12/31/2024 00:00:00 | 167712 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1970631 | 12/31/2024 00:00:00 | 158640 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 1997871 | 8/31/2024 00:00:00 | 708 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005819 | 12/31/2024 00:00:00 | 154512 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005824 | 12/31/2024 00:00:00 | 153264 |
| ASTE | PHL01 | 2460-07 | SAMPLES | Veozah (fezolinetant) tablets 45mg (7 count bttle) | 2005827 | 12/31/2024 00:00:00 | 144456 |
| ASTE | PHL01 | 2601-07 | SAMPLES | Myrbetriq 25 mg Tabs | A000064804 | 11/30/2026 00:00:00 | 581568 |
| ASTE | PHL01 | 2601-07 | SAMPLES | Myrbetriq 25 mg Tabs | A000037888 | 2/29/2024 00:00:00 | 256 |
| ASTE | PHL01 | 2601-07 | SAMPLES | Myrbetriq 25 mg Tabs | A000061252 | 7/31/2026 00:00:00 | 68 |
| ASTE | PHL01 | 2602-07 | SAMPLES | Myrbetriq 50 mg Tabs | A000038568 | 4/30/2024 00:00:00 | 60 |
| AZ | PHL01 | 00186077694 | SAMPLES | BRILINTA® 60mg 1x14 Tablets | NB5001 | 10/31/2023 00:00:00 | 3 |
| AZ | PHL01 | 00186077694 | SAMPLES | BRILINTA® 60mg 1x14 Tablets | LK5084 | 4/30/2022 00:00:00 | 2 |
| AZ | PHL01 | 00186077694 | SAMPLES | BRILINTA® 60mg 1x14 Tablets | PN5009 | 5/31/2025 00:00:00 | 3 |
| AZ | PHL01 | 00186077694 | SAMPLES | BRILINTA® 60mg 1x14 Tablets | MN5014 | 2/28/2023 00:00:00 | 1 |
| AZ | PHL01 | 00186077708 | SAMPLES | BRILINTA® 90mg 1x8 Tablets | NB5600 | 11/30/2023 00:00:00 | 12 |
| AZ | PHL01 | 00186077708 | SAMPLES | BRILINTA® 90mg 1x8 Tablets | TB8136 | 6/30/2025 00:00:00 | 8 |
| AZ | PHL01 | 00186077708 | SAMPLES | BRILINTA® 90mg 1x8 Tablets | MK5600 | 1/31/2023 00:00:00 | 6 |
| AZ | PHL01 | 00310051295 | SAMPLES | CALQUENCE 100 MG 60ct | PK5012 | 1/31/2025 00:00:00 | 76 |
| AZ | PHL01 | 00310066895 | SAMPLES | LYNPARZA® 100mg 1x60 Tablets | TC0139 | 10/31/2026 00:00:00 | 4 |
| AZ | PHL01 | 00310066895 | SAMPLES | LYNPARZA® 100mg 1x60 Tablets | TT0059 | 7/31/2027 00:00:00 | 467 |
| AZ | PHL01 | 00310067995 | SAMPLES | LYNPARZA® 150mg 1x60 Tablets | TN8096 | 4/30/2027 00:00:00 | 262 |
| AZ | PHL01 | 00310111093 | SAMPLES | LOKELMA® 10g 1x3 Packets | TA2066A | 11/30/2026 00:00:00 | 4406 |
| AZ | PHL01 | 00310111093 | SAMPLES | LOKELMA® 10g 1x3 Packets | TB2803A | 1/31/2027 00:00:00 | 16901 |
| AZ | PHL01 | 00310111093 | SAMPLES | LOKELMA® 10g 1x3 Packets | TB2797A | 1/31/2027 00:00:00 | 42357 |
| AZ | PHL01 | 00310111093 | SAMPLES | LOKELMA® 10g 1x3 Packets | TB2858A | 1/31/2027 00:00:00 | 41068 |
| AZ | PHL01 | 00310111094 | SAMPLES | LOKELMA® 10g 1x11 Packets | NM2120A | 10/31/2026 00:00:00 | 2 |
| AZ | PHL01 | 00310111094 | SAMPLES | LOKELMA® 10g 1x11 Packets | PH2138A | 5/31/2026 00:00:00 | 2 |
| AZ | PHL01 | 00310111094 | SAMPLES | LOKELMA® 10g 1x11 Packets | NM2764A | 10/31/2026 00:00:00 | 91 |
| AZ | PHL01 | 00310135095 | SAMPLES | TAGRISSO® 80mg 1x10 Tablets | FLDY | 2/28/2026 00:00:00 | 197 |
| AZ | PHL01 | 00310135095 | SAMPLES | TAGRISSO® 80mg 1x10 Tablets | FLLX | 6/30/2026 00:00:00 | 1400 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | WA8115 | 9/30/2026 00:00:00 | 3690 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | PF5062 | 11/30/2024 00:00:00 | 1 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TJ8013 | 2/28/2026 00:00:00 | 1 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | PJ5056 | 10/31/2024 00:00:00 | 3 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | PN5059 | 5/31/2025 00:00:00 | 2 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TM8088 | 8/31/2026 00:00:00 | 3708 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | PL5030 | 4/30/2025 00:00:00 | 2 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TJ8069 | 2/28/2026 00:00:00 | 520 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TJ8068 | 2/28/2026 00:00:00 | 48 |
| AZ | PHL01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | WA8120 | 10/31/2026 00:00:00 | 1840 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | WA8114 | 9/30/2026 00:00:00 | 3657 |

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Pharmaceutical Product List

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| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | PK5027 | 10/31/2024 00:00:00 | 5 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | PT5001 | 10/31/2025 00:00:00 | 13 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | TM8089 | 8/31/2026 00:00:00 | 2807 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | PM5084 | 4/30/2025 00:00:00 | 4 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | TJ8014 | 2/28/2026 00:00:00 | 156 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | WC8068 | 10/31/2026 00:00:00 | 2793 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | PF5100 | 7/31/2024 00:00:00 | 3 |
| AZ | PHL01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | TF8008 | 11/30/2025 00:00:00 | 6 |
| AZ | PHL01 | 00310351295 | SAMPLES | CALQUENCE® 100mg 1x60 Tablets | TF8006 | 2/28/2025 00:00:00 | 3 |
| AZ | PHL01 | 00310351295 | SAMPLES | CALQUENCE® 100mg 1x60 Tablets | TK8030 | 3/31/2026 00:00:00 | 420 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102190C00 | 9/30/2026 00:00:00 | 451 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102212C00 | 9/30/2026 00:00:00 | 16028 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102333D00 | 10/31/2026 00:00:00 | 51840 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6101885C00 | 6/30/2026 00:00:00 | 176 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102030C00 | 8/31/2026 00:00:00 | 422 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6101561E00 | 2/28/2026 00:00:00 | 432 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6101985G00 | 8/31/2026 00:00:00 | 254 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102052C00 | 8/31/2026 00:00:00 | 468 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102197C00 | 9/30/2026 00:00:00 | 357 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6102330D00 | 10/31/2026 00:00:00 | 93312 |
| AZ | PHL01 | 00310461628 | SAMPLES | BREZTRI AEROSPHERE® 160/9/4.8mcg 1x28 Inhaler | 6100745C00 | 2/28/2025 00:00:00 | 445 |
| AZ | PHL01 | 00310620595 | SAMPLES | FARXIGA® 5mg 1x7 Tablets | TN8061 | 4/30/2026 00:00:00 | 391 |
| AZ | PHL01 | 00310620595 | SAMPLES | FARXIGA® 5mg 1x7 Tablets | TT8013 | 4/30/2026 00:00:00 | 223 |
| AZ | PHL01 | 00310620595 | SAMPLES | FARXIGA® 5mg 1x7 Tablets | WB8118 | 4/30/2026 00:00:00 | 36000 |
| AZ | PHL01 | 00310620595 | SAMPLES | FARXIGA® 5mg 1x7 Tablets | TL8119 | 1/31/2026 00:00:00 | 8 |
| AZ | PHL01 | 00310620595 | SAMPLES | FARXIGA® 5mg 1x7 Tablets | WB8113 | 4/30/2026 00:00:00 | 22109 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | TN8090 | 8/31/2026 00:00:00 | 430 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WA8060 | 10/31/2026 00:00:00 | 633 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | PN5050 | 9/30/2025 00:00:00 | 5 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WA8000 | 10/31/2026 00:00:00 | 757 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WF8012 | 2/28/2027 00:00:00 | 97200 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | TJ8052 | 4/30/2026 00:00:00 | 6 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WA8127 | 10/31/2026 00:00:00 | 545 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | TP8102 | 8/31/2026 00:00:00 | 515 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WC8082 | 2/28/2027 00:00:00 | 32715 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | TN8091 | 8/31/2026 00:00:00 | 1020 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WA8061 | 10/31/2026 00:00:00 | 800 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | TN8066 | 8/31/2026 00:00:00 | 114 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | TT8009 | 10/31/2026 00:00:00 | 958 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WC8049 | 10/31/2026 00:00:00 | 62865 |
| AZ | PHL01 | 00310621095 | SAMPLES | FARXIGA® 10mg 1x7 Tablets | WC8056 | 2/28/2027 00:00:00 | 3600 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | PI5063 | 5/31/2025 00:00:00 | 14 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | PP5007 | 7/31/2025 00:00:00 | 45 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | TH8042 | 4/30/2026 00:00:00 | 26060 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | PN5051 | 6/30/2025 00:00:00 | 180 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | TB8008 | 10/31/2025 00:00:00 | 18 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | TH8043 | 2/28/2026 00:00:00 | 118 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | TB8132 | 4/30/2025 00:00:00 | 39 |
| AZ | PHL01 | 00310626095 | SAMPLES | XIGDUO® XR 5mg/1000mg 1x7 Tablets | TK8092 | 4/30/2026 00:00:00 | 19133 |
| AZ | PHL01 | 00310628095 | SAMPLES | XIGDUO® XR 10mg/1000mg 1x7 Tablets | PN5093 | 9/30/2025 00:00:00 | 12 |
| AZ | PHL01 | 00310628095 | SAMPLES | XIGDUO® XR 10mg/1000mg 1x7 Tablets | TH8041 | 3/31/2026 00:00:00 | 105 |
| AZ | PHL01 | 00310628095 | SAMPLES | XIGDUO® XR 10mg/1000mg 1x7 Tablets | TK8106 | 3/31/2026 00:00:00 | 17759 |
| AZ | PHL01 | 00310628095 | SAMPLES | XIGDUO® XR 10mg/1000mg 1x7 Tablets | PP5044 | 9/30/2025 00:00:00 | 14 |
| AZ | PHL01 | 00310908028 | SAMPLES | AIRSUPRA™ 90 mcg/80 mcg 1x28 Inhaler | 6270002E00 | 2/28/2025 00:00:00 | 190 |
| AZ | PHL01 | 00310908028 | SAMPLES | AIRSUPRA™ 90 mcg/80 mcg 1x28 Inhaler | 6270001D00 | 2/28/2025 00:00:00 | 629 |
| AZ | PHL01 | 00310908028 | SAMPLES | AIRSUPRA™ 90 mcg/80 mcg 1x28 Inhaler | 6270002C00 | 2/28/2025 00:00:00 | 338 |
| AZ | PHL01 | 00310908028 | SAMPLES | AIRSUPRA™ 90 mcg/80 mcg 1x28 Inhaler | 6270016C00 | 7/31/2025 00:00:00 | 46 |
| AZ | PHL01 | 00310908028 | SAMPLES | AIRSUPRA™ 90 mcg/80 mcg 1x28 Inhaler | 6270000D00 | 2/28/2025 00:00:00 | 131 |
| AZ | PHL01 | 00310908028 | SAMPLES | AIRSUPRA™ 90 mcg/80 mcg 1x28 Inhaler | 6270015C00 | 7/31/2025 00:00:00 | 93710 |
| AZ | PHL01 | 00310950195 | SAMPLES | TRUQAP™ 200mg 1x64 Tablets | WA8600 | 1/31/2026 00:00:00 | 110 |
| AZ | PHL01 | 100193-014 | SUPPLIES | large spacer | 100193-014 | 12/31/1949 00:00:00 | 21690 |
| AZ | PHL01 | 620F | SUPPLIES | 620E frozen ice | 620F | 12/31/1949 00:00:00 | 474852 |
| AZ | PHL01 | 620R | SUPPLIES | 620E refrigerated ice | 620R | 12/31/1949 00:00:00 | 1100 |
| AZ | PHL01 | C01AZ | SUPPLIES | Small BCISE and Fasenra payload | C01AZ | 4/5/2021 00:00:00 | 3033 |
| AZ | PHL01 | C05AZ | SUPPLIES | Large BCISE and Fasenra payload | C05AZ | 4/2/2021 00:00:00 | 408 |
| AZ | PHL01 | C92PKITAZR-3 | SUPPLIES | Fasenra cooler | C92PKITAZR-3 | 11/7/2022 00:00:00 | 426 |
| AZ | PHL01 | E36AZ | SUPPLIES | Small BCISE cooler no return label | E36AZ | 4/22/2021 00:00:00 | 54 |
| AZ | PHL01 | E36AZR | SUPPLIES | Small Fasenra cooler with return label | E36AZR | 4/2/2021 00:00:00 | 525 |
| AZ | PHL01 | FPP2010 | SUPPLIES | Foam brick (17oz.) | 2506051623 | 3/26/2024 00:00:00 | 468 |
| AZ | PHL01 | FPP27 | SUPPLIES | Foam Brick (27 oz) -20c | 2550120423 | 1/30/2024 00:00:00 | 626 |
| AZ | PHL01 | FPP27 | SUPPLIES | Foam Brick (27 oz) -20c | 2550011024 | 5/2/2024 00:00:00 | 3600 |
| AZ | PHL01 | FPP3010 | SUPPLIES | Foam brick (37oz) | 2521111323 | 3/26/2024 00:00:00 | 616 |
| AZ | PHL01 | G92PKIT | SUPPLIES | Fasenra cooler | G92PKIT | 12/31/2049 00:00:00 | 4144 |
| AZ | PHL01 | G92PKITR | SUPPLIES | Fasenra cooler with return label | G92PKITR | 4/3/2018 00:00:00 | 47 |
| AZ | PHL01 | KT12109 | SUPPLIES | Large Bydureon cooler | KT12109 | 12/31/2049 00:00:00 | 58284 |
| AZ | PHL01 | KT867 | SUPPLIES | Small Bydureon cooler | KT867 | 11/4/2019 00:00:00 | 9720 |
| AZ | PHL01 | KT867 | SUPPLIES | Small Bydureon cooler | KT867CISU | 12/31/1949 00:00:00 | 14832 |
| AZ | PHL01 | PCM | SUPPLIES | PCM mats (708M12) | PCM | 12/31/1949 00:00:00 | 354600 |
| AZ | PHL01 | TPB27A | SUPPLIES | Foam Brick (27 oz) 5c | 2550121823 | 3/26/2024 00:00:00 | 240 |
| AZ | PHL01 | TPB27A | SUPPLIES | Foam Brick (27 oz) 5c | 2506120123 | 3/7/2024 00:00:00 | 256 |

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| AZ | PHL01 | TPB27A | SUPPLIES | Foam Brick (27 oz) Sc | 2506013124 | 5/2/2024 00:00:00 | 3200 |
| AZ | PHL01 | TPB3020 | SUPPLIES | Puretemp brick (amber) | 2550122023 | 3/26/2024 00:00:00 | 745 |
| AZ | PHL01 | US-71410 | SALES-SUP | LOKELMA Insert - 2023 | US-71410 | 5/1/2023 00:00:00 | 1 |
| AZ | PHL01 | US-74677 | SALES-SUP | LOKELMA Insert - 2023 | US-74677 | 12/31/2030 00:00:00 | 38246 |
| AZ | PHL01 | VT-LETTER | SALES-SUP | Vermont Letter | VT-LETTER | 12/31/2025 00:00:00 | 132 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TJ8069 | 2/28/2026 00:00:00 | 3 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TJ8013 | 2/28/2026 00:00:00 | 6 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TM8088 | 8/31/2026 00:00:00 | 557 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | WA8115 | 9/30/2026 00:00:00 | 1903 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | PN5059 | 5/31/2025 00:00:00 | 4 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | TJ8068 | 2/28/2026 00:00:00 | 7 |
| AZ | SWD01 | 00310173085 | COLD CHAIN | FASENRA® 30mg/mL 1x1 Injectable | WA8120 | 10/31/2026 00:00:00 | 1920 |
| AZ | SWD01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | PT5001 | 10/31/2025 00:00:00 | 9 |
| AZ | SWD01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | WA8114 | 9/30/2026 00:00:00 | 960 |
| AZ | SWD01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | TF8008 | 11/30/2025 00:00:00 | 2 |
| AZ | SWD01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | TJ8014 | 2/28/2026 00:00:00 | 9 |
| AZ | SWD01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | WC8068 | 10/31/2026 00:00:00 | 1920 |
| AZ | SWD01 | 00310183085 | COLD CHAIN | FASENRA Pen® 30mg/mL 1x1 Auto Injector | TM8089 | 8/31/2026 00:00:00 | 730 |
| BMS | PHL01 | 1277306 | COLD CHAIN | ORENCIA SC SINJ 125 MG/ML (1SYRX1ML) SSI/FE | ACE0521 | 5/31/2024 00:00:00 | 8 |
| BMS | PHL01 | 1277306 | COLD CHAIN | ORENCIA SC SINJ 125 MG/ML (1SYRX1ML) SSI/FE | ACB7939 | 11/30/2023 00:00:00 | 1100 |
| BMS | PHL01 | 1277306 | COLD CHAIN | ORENCIA SC SINJ 125 MG/ML (1SYRX1ML) SSI/FE | ACG5396 | 8/31/2024 00:00:00 | 671 |
| BMS | PHL01 | 1277306 | COLD CHAIN | ORENCIA SC SINJ 125 MG/ML (1SYRX1ML) SSI/FE | ACM5694 | 8/31/2025 00:00:00 | 1500 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ACG7931S | 9/30/2025 00:00:00 | 63 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ACH2150A | 10/31/2025 00:00:00 | 107360 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ACG6917S | 9/30/2025 00:00:00 | 50 |
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| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | GK0456A | 6/30/2025 00:00:00 | 864 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ACG7864S | 9/30/2025 00:00:00 | 22 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ABZ3010A | 5/31/2024 00:00:00 | 220 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ACE8822A | 4/30/2025 00:00:00 | 360 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | GK0463S | 8/31/2025 00:00:00 | 4 |
| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | ACF3286S | 6/30/2025 00:00:00 | 80 |
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| BMS | PHL01 | 1283086 | SAMPLES | ELIQUIS 5mg (1X14) | GT3763A | 12/31/2025 00:00:00 | 174460 |
| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACE7460A1 | 4/30/2024 00:00:00 | 80 |
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| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACK9076T | 4/30/2025 00:00:00 | 20 |
| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACE8849A2 | 4/30/2024 00:00:00 | 49422 |
| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACE8849A3 | 4/30/2024 00:00:00 | 70 |
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| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACH0768A | 10/31/2025 00:00:00 | 600 |
| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACK0858A | 1/31/2026 00:00:00 | 68881 |
| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACK9076S | 4/30/2025 00:00:00 | 230 |
| BMS | PHL01 | 1320826 | SAMPLES | ELIQUIS 2.5mg (1X14) | ACK9074A | 4/30/2026 00:00:00 | 46000 |
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| BMS | PHL01 | 1340844 | COLD CHAIN | ORENCIA CLICKJECT 125 MG/ML (1AIJX1ML) | ACJ7869 | 1/31/2025 00:00:00 | 67 |
| BMS | PHL01 | 1340844 | COLD CHAIN | ORENCIA CLICKJECT 125 MG/ML (1AIJX1ML) | ACM1473 | 9/30/2025 00:00:00 | 10334 |
| BMS | PHL01 | 1340844 | COLD CHAIN | ORENCIA CLICKJECT 125 MG/ML (1AIJX1ML) | ACK2407 | 2/28/2025 00:00:00 | 156 |
| BMS | PHL01 | 1426852 | SAMPLES | SOTYKTU TAB 6MG 1BLPX30 SMP US | CMVNZA | 7/31/2024 00:00:00 | 25 |
| BMS | PHL01 | 1426852 | SAMPLES | SOTYKTU TAB 6MG 1BLPX30 SMP US | CMYCPA1 | 8/30/2024 00:00:00 | 1526 |
| BMS | PHL01 | 1426852 | SAMPLES | SOTYKTU TAB 6MG 1BLPX30 SMP US | CPCMDA1 | 5/31/2026 00:00:00 | 8678 |
| BMS | PHL01 | 1453940 | SAMPLES | AUGTYRO CAP 40MG (1BTLX60) SMP US | CSCNKA1 | 8/31/2026 00:00:00 | 233 |
| BMS | PHL01 | 1454035 | SAMPLES | AUGTYRO CAP 40MG (1BTLX120) SMP US | CSCNMA1 | 8/31/2026 00:00:00 | 237 |
| BMS | PHL01 | 1787-US-2200107 | SALES-SUP | Sotyktu Package Insert 09/2022 | 1787-US-2200107 | 9/27/2024 00:00:00 | 806 |
| BMS | PHL01 | 1787-US-2300114 | SALES-SUP | Colorado Sotyktu WAC Disclosure | 1787-US2300114 | 2/15/2023 00:00:00 | 10 |
| BMS | PHL01 | 1787-US-2300692 | SALES-SUP | Connecticut 2023 Pricing Disclosure - Sotyktu | 1787-US-2300692 | 9/28/2023 00:00:00 | 19 |
| BMS | PHL01 | 2084-US-2102055 | SALES-SUP | Zeposia PI | 2084-US-2102055 | 2/8/2022 00:00:00 | 3803 |
| BMS | PHL01 | 2084-US-2200744 | SALES-SUP | Zeposia PI 8/2022 | 2084-US-2200744 | 8/12/2022 00:00:00 | 23 |
| BMS | PHL01 | 2084-US-2201710 | SALES-SUP | Zeposia PI 3/2023 | 2084-US-2201710 | 12/31/2024 00:00:00 | 30 |
| BMS | PHL01 | 2084-US-2300105 | SALES-SUP | Colorado Zeposia WAC Disclosure | 2084-US-2300105 | 2/15/2023 00:00:00 | 9 |
| BMS | PHL01 | 2084-US-2301050 | SALES-SUP | Zeposia PI 8/2023 | 2084-US-2301050 | 8/31/2023 00:00:00 | 1151 |
| BMS | PHL01 | 2084-US-2301196 | SALES-SUP | Connecticut 2023 Pricing Disclosure - Zeposia | 2084-US-2301196 | 9/28/2023 00:00:00 | 20 |
| BMS | PHL01 | 2084-US-2301361 | SALES-SUP | Zeposia HCP Letter | 2084-US-2301361 | 4/11/2024 00:00:00 | 1409 |
| BMS | PHL01 | 3600-US-2300069 | SALES-SUP | Augtyro PI | 3600-US-2300069 | 2/5/2024 00:00:00 | 523 |
| BMS | PHL01 | 3600-US-2300217 | SALES-SUP | Augtyro Dosing Instruction Card | 3600-US-2300217 | 2/5/2024 00:00:00 | 708 |
| BMS | PHL01 | 3600-US-2300260 | SALES-SUP | Colorado Augtyro WAC Disclosure | 3600-US-2300260 | 1/31/2024 00:00:00 | 2 |
| BMS | PHL01 | 3600-US-2300261 | SALES-SUP | Connecticut Pricing Disclosure - Augtyro | 3600-US-2300261 | 1/31/2024 00:00:00 | 4 |
| BMS | PHL01 | 365F | BMS SHIP-SUP | BMS Ice Brick 365 | 365F | 12/31/2049 00:00:00 | 7464 |
| BMS | PHL01 | 427-US-2100965 | SALES-SUP | Orencia Package Insert revised 12/2021 | 427-US-2100965 | 2/22/2022 00:00:00 | 563 |
| BMS | PHL01 | 427-US-2300013 | SALES-SUP | Colorado Orencia WAC Disclosure | 427-US-2300013 | 2/15/2024 00:00:00 | 24 |
| BMS | PHL01 | 427-US-2300148 | SALES-SUP | Connecticut 2023 Pricing Disclosure - Orencia | 427-US-2300148 | 9/28/2023 00:00:00 | 41 |
| BMS | PHL01 | 427-US-2300151 | SALES-SUP | Orencia Package Insert revised 12/2023 | 427-US-2300151 | 11/30/2025 00:00:00 | 236 |
| BMS | PHL01 | 427-US-2400020 | SALES-SUP | Orencia PI 04/2024 | 427-US-2400020 | 4/23/2024 00:00:00 | 15153 |
| BMS | PHL01 | 427US1600983-02-01 | SALES-SUP | Orencia Business Reply Envelope | 427US1600983-02-01 | 3/31/2022 00:00:00 | 10 |
| BMS | PHL01 | 427US1600983-16-01 | SALES-SUP | Orencia Prescriber Notice-Shipment | 427US1600983-16-01 | 11/9/2024 00:00:00 | 2268 |

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| BMS | PHL01 | 427US1901027-01-01 | SALES-SUP | Orencia Package Insert revised 3/2019 | 427US1901027-01-01 | 7/31/2020 00:00:00 | 4196 |
| BMS | PHL01 | 427US2002238-01-01 | SALES-SUP | Orencia Package Insert revised 6/2020 | 427US2002238-01-01 | 3/31/2022 00:00:00 | 457 |
| BMS | PHL01 | 432-US-2100311 | SALES-SUP | Eliquis Dosing Guide | 432-US-210031 | 2/2/2022 00:00:00 | 3772 |
| BMS | PHL01 | 432-US-2101430 | SALES-SUP | Eliquis PI September 2021 Update | 432-US-2101430 | 12/31/2022 00:00:00 | 2244 |
| BMS | PHL01 | 432-US-2101535 | SALES-SUP | Letter for Direct to Physician Sampling | 432-US-2101535 | 11/3/2025 00:00:00 | 113 |
| BMS | PHL01 | 432-US-2300033 | SALES-SUP | Colorado Eliquis WAC Disclosure | 432-US-2300033 | 2/15/2023 00:00:00 | 27 |
| BMS | PHL01 | 432-US-2300466 | SALES-SUP | Connecticut 2023 Pricing Disclosure-Eliquis | 432-US-2300466 | 11/20/2023 00:00:00 | 9 |
| BMS | PHL01 | 59572-890-97 | SAMPLES | ZEPOSIA CAP 0.23/0.46/0.92 (1BLP7) SMPL US | 2703030 | 9/30/2024 00:00:00 | 1683 |
| BMS | PHL01 | 59572-890-98 | SAMPLES | ZEPOSIA CAP.23/.46/.92MG 28CT KIT SMP US | 3288490 | 6/30/2025 00:00:00 | 35 |
| BMS | PHL01 | 59572-890-98 | SAMPLES | ZEPOSIA CAP.23/.46/.92MG 28CT KIT SMP US | 3325960 | 10/31/2025 00:00:00 | 1645 |
| BMS | PHL01 | 59572-890-98 | SAMPLES | ZEPOSIA CAP.23/.46/.92MG 28CT KIT SMP US | 3965925 | 7/31/2026 00:00:00 | 7440 |
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| BMS | PHL01 | AUG-VT-LTR | SALES-SUP | Vermont Letter Augtyro | 3600-US-2400024 | 1/31/2024 00:00:00 | 5 |
| BMS | PHL01 | BMS-VERMONT-LTR | SALES-SUP | Vermont Letter | VERMONT LTR | 12/31/2023 00:00:00 | 20 |
| BMS | PHL01 | CV-US-2000016 | SALES-SUP | Colorado Pricing Letter for Eliquis | CV-US-2000016 | 4/4/2023 00:00:00 | 87 |
| BMS | PHL01 | DEU-VT-LETTER | SALES-SUP | SOTYKTU VERMONT LETTER | DEU-VT-LETTER | 2/15/2023 00:00:00 | 4 |
| BMS | PHL01 | GTS-6L2D-CISU | BMS SHIP-SUP | BMS Orencia Universal Shipper | GTS-6L2D-CISU | 4/5/2024 00:00:00 | 12 |
| BMS | PHL01 | GTS-6L2D-CISU | BMS SHIP-SUP | BMS Orencia Universal Shipper | GTS-6L2D-CISU | 12/31/2049 00:00:00 | 1078 |
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| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0003 | 1/30/2023 00:00:00 | 1 |
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| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0043 | 6/16/2023 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0051 | 7/8/2023 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0069 | 4/8/2024 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0086 | 5/9/2023 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0099 | 4/2/2024 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0112 | 9/26/2024 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0117 | 9/26/2024 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0137 | 1/5/2022 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0148 | 12/31/2026 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0155 | 1/25/2022 00:00:00 | 1 |
| CLTRK | PHL01 | LABELS | LABELSTOCK | Labels | PSS0183 | 4/1/2025 00:00:00 | 1 |
| COOLR | PHL01 | CHR12LSER22 | SUPPLIES | CHRONOS ADV SERIES 22 12L 2-8C & -20 | | | 8 |
| COOLR | PHL01 | CHR12LSER4 | SUPPLIES | CHRONOS ADV SERIES 4 12L 2-8C & -20 | | | 7 |
| COOLR | PHL01 | CHR28LSER20M | SUPPLIES | CHRONOS ADV SERIES 20M 28L 2-8C & -20 | | | 4 |
| COOLR | PHL01 | CHR28LSER22 | SUPPLIES | CHRONOS ADV SERIES 22 28L 2-8C & -20 | | | 8 |
| COOLR | PHL01 | CHR28LSER4 | SUPPLIES | CHRONOS ADV SERIES 4 28L 2-8C & -20 | | | 4 |
| COOLR | PHL01 | CHR4LSER20M | SUPPLIES | CHRONOS ADV SERIES 20M 4L 2-8C & -20 | | | 7 |
| COOLR | PHL01 | CHR4LSER22 | SUPPLIES | CHRONOS ADV SERIES 22 4L 2-8C & -20 | | | 5 |
| COOLR | PHL01 | CHR4LSER4 | SUPPLIES | CHRONOS ADV SERIES 4 4L 2-8C & -20 | | | 2 |
| COOLR | PHL01 | CHR56LSER20M | SUPPLIES | CHRONOS ADV SERIES 20M 56L 2-8C & -20 | | | 1 |
| COOLR | PHL01 | CHR56LSER22 | SUPPLIES | CHRONOS ADV SERIES 22 56L 2-8C & -20 | | | 4 |
| COOLR | PHL01 | CHR56LSER4 | SUPPLIES | CHRONOS ADV SERIES 4 56L 2-8C & -20 | | | 10 |
| COOLR | PHL01 | CHR96LSER22 | SUPPLIES | CHRONOS ADV SERIES 22 96L 2-8C & -20 | | | 3 |
| COOLR | PHL01 | CHR96LSER4 | SUPPLIES | CHRONOS ADV SERIES 4 96L 2-8C & -20 | | | 7 |
| COOLR | PHL01 | CL6420 | SUPPLIES | COOL BOX 20L | | | 29 |
| COOLR | PHL01 | CL8730 | SUPPLIES | COOL BOX 30L | | | 26 |
| COOLR | PHL01 | SER20M1696 | SUPPLIES | CREDO SERIES 20M 1696 | | | 1 |
| COOLR | PHL01 | SER20M2896 | SUPPLIES | CREDO SERIES 20M 2896 | | | 2 |
| COOLR | PHL01 | SER20M5696 | SUPPLIES | CREDO SERIES 20M 5696 | | | 2 |
| COOLR | PHL01 | SER221296 | SUPPLIES | CREDO SERIES 22 1296 | | | 4 |
| COOLR | PHL01 | SER221696 | SUPPLIES | CREDO SERIES 22 1696 | | | 2 |
| COOLR | PHL01 | SER222896 | SUPPLIES | CREDO SERIES 22 2896 | | | 5 |
| COOLR | PHL01 | SER22496 | SUPPLIES | CREDO SERIES 22 496 | | | 3 |
| COOLR | PHL01 | SER41296 | SUPPLIES | CREDO SERIES 4 1296 | | | 9 |
| COOLR | PHL01 | SER41696 | SUPPLIES | CREDO SERIES 4 1696 | | | 2 |
| COOLR | PHL01 | SER42896 | SUPPLIES | CREDO SERIES 4 2896 | | | 3 |
| COOLR | PHL01 | SER4496 | SUPPLIES | CREDO SERIES 4 496 | | | 4 |
| COOLR | PHL01 | SER45696 | SUPPLIES | CREDO SERIES 4 5696 | | | 5 |
| COOLR | PHL01 | SER49696 | SUPPLIES | CREDO SERIES 4 9696 | | | 8 |
| ELILY | PHL01 | CEREAL | FOOD | KASHI GO LEAN CRUNCH! 2.3 OZ C | 100312 | 2/28/2012 00:00:00 | 10 |
| ELILY | PHL01 | MILK | FOOD | HORIZON VANILLA ORGANIC LOWFAT MILK, 8FL OZ | 080112 | 8/1/2012 00:00:00 | 18 |
| ELILY | PHL01 | MILK | FOOD | HORIZON VANILLA ORGANIC LOWFAT MILK, 8FL OZ | 082212 | 8/22/2012 00:00:00 | 8 |
| ELILY | PHL01 | SPOON | NON FOOD | SPOON | | | 846 |
| ENCOD | PHL01 | 00113283 | ANCILLARY | AQG WYE ASSEMBLY sz. 82 | AM00011392 | 4/19/2025 00:00:00 | 10 |
| ENCOD | PHL01 | 00113283 | ANCILLARY | AQG WYE ASSEMBLY sz. 82 | AM00011667 | 7/11/2025 00:00:00 | 10 |

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| ENCOD | PHL01 | 00113295 | ANCILLARY | 2L NALGENE PETG BIOTAINER ASSEMBLY | AM00009547 | 2/10/2025 00:00:00 | 8 |
| ENCOD | PHL01 | 00113296 | ANCILLARY | 2L NALGENE PC BIOTAINER ASSEMBLY | AM00009525 | 3/1/2025 00:00:00 | 8 |
| ENCOD | PHL01 | 00115292 | ANCILLARY | 1L NALGENE PETG BIOTAINER ASSEMBLY STERILE | AM00010401 | 3/13/2025 00:00:00 | 22 |
| ENCOD | PHL01 | 00119532 | ANCILLARY | 2L FLOWTAINER PC ASSEMBLY | AM00011421 | 6/20/2025 00:00:00 | 10 |
| ENCOD | PHL01 | 29395110 | ANCILLARY | XDM-200L FORTEM PLUS BAG WITH ASEPTIQUIK | 17595955 | 5/3/2024 00:00:00 | 1 |
| ENCOD | PHL01 | 29395111 | ANCILLARY | XDM-500L FORTEM BAG WITH ASEPTIQUIK | 17506764 | 11/30/2023 00:00:00 | 1 |
| ENCOD | PHL01 | 29395111 | ANCILLARY | XDM-500L FORTEM BAG WITH ASEPTIQUIK | 17819014 | 1/20/2025 00:00:00 | 21 |
| ENCOD | PHL01 | 29395111 | ANCILLARY | XDM-500L FORTEM BAG WITH ASEPTIQUIK | 17548741 | 1/24/2024 00:00:00 | 6 |
| ENCOD | PHL01 | 2S5350 | LIQUID | 5M SODIUM CHLORIDE, 30L BAG | 2S535001L2201 | 5/6/2024 00:00:00 | 4 |
| ENCOD | PHL01 | 8444-0687J | ANCILLARY | SARTOFLOW STD 4500 1" - BUFFER & WFI | P0027410 | 6/21/2024 00:00:00 | 7 |
| ENCOD | PHL01 | 8444-0687L | ANCILLARY | SARTOFLOW RETENATE | P0027164 | 4/30/2024 00:00:00 | 3 |
| ENCOD | PHL01 | 8444-0734H | ANCILLARY | SARTOFLOW STD 4500 1" - DIAFIILTRATION | P0027535 | 4/30/2024 00:00:00 | 7 |
| ENCOD | PHL01 | 8444-0734H | ANCILLARY | SARTOFLOW STD 4500 1" - DIAFIILTRATION | P0026447 | 10/31/2023 00:00:00 | 3 |
| ENCOD | PHL01 | DS001K-SBFLI | ANCILLARY | 500L STR FILTER IN | 2311005303 | 3/31/2026 00:00:00 | 30 |
| ENCOD | PHL01 | DS001K-SBFLO | ANCILLARY | 500L STR FILTER OUT | 2311005303 | 3/31/2026 00:00:00 | 10 |
| ENCOD | PHL01 | FRS124057 | ANCILLARY | FLEXSAFE STR 500 L | A0057964 | 6/30/2024 00:00:00 | 12 |
| ENCOD | PHL01 | FRS124057 | ANCILLARY | FLEXSAFE STR 500 L | ETP1002940 | 6/21/2024 00:00:00 | 5 |
| ENCOD | PHL01 | FRS312610 | ANCILLARY | FLEXSAFE STR 500 L CUSTOM | A0060857 | 9/30/2024 00:00:00 | 6 |
| ENCOD | PHL01 | FRS312610 | ANCILLARY | FLEXSAFE STR 500 L CUSTOM | A0064073 | 2/28/2025 00:00:00 | 10 |
| ENCOD | PHL01 | FRS501010 | ANCILLARY | FLEXSAFE STR 50 L CUSTOM | A0063330 | 12/31/2024 00:00:00 | 10 |
| ENCOD | PHL01 | KGW9A2TTT1 | ANCILLARY | Opticap XLT 20 Polysep II | C3DB08846 | 12/31/2049 00:00:00 | 18 |
| ENCOD | PHL01 | KHGEG3THH1 | ANCILLARY | Opticap XLT30 | C3DB10808 | 10/18/2023 00:00:00 | 20 |
| ENCOD | PHL01 | MC0SP01FS1 | ANCILLARY | MILLISTAK FILTER C0SP 0.11 | CP2CB41982 | 12/31/2025 00:00:00 | 7 |
| ENCOD | PHL01 | MC0SP01FS1 | ANCILLARY | MILLISTAK FILTER C0SP 0.11 | CP2DB43548 | 8/31/2024 00:00:00 | 38 |
| ENCOD | PHL01 | MC0SP01FS1 | ANCILLARY | MILLISTAK FILTER C0SP 0.11 | CP3AB54868 | 12/31/2025 00:00:00 | 16 |
| ENCOD | PHL01 | MC0SP07FS1 | ANCILLARY | MILLISTAK + HC PRO C0SP 0.77M2 | CP1CB25610 | 6/5/2024 00:00:00 | 8 |
| ENCOD | PHL01 | MC0SP07FS1 | ANCILLARY | MILLISTAK + HC PRO C0SP 0.77M2 | CP1EB27632 | 6/5/2024 00:00:00 | 9 |
| ENCOD | PHL01 | MD0SP07FS1 | ANCILLARY | MILLISTAK HC PRO D0SP 0.77M2 POD FILTER | CP2NB43918 | 5/16/2024 00:00:00 | 16 |
| ENCOD | PHL01 | MFLX96410-73 | ANCILLARY | I/P Precision Pump Tubing, I/P 73, 25 ft | H303304B008 | 3/21/2028 00:00:00 | 30 |
| ENCOD | PHL01 | RC2022-0114 | ANCILLARY | 50L CUSTOM LABTAINER 4-PORT ASSEMBLY | 2DA22120301 | 6/3/2024 00:00:00 | 12 |
| ENCOD | PHL01 | SUT13977 | ANCILLARY | 100L 3D PRODUCTAINER BPC AEGIS5-14, (3) AQG | EJC482559 | 3/30/2026 00:00:00 | 20 |
| ENCOD | PHL01 | SUT13989 | ANCILLARY | 500L Bag W/TC | 99Y6G-0000 | 11/30/2025 00:00:00 | 24 |
| FCS | PHL01 | ALCOHOL PREPS | SUPPLIES | ALCOHOL PREPS | | | 4000 |
| FCS | PHL01 | BAND-AIDS | SUPPLIES | BAND-AIDS | | | 1000 |
| FCS | PHL01 | CARTON | SUPPLIES | KITTING CARTON | | | 709 |
| FCS | PHL01 | COTTON BALLS | SUPPLIES | COTTON BALLS | | | 1200 |
| FCS | PHL01 | GAUZE PAD | SUPPLIES | GAUZE PAD | | | 675 |
| FCS | PHL01 | LABELS | SUPPLIES | MULTI LANGUAGE LABEL | | | 2019 |
| GENEN | PHL01 | 0409-4887-10 | SALES-SUP | Sterile Water USP 10 mL Vial | GD8135 | 4/1/2025 00:00:00 | 1462 |
| GENEN | PHL01 | 29144 | SUPPLIES | TagAlert Card | 29144 | 12/31/1949 00:00:00 | 9375 |
| GENEN | PHL01 | 305122 | SALES-SUP | BD 25g x 5/8" Needle | 2144757 | 9/30/2027 00:00:00 | 921 |
| GENEN | PHL01 | 305122 | SALES-SUP | BD 25g x 5/8" Needle | 2056624 | 4/30/2027 00:00:00 | 33 |
| GENEN | PHL01 | 305122 | SALES-SUP | BD 25g x 5/8" Needle | 2228027 | 11/30/2027 00:00:00 | 486 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2056690 | 5/31/2027 00:00:00 | 3000 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2117216 | 5/31/2027 00:00:00 | 4000 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2076303 | 5/31/2027 00:00:00 | 2000 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2088779 | 5/31/2027 00:00:00 | 200 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2117204 | 5/31/2027 00:00:00 | 800 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2117207 | 5/31/2027 00:00:00 | 2000 |
| GENEN | PHL01 | 305195 | SALES-SUP | BD 18g x 1" Needle | 2088781 | 5/31/2027 00:00:00 | 885 |
| GENEN | PHL01 | 365F | SUPPLIES | Genentech 365F Foam Brick | 365F | 12/31/2049 00:00:00 | 11935 |
| GENEN | PHL01 | 5024200786 | COLD CHAIN | ENSPRYNG™ (satralizumab-mwge) 120mg PFS | B1012B33 | 9/30/2024 00:00:00 | 9 |
| GENEN | PHL01 | 5024200786 | COLD CHAIN | ENSPRYNG™ (satralizumab-mwge) 120mg PFS | B1013B15 | 11/30/2024 00:00:00 | 27 |
| GENEN | PHL01 | 5024204086 | COLD CHAIN | Xolair 150mg | 3376464 | 12/31/2023 00:00:00 | 24 |
| GENEN | PHL01 | 5024209447 | SAMPLES | ROZLYTREK 200MG 90 CAPH US-S | N2039B06 | 9/30/2026 00:00:00 | 10 |
| GENEN | PHL01 | 5024213086 | SAMPLES | ALECENSA 150MG 240CAPH US-S | B5044M1 | 7/31/2028 00:00:00 | 13 |
| GENEN | PHL01 | 5024213086 | SAMPLES | ALECENSA 150MG 240CAPH US-S | B8009M2 | 10/31/2024 00:00:00 | 1 |
| GENEN | PHL01 | 5024213086 | SAMPLES | ALECENSA 150MG 240CAPH US-S | B8015M2 | 11/30/2025 00:00:00 | 1 |
| GENEN | PHL01 | 5024213886 | COLD CHAIN | ACTEMRA SC 162mg/0.9mL | B5021B13 | 8/31/2024 00:00:00 | 756 |
| GENEN | PHL01 | 5024213886 | COLD CHAIN | ACTEMRA SC 162mg/0.9mL | B5030B05 | 4/30/2025 00:00:00 | 535 |
| GENEN | PHL01 | 5024213886 | COLD CHAIN | ACTEMRA SC 162mg/0.9mL | B3028B02 | 12/31/2024 00:00:00 | 2706 |
| GENEN | PHL01 | 5024213886 | COLD CHAIN | ACTEMRA SC 162mg/0.9mL | B5020B10 | 8/31/2024 00:00:00 | 34 |
| GENEN | PHL01 | 5024213886 | COLD CHAIN | ACTEMRA SC 162mg/0.9mL | B5021B11 | 8/31/2024 00:00:00 | 41 |
| GENEN | PHL01 | 5024214086 | SAMPLES | Erivedge 150mg | N1113B03 | 9/30/2026 00:00:00 | 4 |
| GENEN | PHL01 | 5024214086 | SAMPLES | Erivedge 150mg | N1108B03 | 3/31/2026 00:00:00 | 15 |
| GENEN | PHL01 | 5024214086 | SAMPLES | Erivedge 150mg | N1125B07 | 5/31/2027 00:00:00 | 187 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B5030B02 | 4/30/2025 00:00:00 | 35 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B3028B01 | 12/31/2024 00:00:00 | 63 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B6025B09 | 9/30/2025 00:00:00 | 1779 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B5028B02 | 3/31/2025 00:00:00 | 73 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B5021B01 | 8/31/2024 00:00:00 | 16 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B5020B01 | 8/31/2024 00:00:00 | 2 |
| GENEN | PHL01 | 5024214386 | COLD CHAIN | ACTEMRA® ACTPen Injection 162mg/0.9mL | B6018B04 | 4/30/2025 00:00:00 | 17 |
| GENEN | PHL01 | 5024221083 | SAMPLES | GAVRETO® (pralsetnib) 100mg capsules | 3591131 | 1/31/2026 00:00:00 | 12 |
| GENEN | PHL01 | 5024221486 | COLD CHAIN | XOLAIR® 75mg single-use pre-filled syringe | 3473905 | 4/30/2023 00:00:00 | 2 |
| GENEN | PHL01 | 5024221486 | COLD CHAIN | XOLAIR® 75mg single-use pre-filled syringe | 3524768 | 11/30/2023 00:00:00 | 115 |
| GENEN | PHL01 | 5024221486 | COLD CHAIN | XOLAIR® 75mg single-use pre-filled syringe | 3580203 | 6/30/2024 00:00:00 | 106 |
| GENEN | PHL01 | 5024221486 | COLD CHAIN | XOLAIR® 75mg single-use pre-filled syringe | 3586349 | 8/31/2024 00:00:00 | 818 |
| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3526788 | 5/31/2023 00:00:00 | 2 |
| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3536954 | 1/31/2024 00:00:00 | 860 |

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| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3526810 | 11/30/2023 00:00:00 | 269 |
| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3575384 | 5/31/2024 00:00:00 | 799 |
| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3576648 | 8/31/2024 00:00:00 | 376 |
| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3580681 | 12/31/2024 00:00:00 | 2749 |
| GENEN | PHL01 | 5024221586 | COLD CHAIN | XOLAIR® 150mg single-use pre-filled syringe | 3526791 | 10/31/2023 00:00:00 | 6 |
| GENEN | PHL01 | 5024224586 | COLD CHAIN | PHESGO® Loading Dose 15 mL - Sample Vial | 81300805 | 7/31/2024 00:00:00 | 4 |
| GENEN | PHL01 | 5024224586 | COLD CHAIN | PHESGO® Loading Dose 15 mL - Sample Vial | 81306828 | 4/30/2025 00:00:00 | 10 |
| GENEN | PHL01 | 5024226086 | COLD CHAIN | PHESGO® Maintenance Dose 10 mL - Sample Vial | 84407803 | 4/30/2025 00:00:00 | 6 |
| GENEN | PHL01 | 5024226086 | COLD CHAIN | PHESGO® Maintenance Dose 10 mL - Sample Vial | 81300807 | 6/6/2024 00:00:00 | 17 |
| GENEN | PHL01 | 5024286086 | SAMPLES | XOFLUZA® (baloxavir marboxil) 1x40mg | 3570877 | 1/31/2026 00:00:00 | 4326 |
| GENEN | PHL01 | 5024286086 | SAMPLES | XOFLUZA® (baloxavir marboxil) 1x40mg | 3464790 | 6/30/2023 00:00:00 | 1 |
| GENEN | PHL01 | 5024287786 | SAMPLES | XOFLUZA® (baloxavir marboxil) 1x80mg | 3570878 | 8/31/2024 00:00:00 | 4335 |
| GENEN | PHL01 | 5024291786 | COLD CHAIN | Tecentriq 1200mg VL US NFS | 3581427 | 2/28/2026 00:00:00 | 3 |
| GENEN | PHL01 | 58-204 | SALES-SUP | Alcohol Prep Pad | CJB05-09 | 5/20/2025 00:00:00 | 2841 |
| GENEN | PHL01 | 63014 | SALES-SUP | 3.0mL Safety Syringe | 220116 | 12/31/2026 00:00:00 | 501 |
| GENEN | PHL01 | 63014 | SALES-SUP | 3.0mL Safety Syringe | 220512 | 4/30/2027 00:00:00 | 2412 |
| GENEN | PHL01 | 716G14+5C | SUPPLIES | Genentech Reuse 16oz 1x4 PCM Mats | 716G14+5C | 12/31/1949 00:00:00 | 5964 |
| GENEN | PHL01 | ESB-091818-0098-1 | SALES-SUP | Esbriet HCP letter | ESB-091818-0098-1 | 1/1/2025 00:00:00 | 2 |
| GENEN | PHL01 | GTS-6L2D-CISU-GNE2K | SUPPLIES | Genentech KoolTemp 6L Reuse Shipper | GTS-6L2D-CISU-GNE2K | 12/31/2049 00:00:00 | 2664 |
| GENEN | PHL01 | M-US-00001008 | SALES-SUP | Xofluza Promotional PI | M-US-00001008V4 | 12/31/2025 00:00:00 | 611 |
| GENEN | PHL01 | M-US-00001008 | SALES-SUP | Xofluza Promotional PI | M-US-00001008V5 | 12/31/2024 00:00:00 | 61481 |
| GENEN | PHL01 | M-US-00002092 | SALES-SUP | Alecensa PI | M-US-00002092V4 | 7/18/2024 00:00:00 | 2 |
| GENEN | PHL01 | M-US-00002509 | SALES-SUP | Alecensa Patient Education brochure | M-US-00002509V3 | 10/31/2024 00:00:00 | 8 |
| GENEN | PHL01 | M-US-00004364 | SALES-SUP | Injection Dosing Pamphlet | M-US-00004364V2 | 6/15/2023 00:00:00 | 105 |
| GENEN | PHL01 | M-US-00004814 | SALES-SUP | ENS Patient Welcome Guide | M-US-00004814V4 | 6/16/2023 00:00:00 | 108 |
| GENEN | PHL01 | M-US-00005568 | SALES-SUP | PHESGO Clinical Brochure | M-US-00005568V4 | 12/8/2025 00:00:00 | 12 |
| GENEN | PHL01 | M-US-00005568V2 | SALES-SUP | PHESGO Clinical Brochure - Print | MUS00005568V2 | 12/31/2031 00:00:00 | 8 |
| GENEN | PHL01 | M-US-00006140 | SALES-SUP | PHESGO Patient Quick Hit - Print Version | M-US-00006140V2 | 12/31/2031 00:00:00 | 9 |
| GENEN | PHL01 | M-US-00006492 | SALES-SUP | ROZLYTREK Combo Indication Patient Education Broch | M-US-00006492V3 | 4/5/2024 00:00:00 | 1 |
| GENEN | PHL01 | M-US-00006557 | SALES-SUP | Patient Welcome Brochure(v1.0) | M-US-00006557V1 | 12/31/2032 00:00:00 | 4 |
| GENEN | PHL01 | M-US-00006577 | SALES-SUP | Enspryng PI | M-US-00006577V2 | 6/15/2023 00:00:00 | 115 |
| GENEN | PHL01 | M-US-00006797 | SALES-SUP | Xofluza Coupon Tear Pad | M-US-00006797V3 | 12/31/2025 00:00:00 | 163 |
| GENEN | PHL01 | M-US-00006797 | SALES-SUP | Xofluza Coupon Tear Pad | M-US-00006797V5 | 12/31/2025 00:00:00 | 7602 |
| GENEN | PHL01 | M-US-00006815 | SALES-SUP | Xofluza HCP Dosing Card | M-US-00006815V5 | 12/31/2025 00:00:00 | 7902 |
| GENEN | PHL01 | M-US-00006815 | SALES-SUP | Xofluza HCP Dosing Card | M-US-00006815V3 | 12/31/2025 00:00:00 | 163 |
| GENEN | PHL01 | M-US-00009144 | SALES-SUP | ROZLYTREK Promo PI | M-US-00009144V7 | 4/30/2025 00:00:00 | 4 |
| GENEN | PHL01 | M-US-00011364 | SALES-SUP | ENS sample HCP letter | M-US-00011364V2 | 6/13/2024 00:00:00 | 110 |
| GENEN | PHL01 | MTR-900102GT | SALES-SUP | Xolair Ancillary Supply Pack | 6152021MTR | 6/30/2023 00:00:00 | 1 |
| GENEN | PHL01 | MTR-900102GT | SALES-SUP | Xolair Ancillary Supply Pack | 8112021MTR | 11/30/2023 00:00:00 | 24 |
| GENEN | PHL01 | MTR-900102GT | SALES-SUP | Xolair Ancillary Supply Pack | 12162021MTR | 6/30/2023 00:00:00 | 6 |
| GENEN | PHL01 | T3000-01-01F | SALES-SUP | Lime Green TagAlert | 01312025 | 1/31/2025 00:00:00 | 141 |
| GENEN | PHL01 | T3000-01-01F | SALES-SUP | Lime Green TagAlert | 10312024 | 10/31/2024 00:00:00 | 223 |
| GENEN | PHL01 | T3000-01-01F | SALES-SUP | Lime Green TagAlert | 05312025 | 5/31/2025 00:00:00 | 338 |
| GENEN | PHL01 | T3000-01-01F | SALES-SUP | Lime Green TagAlert | 08312024 | 8/31/2024 00:00:00 | 69 |
| GENEN | PHL01 | T3000-01-01F | SALES-SUP | Lime Green TagAlert | 05312024 | 5/31/2024 00:00:00 | 55 |
| GENEN | PHL01 | T3000-01-05H | SALES-SUP | Black TagAlert - 2024 | 09302025 | 9/30/2025 00:00:00 | 78 |
| GENEN | PHL01 | T3000-01-05H | SALES-SUP | Black TagAlert - 2024 | 08312025 | 8/31/2025 00:00:00 | 7 |
| GENEN | PHL01 | T3000-01-05H | SALES-SUP | Black TagAlert - 2024 | 10312025 | 10/31/2025 00:00:00 | 1000 |
| GENEN | PHL01 | T3000-01-210 | SALES-SUP | Green TagAlert | 03312024 | 3/31/2024 00:00:00 | 1 |
| GENEN | PHL01 | T3000-01-210 | SALES-SUP | Green TagAlert | 09302024 | 9/30/2024 00:00:00 | 257 |
| GENEN | PHL01 | T3000-01-389 | SALES-SUP | Black TagAlert | 05312024 | 5/31/2024 00:00:00 | 14 |
| GENEN | PHL01 | T3000-01-389 | SALES-SUP | Black TagAlert | 09302024 | 9/30/2024 00:00:00 | 23 |
| GENEN | PHL01 | T3000-01-389 | SALES-SUP | Black TagAlert | 05312025 | 5/31/2025 00:00:00 | 50 |
| GENEN | PHL01 | T3000-01-389 | SALES-SUP | Black TagAlert | 01312025 | 1/31/2025 00:00:00 | 23 |
| GENUS | PHL01 | 20-010 | DESSICANT | Microcrystalline Cellulose (Avicel PH102) | 24-0085 | 7/17/2027 00:00:00 | 50 |
| GENUS | PHL01 | 20-035 | SAMPLES | Lactose Monohydrate | 24-0086 | 12/31/2025 00:00:00 | 88 |
| GENUS | PHL01 | 20-062 | SAMPLES | GELATIN CAPS | 71229181 | 3/1/2024 00:00:00 | 7 |
| GENUS | PHL01 | 64950-0250-01 | SAMPLES | REFRESH WIPES | REFRESH | 12/31/2022 00:00:00 | 100080 |
| GENUS | PHL01 | ASPIRIN DC90 | SAMPLES | ASPIRIN GENUS | 19014 | 1/31/2022 00:00:00 | 35 |
| GENUS | PHL01 | TOOLING-1 | DESSICANT | Storage Cage | 0 | 4/19/2026 00:00:00 | 1 |
| GENUS | PHL01 | TOOLING-2 | DESSICANT | Storage Cage | 0 | 4/19/2026 00:00:00 | 1 |
| JANSN | PHL01 | 5045855198 | SAMPLES | INVEGA TABLETS 6MG 40CC 7S 24 COUNT | 20JG264 | 9/30/2022 00:00:00 | 4 |
| JANSN | PHL01 | 5045856301 | SAMPLES | Invega Sustenna 156 mg (Trade) | KAB2Q00 | 12/31/2021 00:00:00 | 11 |
| JANSN | PHL01 | 5045856301 | SAMPLES | Invega Sustenna 156 mg (Trade) | LCB2D01 | 2/28/2023 00:00:00 | 2 |
| JANSN | PHL01 | 5045856301 | SAMPLES | Invega Sustenna 156 mg (Trade) | JLB2A00 | 11/30/2021 00:00:00 | 34 |
| JANSN | PHL01 | 5045856301 | SAMPLES | Invega Sustenna 156 mg (Trade) | KBB0800 | 1/31/2022 00:00:00 | 24 |
| JANSN | PHL01 | 5045856303 | SAMPLES | INVEGA SUSTENNA INJECTION 1X156MG Ss | LAB1G00 | 12/31/2022 00:00:00 | 19 |
| JANSN | PHL01 | 5045856401 | SAMPLES | Invega Sustenna 234 mg (Trade) | LEB0F00 | 4/30/2023 00:00:00 | 3 |
| JANSN | PHL01 | 5045856401 | SAMPLES | Invega Sustenna 234 mg (Trade) | JKB5A00 | 10/31/2021 00:00:00 | 3 |
| JANSN | PHL01 | 5045856401 | SAMPLES | Invega Sustenna 234 mg (Trade) | JKB3M00 | 10/31/2021 00:00:00 | 7 |
| JANSN | PHL01 | 5045856401 | SAMPLES | Invega Sustenna 234 mg (Trade) | KAB0F00 | 12/31/2021 00:00:00 | 9 |
| JANSN | PHL01 | 5045856401 | SAMPLES | Invega Sustenna 234 mg (Trade) | KAB2M00 | 12/31/2021 00:00:00 | 58 |
| JANSN | PHL01 | 5045856403 | SAMPLES | INVEGA SUSTENNA INJECTION 1X234MG S | KKB1200 | 10/31/2022 00:00:00 | 1 |
| JANSN | PHL01 | 5045857714 | SAMPLES | XARELTO 2.5MG 14 COUNT SAMPLE | 19HG433 | 5/31/2022 00:00:00 | 20 |
| JANSN | PHL01 | 5045858007 | SAMPLES | XARELTO TABS 10MG 7S 24 CNT SAM | 20JG225 | 3/31/2023 00:00:00 | 2 |
| JANSN | PHL01 | 5789405416 | COLD CHAIN | STELARA® IV 130mg Vial | KJS1V07 | 9/30/2023 00:00:00 | 1 |
| JANSN | PHL01 | 5789405416 | COLD CHAIN | STELARA® IV 130mg Vial | KLS0H09 | 11/30/2023 00:00:00 | 1 |
| JANSN | PHL01 | CP-125432V4 | SALES-SUP | Stelara PI | CP125432V4 | 9/8/2023 00:00:00 | 3798 |
| JANSN | PHL01 | CP-126900V3 | SALES-SUP | Tremfya PI | CP-126900V3 | 12/31/2025 00:00:00 | 2398 |
| JANSN | PHL01 | CP-126900V5 | SALES-SUP | Tremfya PI | CP-126900V5 | 12/31/2025 00:00:00 | 5246 |

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| JANSN | PHL01 | CP-17493V5 | SALES-SUP | Invokana PI | CP-17493V5 | 12/31/2049 00:00:00 | 140 |
| JANSN | PHL01 | CP-25175V4 | SALES-SUP | Simponi 50mg Sample Wrapper | CP-25175V4 | 9/8/2023 00:00:00 | 1352 |
| JANSN | PHL01 | CP-33127V4 | SALES-SUP | Simponi UC 100mg Sample Wrapper | CP-33127V4 | 9/8/2023 00:00:00 | 14814 |
| JANSN | PHL01 | CP-62543V9 | SALES-SUP | XARELTO PI | CP-62543V9 | 9/16/2022 00:00:00 | 1682 |
| JANSN | PHL01 | CP-64087V2 | SALES-SUP | INVEGA SUSTENNA PI | CP-64087V2 | 6/1/2021 00:00:00 | 146 |
| JANSN | PHL01 | CP-64087V4 | SALES-SUP | INVEGA SUSTENNA PI | CP-64087V4 | 12/31/2025 00:00:00 | 545 |
| JANSN | PHL01 | ECOFLEX | SUPPLIES | KOOLTEMP ECOFLEX SHIPPER | ECOFLEX | 3/2/2023 00:00:00 | 8424 |
| JANSN | PHL01 | INVS-CO-FORM | SALES-SUP | Invega Sustenna CO Letter | INVSCOFORM | 6/1/2021 00:00:00 | 18 |
| JANSN | PHL01 | JANTAGALERT | SALES-SUP | JANSN Tag Alert | TAGALERT | 3/23/2020 00:00:00 | 1472 |
| JANSN | PHL01 | OH-LETTER | SALES-SUP | Ohio TDDD Letter | OH-LETTER | 12/31/2049 00:00:00 | 16 |
| JANSN | PHL01 | SIM-36515V3 | SALES-SUP | Simponi Thank You Brochure | SIM-36515V3 | 12/31/2049 00:00:00 | 77 |
| JANSN | PHL01 | SIM-39879V3 | SALES-SUP | Simponi UC Thank You Brochure | SIM-39879V3 | 12/31/2023 00:00:00 | 4758 |
| JANSN | PHL01 | SIM-58295V2 | SALES-SUP | Simponi PI V2 | SIM-58295V2 | 12/31/2023 00:00:00 | 3 |
| JANSN | PHL01 | SIM-58295V4 | SALES-SUP | Simponi PI V4 | SIM-58295V4 | 6/6/2023 00:00:00 | 400 |
| JANSN | PHL01 | SIM-CO-FORM | SALES-SUP | Simponi Colorado Form | SIMCO19 | 12/31/2049 00:00:00 | 49 |
| JANSN | PHL01 | SIMPCT | SALES-SUP | Simponi Connecticut Form | SIMCT23 | 9/28/2023 00:00:00 | 250 |
| JANSN | PHL01 | STELCT | SALES-SUP | Stelara Connecticut Form | STECT23 | 9/28/2023 00:00:00 | 248 |
| JANSN | PHL01 | SYMTCT | SALES-SUP | Symtuza Connecticut Form | SYMCTQ323 | 9/28/2023 00:00:00 | 250 |
| JANSN | PHL01 | TAGALERTMEMO | SALES-SUP | JANSN Tag Alert Memo | TAGALERTMEMO | 3/23/2020 00:00:00 | 1000 |
| JANSN | PHL01 | TRE-48714 | SALES-SUP | Tremfya Inner Carton Sticker | TRE-48714 | 6/2/2023 00:00:00 | 1500 |
| JANSN | PHL01 | TREMFCT | SALES-SUP | Tremfya Connecticut Form | TREMCT2023 | 9/28/2023 00:00:00 | 240 |
| JANSN | PHL01 | XAR-CO-FORM | SALES-SUP | Xarelto Colorado Form | XARCO19 | 12/31/2049 00:00:00 | 1 |
| JJKIT | PHL01 | AIR-ADAPT | SUPPLIES | SPU PED-ADU AIRWAY ADAPTER | | | 11 |
| JJKIT | PHL01 | BBTEST | SUPPLIES | BOX AND BLOCK TEST | | | 12 |
| JJKIT | PHL01 | CANNULA LOFLO O2 DEL | SUPPLIES | CANNULA O2 CO2 ADU RESPIRONICS LO FLO | | | 12 |
| JJKIT | PHL01 | COOLERS | SUPPLIES | THERMO SAFE COOLERS | | | 11 |
| JJKIT | PHL01 | FLO-GUARD | SUPPLIES | BAXTER FLO-GUARD PUMP | | | 12 |
| JJKIT | PHL01 | HAND PUMP | SUPPLIES | JAMAR HAND HYDRAULIC PUMP | | | 12 |
| JJKIT | PHL01 | ISO-BATH | SUPPLIES | DIGITAL ISO TEMP WATER BATH 5L | | | 12 |
| JJKIT | PHL01 | LOFLOCANNULA | SUPPLIES | LoFlo CO2 Sampling Cannula | | | 11 |
| JJKIT | PHL01 | LOFLOMODULE | SUPPLIES | LoFlo Sidestream CO2 Module | | | 12 |
| JJKIT | PHL01 | NM3 MONITOR | SUPPLIES | PHILIPS NM3 MONITOR | | | 12 |
| JPEO | PHL01 | RF1V DP, 320 UG/ML | COLD CHAIN | rF1V DP, 320 ug/ml | D2000104 | 10/1/2021 00:00:00 | 53416 |
| JPEO | PHL01 | RF1V DP, 320 UG/ML | COLD CHAIN | rF1V DP, 320 ug/ml | D2000100 | 10/1/2021 00:00:00 | 31199 |
| JPEO | PHL01 | RF1V DP, 320 UG/ML | COLD CHAIN | rF1V DP, 320 ug/ml | D2000102 | 10/1/2021 00:00:00 | 47929 |
| MERCD | PHL01 | 40028092 | VOUCHER | VR-Delstrigo 12-22 Voucher 5/pack | 40028092 | 12/22/2023 00:00:00 | 1 |
| MERCD | PHL01 | 40028122 | VOUCHER | VR-VERQUVO 06-23 Voucher (5 per Pack) | 40028122 | 7/7/2025 00:00:00 | 1428 |
| MERCD | PHL01 | 40028122S | VOUCHER | VR-VERQUVO SPAN 06-23 Voucher (5 per Pack) | 40028122S | 12/8/2023 00:00:00 | 1 |
| MERCD | PHL01 | 40028147 | VOUCHER | VR-Delstrigo 11-23 Voucher 5/pack | 40028147 | 12/31/2025 00:00:00 | 2327 |
| MERCD | PHL01 | 50778123 | COUPONS | CP-VERQUVO 6-23 $10-$3500x13 5/pack | 50778123 | 6/8/2024 00:00:00 | 1606 |
| MERCD | PHL01 | 7629 | SAMPLES | JANUMET XR 50/1000MG 28TAB | X017356 | 4/30/2025 00:00:00 | 7428 |
| MERCD | PHL01 | 7629 | SAMPLES | JANUMET XR 50/1000MG 28TAB | X015406 | 4/30/2025 00:00:00 | 21 |
| MERCD | PHL01 | 7629 | SAMPLES | JANUMET XR 50/1000MG 28TAB | X022963 | 4/30/2025 00:00:00 | 7368 |
| MERCD | PHL01 | 7629 | SAMPLES | JANUMET XR 50/1000MG 28TAB | X017355 | 4/30/2025 00:00:00 | 1580 |
| MERCD | PHL01 | 7632 | SAMPLES | JANUMET XR 100/1000MG 14TAB | X019570 | 4/30/2025 00:00:00 | 3241 |
| MERCD | PHL01 | 7632 | SAMPLES | JANUMET XR 100/1000MG 14TAB | X018279 | 4/30/2025 00:00:00 | 34 |
| MERCD | PHL01 | 7632 | SAMPLES | JANUMET XR 100/1000MG 14TAB | X025518 | 8/31/2025 00:00:00 | 8124 |
| MERCD | PHL01 | 7632 | SAMPLES | JANUMET XR 100/1000MG 14TAB | X024412 | 8/31/2025 00:00:00 | 6396 |
| MERCD | PHL01 | 7632 | SAMPLES | JANUMET XR 100/1000MG 14TAB | X020460 | 4/30/2025 00:00:00 | 8664 |
| MERCD | PHL01 | 7656 | SAMPLES | JANUVIA 100MG 14TAB | X015957 | 11/30/2025 00:00:00 | 4 |
| MERCD | PHL01 | 7656 | SAMPLES | JANUVIA 100MG 14TAB | X020945 | 12/31/2025 00:00:00 | 193 |
| MERCD | PHL01 | 7656 | SAMPLES | JANUVIA 100MG 14TAB | X025507 | 8/31/2025 00:00:00 | 26788 |
| MERCD | PHL01 | 7689 | DEA-CTRL | BELSOMRA 15MG C IV 3 TAB/BLISTER | 1985888 | 8/31/2025 00:00:00 | 13420 |
| MERCD | PHL01 | 7689 | DEA-CTRL | BELSOMRA 15MG C IV 3 TAB/BLISTER | 1932078 | 11/30/2024 00:00:00 | 7 |
| MERCD | PHL01 | 7692 | DEA-CTRL | BELSOMRA 20MG C IV 3 TAB/BLISTER | 1932067 | 10/31/2024 00:00:00 | 8 |
| MERCD | PHL01 | 7692 | DEA-CTRL | BELSOMRA 20MG C IV 3 TAB/BLISTER | 1950902 | 10/31/2024 00:00:00 | 3 |
| MERCD | PHL01 | 7692 | DEA-CTRL | BELSOMRA 20MG C IV 3 TAB/BLISTER | 2010713 | 3/31/2026 00:00:00 | 29300 |
| MERCD | PHL01 | 7692 | DEA-CTRL | BELSOMRA 20MG C IV 3 TAB/BLISTER | 1995905 | 6/30/2025 00:00:00 | 12001 |
| MERCD | PHL01 | 7755 | DEA-CTRL | BELSOMRA 10MG C IV 3 TAB/BLISTER | 1984926 | 8/31/2025 00:00:00 | 3586 |
| MERCD | PHL01 | 7755 | DEA-CTRL | BELSOMRA 10MG C IV 3 TAB/BLISTER | 1919535 | 11/30/2024 00:00:00 | 3 |
| MERCD | PHL01 | 7755 | DEA-CTRL | BELSOMRA 10MG C IV 3 TAB/BLISTER | 2010712 | 4/30/2026 00:00:00 | 25820 |
| MERCD | PHL01 | 7755 | DEA-CTRL | BELSOMRA 10MG C IV 3 TAB/BLISTER | 1940977 | 11/30/2024 00:00:00 | 8 |
| MERCD | PHL01 | 7758 | SAMPLES | JANUMET 50/500 MG 28 TAB | X017623 | 3/31/2025 00:00:00 | 60 |
| MERCD | PHL01 | 7758 | SAMPLES | JANUMET 50/500 MG 28 TAB | X019205 | 3/31/2025 00:00:00 | 9853 |
| MERCD | PHL01 | 7758 | SAMPLES | JANUMET 50/500 MG 28 TAB | X020064 | 3/31/2025 00:00:00 | 12600 |
| MERCD | PHL01 | 7761 | SAMPLES | JANUMET 50/1000MG 28 TAB | X017143 | 11/30/2024 00:00:00 | 43 |
| MERCD | PHL01 | 7761 | SAMPLES | JANUMET 50/1000MG 28 TAB | X020733 | 11/30/2024 00:00:00 | 11172 |
| MERCD | PHL01 | 7761 | SAMPLES | JANUMET 50/1000MG 28 TAB | X019572 | 11/30/2024 00:00:00 | 5050 |
| MERCD | PHL01 | 7776 | SAMPLES | STEGLATRO 5MG 14TAB | X012912 | 6/30/2025 00:00:00 | 1757 |
| MERCD | PHL01 | 7825 | SAMPLES | VERQUVO 2.5MG 14 TAB | X028332 | 11/14/2025 00:00:00 | 9103 |
| MERCD | PHL01 | 7825 | SAMPLES | VERQUVO 2.5MG 14 TAB | Y003370 | 11/14/2025 00:00:00 | 9600 |
| MERCD | PHL01 | 7825 | SAMPLES | VERQUVO 2.5MG 14 TAB | X024039 | 6/10/2025 00:00:00 | 140 |
| MERCD | PHL01 | 7828 | SAMPLES | VERQUVO 5MG 14 TAB | Y007714 | 3/2/2026 00:00:00 | 10584 |
| MERCD | PHL01 | 7828 | SAMPLES | VERQUVO 5MG 14 TAB | X024040 | 11/21/2025 00:00:00 | 56 |
| MERCD | PHL01 | 7828 | SAMPLES | VERQUVO 5MG 14 TAB | Y002620 | 3/2/2026 00:00:00 | 337 |
| MERCD | PHL01 | 7841 | SAMPLES | WELIREG 40MG 90 TAB | Y002369 | 3/28/2026 00:00:00 | 316 |
| MERCD | PHL01 | DLSPI004PPI002 | PROMO | Delstrigo PI/PPI 04-PPI02 | DLSPI004PPI002 | 5/1/2024 00:00:00 | 2 |
| MERCD | PHL01 | DLSPI006PPI004 | PROMO | Delstrigo PI/PPI 06-PPI04 | DLSPI006PPI004 | 12/31/2049 00:00:00 | 1258 |
| MERCD | PHL01 | HIAOC0381 | PROMO | HAWAII AOC LETTER | HAAOCLTR | 12/31/2049 00:00:00 | 79 |
| MERCD | PHL01 | PRIOPOLYPRO PC | PROMO | POLYPRO POUCH for BELSOMRA | PRIOPOLYPRO PC | 12/31/2049 00:00:00 | 441671 |

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| MERCD | PHL01 | USBEL00998-0124 | PROMO | WELIREG CT PRICING FORM-0124 | USBEL00998 | 1/29/2024 00:00:00 | 15 |
| MERCD | PHL01 | USBEL01008-0124 | PROMO | WELIREG CO PRICING FORM-0124 | USBEL01008 | 1/29/2024 00:00:00 | 40 |
| MERCD | PHL01 | USDIA02764-1123 | PROMO | JANUVIA VT PRICING FORM-1123 | USDIA02764 | 11/28/2023 00:00:00 | 12 |
| MERCD | PHL01 | USDIA02772-0124 | PROMO | JANUVIA CT PRICING FORM-0124 | USDIA02772 | 12/31/2049 00:00:00 | 14 |
| MERCD | PHL01 | USDIA02773-0124 | PROMO | JANUVIA CO PRICING FORM-0124 | USDIA02773 | 2/5/2024 00:00:00 | 164 |
| MERCD | PHL01 | USDOR01297-1123 | PROMO | DELSTRIGO VT PRICING FORM-1123 | USDOR01297 | 11/28/2023 00:00:00 | 15 |
| MERCD | PHL01 | USDOR01328-0124 | PROMO | DELSTRIGO CT PRICING FORM-0124 | USDOR01328 | 12/31/2049 00:00:00 | 14 |
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| MERCD | PHL01 | USDSM00302-1123 | PROMO | JANUMET/XR VT PRICING FORM-1123 | USDSM00302 | 11/28/2023 00:00:00 | 15 |
| MERCD | PHL01 | USDSM00303-0124 | PROMO | JANUMET/XR CO PRICING FORM-0124 | USDSM00303 | 2/5/2024 00:00:00 | 169 |
| MERCD | PHL01 | USIMA02143 | PROMO | BELSOMRA SAVINGS CARD 2023 Q2 | USIMA02143 | 3/16/2025 00:00:00 | 84337 |
| MERCD | PHL01 | USIMA02322-1123 | PROMO | BELSOMRA VT PRICING FORM-1123 | USIMA02322 | 11/28/2023 00:00:00 | 14 |
| MERCD | PHL01 | USIMA02327-0124 | PROMO | BELSOMRA CT PRICING FORM-0124 | USIMA02327 | 2/5/2024 00:00:00 | 27 |
| MERCD | PHL01 | USIMA02328-0124 | PROMO | BELSOMRA CO PRICING FORM-0124 | USIMA02328 | 2/5/2024 00:00:00 | 326 |
| MERCD | PHL01 | USJXR00114-0124 | PROMO | JANUMET/XR CT PRICING FORM-0124 | USJXR00114 | 12/31/2049 00:00:00 | 14 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25684 | 3/11/2027 00:00:00 | 9624 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25693 | 2/28/2028 00:00:00 | 10000 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25699 | 2/28/2028 00:00:00 | 10000 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25686 | 3/11/2027 00:00:00 | 7 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25698 | 2/28/2028 00:00:00 | 10000 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25691 | 2/28/2028 00:00:00 | 10000 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25697 | 2/28/2028 00:00:00 | 10000 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25706 | 2/28/2028 00:00:00 | 8000 |
| MERCD | PHL01 | USNON11976 | PROMO | TransTracker D w/LIMITmarker I-C/Belsomra | 25690 | 2/28/2028 00:00:00 | 10000 |
| MERCD | PHL01 | USNON13318-0523 | PROMO | MERCK QPHARMARX INDUSTRY CLOSET LETTER | USNON13318 | 12/31/2049 00:00:00 | 1 |
| MERCD | PHL01 | USSTE01766-1123 | PROMO | STEGLATRO VT PRICING FORM-1123 | USSTE01766 | 11/28/2023 00:00:00 | 15 |
| MERCD | PHL01 | USSTE01767-0124 | PROMO | STEGLATRO CT PRICING FORM-0124 | USSTE01767 | 12/31/2049 00:00:00 | 28 |
| MERCD | PHL01 | USSTE01768-0124 | PROMO | STEGLATRO CO PRICING FORM-0124 | USSTE01768 | 2/5/2024 00:00:00 | 108 |
| MERCD | PHL01 | USVER02517-0123 | PROMO | VERQUVO CO PRICING FORM-0123 | USVER02517 | 12/31/2049 00:00:00 | 1 |
| MERCD | PHL01 | USVER03310-1123 | PROMO | VERQUVO VT PRICING FORM-1123 | USVER03310 | 11/28/2023 00:00:00 | 15 |
| MERCD | PHL01 | USVER03356-0124 | PROMO | VERQUVO CT PRICING FORM-0124 | USVER03356 | 12/31/2049 00:00:00 | 21 |
| MERCD | PHL01 | USVER03372-0124 | PROMO | VERQUVO CO PRICING FORM-0124 | USVER03372 | 2/5/2024 00:00:00 | 164 |
| MERCD | PHL01 | VRQPI003MG003-CV | PROMO | PI FOR VERQUVO COUPON/VOUCHERS | VRQPI003MG003CV | 12/31/2049 00:00:00 | 3 |
| MERCD | PHL01 | VRQPI003MG003-CV-SPAN | PROMO | PI FOR SPANISH VERQUVO COUPON/VOUCHERS | VRQPI003MG003CVSPAN | 12/31/2049 00:00:00 | 1 |
| MERCD | PHL01 | VRQPI004MG004-CV | PROMO | PI FOR VERQUVO COUPON/VOUCHERS | VRQPI004MG004-CV | 12/31/2049 00:00:00 | 3437 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1040J2 | 12/22/2022 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 828J2 | 10/24/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 904J2 | 1/25/2024 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 993J2 | 7/27/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1136J2 | 10/24/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1160J2 | 7/27/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 906J2 | 6/29/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 976J2 | 4/13/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 875J2 | 1/25/2024 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 876J2 | 1/25/2024 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1125J2 | 7/13/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1134J2 | 10/24/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1145J2 | 8/15/2023 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 819J2 | 6/29/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1052J2 | 12/31/2024 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1048J2 | 6/29/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1050J2 | 12/22/2022 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 1118J2 | 10/24/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 907J2 | 4/13/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 773J1 | 4/13/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 821J1 | 5/17/2026 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 830J1 | 1/25/2024 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 834J2 | 11/9/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 971J2 | 4/13/2025 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 812J1 | 1/25/2024 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 820J2 | 11/9/2023 00:00:00 | 1 |
| MERCK | PHL01 | 870SSB | SAMPLES | THERMO SAFE | 880J2 | 6/3/2022 00:00:00 | 1 |
| MERCK | PHL01 | SINGLE SHIPPERS | SAMPLES | SINGLE SHIPPERS | | | 30 |
| MERCK | PHL01 | SM00101-0024 | SAMPLES | OPIE KITS | | | 2 |
| MERCK | PHL01 | TUA00-14-071 | PS-PHARM | SENSITECH TT Ultra 16K AMB SU Temptale - Nabriva | | | 18 |
| MERKT | PHL01 | TUA00-12-071 | TRADE | SENSITECH TT Ultra 16K AMB SU Temptale | TUA00-12-071 | 2/1/2026 00:00:00 | 9 |
| MRKRG | PHL01 | 1 | TRANSFERS | Transfer to Memphis | | | 8 |
| NAPO | PHL01 | 80206 | SAMPLES | Mytesi 125mg Tab Sample 6Tab per Btl x 4Btl | 8L020 | 9/30/2019 00:00:00 | 30 |
| NAPO | PHL01 | 80224 | SAMPLES | Mytesi 125mg Tablet Sample 4x6 tablets | 8L020 | 9/30/2019 00:00:00 | 47 |
| NAPO | PHL01 | 80224 | SAMPLES | Mytesi 125mg Tablet Sample 4x6 tablets | 8D051 | 2/12/2019 00:00:00 | 152 |
| NAPO | PHL01 | 80224 | SAMPLES | Mytesi 125mg Tablet Sample 4x6 tablets | 3150685 | 2/14/2019 00:00:00 | 1 |
| NOVAR | PHL01 | 0065026002 | SAMPLES | TRAVATAN Z .004% 2.5ML SMP-USA | 1094M | 8/31/2021 00:00:00 | 5340 |
| NOVAR | PHL01 | 0065026002 | SAMPLES | TRAVATAN Z .004% 2.5ML SMP-USA | 103H4 | 8/31/2021 00:00:00 | 180 |
| NOVAR | PHL01 | 0065026002 | SAMPLES | TRAVATAN Z .004% 2.5ML SMP-USA | 315896F | 8/31/2020 00:00:00 | 20 |
| NOVAR | PHL01 | 0065026002 | SAMPLES | TRAVATAN Z .004% 2.5ML SMP-USA | 1094M | 8/31/2021 00:00:00 | 122 |
| NOVAR | PHL01 | 0065027525 | SAMPLES | AZOPT 1% 2.5ML SUSP SMP-USA | 313134F | 12/31/2020 00:00:00 | 5 |
| NOVAR | PHL01 | 0065027525 | SAMPLES | AZOPT 1% 2.5ML SUSP SMP-USA | 102KH | 7/31/2021 00:00:00 | 2 |
| NOVAR | PHL01 | 0065027525 | SAMPLES | AZOPT 1% 2.5ML SUSP SMP-USA | 106E3 | 9/30/2021 00:00:00 | 5942 |
| NOVAR | PHL01 | 0065175008 | COLD CHAIN | ILEVRO .8ML SMP-USA | 309037F | 4/30/2020 00:00:00 | 4 |

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| NOVAR | PHL01 | 0065414725 | SAMPLES | SIMBRINZA 2.5ML SMP 48-USA | 302434F | 3/31/2020 00:00:00 | 13 |
| NOVAR | PHL01 | 0065427327 | SAMPLES | PAZEO 0.7% 0.5ML PCH SMP-USA | 304765F | 12/31/2020 00:00:00 | 17 |
| NOVAR | PHL01 | 0065427327 | SAMPLES | PAZEO 0.7% 0.5ML PCH SMP-USA | 100AH | 2/28/2021 00:00:00 | 7 |
| NOVAR | PHL01 | 0065924008 | COLD CHAIN | DUREZOL .05% 1ML (4ML ROUND) SMP-USA | 10AWP | 1/31/2022 00:00:00 | 7 |
| NOVAR | PHL01 | 0065924008 | COLD CHAIN | DUREZOL .05% 1ML (4ML ROUND) SMP-USA | 10D98 | 4/30/2022 00:00:00 | 413 |
| NOVAR | PHL01 | 0065924008 | COLD CHAIN | DUREZOL .05% 1ML (4ML ROUND) SMP-USA | 304718F | 9/30/2020 00:00:00 | 35 |
| NOVAR | PHL01 | 0065924008 | COLD CHAIN | DUREZOL .05% 1ML (4ML ROUND) SMP-USA | 10HMR | 4/30/2022 00:00:00 | 281 |
| NOVAR | PHL01 | 0078-9249-01 | SAMPLES | FEMARA 2.5MG 30 (SA) | FX000838 | 2/28/2022 00:00:00 | 86 |
| NOVAR | PHL01 | 0078018001 | COLD CHAIN | 10 ampuls 50mcg/mL Sandostatin | SRT62 | 8/31/2021 00:00:00 | 1 |
| NOVAR | PHL01 | 0078018001 | COLD CHAIN | 10 ampuls 50mcg/mL Sandostatin | SYF15 | 3/31/2023 00:00:00 | 20 |
| NOVAR | PHL01 | 0078018101 | COLD CHAIN | 10 ampuls 100mcg/mL Sandostatin | SAPX5 | 8/31/2023 00:00:00 | 25 |
| NOVAR | PHL01 | 0078018101 | COLD CHAIN | 10 ampuls 100mcg/mL Sandostatin | SAFC1 | 8/31/2023 00:00:00 | 1 |
| NOVAR | PHL01 | 0078018101 | COLD CHAIN | 10 ampuls 100mcg/mL Sandostatin | SNR24 | 4/28/2021 00:00:00 | 1 |
| NOVAR | PHL01 | 0078070891 | SAMPLES | PIQRAY TAB 300MG (4X7) DD (SA) | KZ2705 | 3/31/2023 00:00:00 | 1 |
| NOVAR | PHL01 | 0078070891 | SAMPLES | PIQRAY TAB 300MG (4X7) DD (SA) | LP3446 | 1/31/2024 00:00:00 | 27 |
| NOVAR | PHL01 | 0078070994 | SAMPLES | TABRECTA TAB 150MG 56 (SA) | FX001247 | 7/31/2022 00:00:00 | 16 |
| NOVAR | PHL01 | 0078071591 | SAMPLES | PIQRAY TAB 250MG 2(2X7) DD(SA) | LA1874 | 3/31/2023 00:00:00 | 1 |
| NOVAR | PHL01 | 0078071591 | SAMPLES | PIQRAY TAB 250MG 2(2X7) DD(SA) | LP3448 | 1/31/2024 00:00:00 | 26 |
| NOVAR | PHL01 | 0078071694 | SAMPLES | TABRECTA TAB 200MG 56 (SA) | FX001296 | 9/30/2022 00:00:00 | 37 |
| NOVAR | PHL01 | 0078071694 | SAMPLES | TABRECTA TAB 200MG 56 (SA) | FX001010 | 7/31/2021 00:00:00 | 2 |
| NOVAR | PHL01 | 0078073461 | COLD CHAIN | ILARIS VIAL 150MG | SADN6 | 3/31/2023 00:00:00 | 2 |
| NOVAR | PHL01 | 0078073461 | COLD CHAIN | ILARIS VIAL 150MG | SAUK4 | 8/31/2023 00:00:00 | 4 |
| NOVAR | PHL01 | 0078073461 | COLD CHAIN | ILARIS VIAL 150MG | SDFF5 | 8/31/2023 00:00:00 | 20 |
| NOVAR | PHL01 | 0078073461 | COLD CHAIN | ILARIS VIAL 150MG | SCEX9 | 8/31/2023 00:00:00 | 1 |
| NOVAR | PHL01 | 0078073461 | COLD CHAIN | ILARIS VIAL 150MG | SCRP6 | 8/31/2023 00:00:00 | 40 |
| NOVAR | PHL01 | 0078074396 | COLD CHAIN | ILEVRO SUSP 0.3% .8ML (SA) | 20I25DA | 8/31/2021 00:00:00 | 95 |
| NOVAR | PHL01 | 0078074396 | COLD CHAIN | ILEVRO SUSP 0.3% .8ML (SA) | 21C12DB | 2/28/2022 00:00:00 | 183 |
| NOVAR | PHL01 | 0078082799 | COLD CHAIN | BEOVU VIAL 6MG 0.05ML 1 (SA) | SANJ8 | 9/30/2022 00:00:00 | 56 |
| NOVAR | PHL01 | 0078082799 | COLD CHAIN | BEOVU VIAL 6MG 0.05ML 1 (SA) | SXR94 | 12/31/2021 00:00:00 | 28 |
| NOVAR | PHL01 | 0078090498 | SAMPLES | SIMBRINZA SUSP 1% 0.2% 2.5ML(SA) | 20J01DB | 9/30/2021 00:00:00 | 2 |
| NOVAR | PHL01 | 0078090498 | SAMPLES | SIMBRINZA SUSP 1% 0.2% 2.5ML(SA) | 21D28JA | 3/31/2022 00:00:00 | 596 |
| NOVAR | PHL01 | 0078090498 | SAMPLES | SIMBRINZA SUSP 1% 0.2% 2.5ML(SA) | 21F10HA | 5/31/2022 00:00:00 | 50 |
| NOVAR | PHL01 | 0078090498 | SAMPLES | SIMBRINZA SUSP 1% 0.2% 2.5ML(SA) | 21C19CA | 2/28/2022 00:00:00 | 29 |
| NOVAR | PHL01 | 0078091194 | SAMPLES | XIIDRA SOLUTION 5% 50MG/ML 4x5 (SA) | 21CF6 | 9/30/2022 00:00:00 | 159 |
| NOVAR | PHL01 | 0078091194 | SAMPLES | XIIDRA SOLUTION 5% 50MG/ML 4x5 (SA) | 20DJ3 | 3/31/2023 00:00:00 | 14 |
| NOVAR | PHL01 | 0078091194 | SAMPLES | XIIDRA SOLUTION 5% 50MG/ML 4x5 (SA) | 21FB8 | 12/31/2022 00:00:00 | 3 |
| NOVAR | PHL01 | 0078091194 | SAMPLES | XIIDRA SOLUTION 5% 50MG/ML 4x5 (SA) | 21E33 | 11/30/2022 00:00:00 | 938 |
| NOVAR | PHL01 | 0078094698 | SAMPLES | TRAVATAN Z SOLUTION .004% 2.5ML (SA) | 21B18KB | 7/31/2022 00:00:00 | 262 |
| NOVAR | PHL01 | 0078100798 | COLD CHAIN | KESIMPTA SENSOREADY PEN 20MG 0.4ML (SA) | SWW71 | 2/28/2022 00:00:00 | 6 |
| NOVAR | PHL01 | 0078100798 | COLD CHAIN | KESIMPTA SENSOREADY PEN 20MG 0.4ML (SA) | SYH74 | 2/28/2022 00:00:00 | 63 |
| NOVAR | PHL01 | 0078100798 | COLD CHAIN | KESIMPTA SENSOREADY PEN 20MG 0.4ML (SA) | SAHW7 | 6/30/2022 00:00:00 | 17 |
| NOVAR | PHL01 | 0078105699 | COLD CHAIN | COSENTYX SYRINGE 75MG/0.5ML (SA) | SCFT5 | 2/28/2023 00:00:00 | 6 |
| NOVAR | PHL01 | 0078105699 | COLD CHAIN | COSENTYX SYRINGE 75MG/0.5ML (SA) | SCJY3 | 2/28/2023 00:00:00 | 82 |
| NOVAR | PHL01 | 0078952690 | SAMPLES | Tasigna HGC 200MG 28 (Promo) | AANA196 | 10/31/2021 00:00:00 | 19 |
| NOVAR | PHL01 | 0078956789 | SAMPLES | AFINITOR 10MG T7 | AANA573 | 12/31/2023 00:00:00 | 48 |
| NOVAR | PHL01 | 0078959290 | SAMPLES | Tasigna HGC 150MG 28 (Promo) | AANA258A | 3/31/2022 00:00:00 | 6 |
| NOVAR | PHL01 | 0078960789 | SAMPLES | Gilenya HCG 0.5MG 7 (SA) | AANA610 | 3/31/2023 00:00:00 | 57 |
| NOVAR | PHL01 | 0078960789 | SAMPLES | Gilenya HCG 0.5MG 7 (SA) | AANA409 | 12/31/2021 00:00:00 | 43 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | LR1015 | 7/31/2023 00:00:00 | 289 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SAFJ6 | 8/31/2022 00:00:00 | 372 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SAHT3 | 8/31/2022 00:00:00 | 151 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SCFV9 | 2/28/2023 00:00:00 | 427 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SCFV9 | 2/28/2023 00:00:00 | 5 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | LM3287 | 4/30/2023 00:00:00 | 282 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | LN7290 | 5/30/2023 00:00:00 | 297 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | LL9889 | 4/30/2023 00:00:00 | 123 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SUF98 | 8/31/2021 00:00:00 | 3 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SVJ82 | 12/31/2021 00:00:00 | 4 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SYJ40 | 5/31/2022 00:00:00 | 1 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SUW96 | 8/31/2021 00:00:00 | 65 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SWN67 | 1/31/2022 00:00:00 | 6 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SWN67 | 1/31/2022 00:00:00 | 31 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | LP3793 | 6/30/2023 00:00:00 | 127 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SVJ82 | 12/31/2021 00:00:00 | 61 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SXY71 | 5/31/2022 00:00:00 | 2 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | LR1005 | 7/31/2023 00:00:00 | 81 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SYD47 | 5/31/2022 00:00:00 | 17 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SUM70 | 8/31/2021 00:00:00 | 54 |
| NOVAR | PHL01 | 0078963941 | COLD CHAIN | 2 Cosentyx Syringe 150MG/1ML | SXY49 | 5/31/2022 00:00:00 | 10 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | SAWT1 | 12/31/2022 00:00:00 | 109 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | SCFW1 | 2/28/2023 00:00:00 | 34 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | LM7084 | 5/31/2023 00:00:00 | 35 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | SAED4 | 6/30/2022 00:00:00 | 15 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | SXV39 | 3/31/2022 00:00:00 | 1 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | LJ3272 | 1/31/2023 00:00:00 | 80 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | SANX4 | 8/31/2022 00:00:00 | 63 |
| NOVAR | PHL01 | 0078963968 | COLD CHAIN | 1 Cosentyx Syringe 150MG/1ML | SUC71 | 8/31/2021 00:00:00 | 1 |
| NOVAR | PHL01 | 0078965950 | SAMPLES | Entresto FCT 24/26mg 28 (SA) E62 | FX000788 | 5/31/2022 00:00:00 | 220 |
| NOVAR | PHL01 | 0078965950 | SAMPLES | Entresto FCT 24/26mg 28 (SA) E62 | ALEA047 | 8/31/2022 00:00:00 | 138 |
| NOVAR | PHL01 | 0078965950 | SAMPLES | Entresto FCT 24/26mg 28 (SA) E62 | ALEA184 | 8/31/2023 00:00:00 | 2208 |

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| NOVAR | PHL01 | 0078965950 | SAMPLES | Entresto FCT 24/26mg 28 (SA) E62 | ALEA139 | 5/31/2023 00:00:00 | 303 |
| NOVAR | PHL01 | 0078965950 | SAMPLES | Entresto FCT 24/26mg 28 (SA) E62 | ALEA147 | 3/31/2023 00:00:00 | 6 |
| NOVAR | PHL01 | 0078966855 | COLD CHAIN | MEKINIST TABS 2MD 1X14 SPL BOTTLE | LH2261 | 12/31/2022 00:00:00 | 33 |
| NOVAR | PHL01 | 0078966855 | COLD CHAIN | MEKINIST TABS 2MD 1X14 SPL BOTTLE | LC0531 | 5/31/2022 00:00:00 | 2 |
| NOVAR | PHL01 | 0078966855 | COLD CHAIN | MEKINIST TABS 2MD 1X14 SPL BOTTLE | KS6082 | 3/31/2022 00:00:00 | 6 |
| NOVAR | PHL01 | 0078968156 | SAMPLES | TAFINLAR CPSL 75MG 1X56 SPL BOTTLE | 6V4V | 3/31/2022 00:00:00 | 6 |
| NOVAR | PHL01 | 0078968156 | SAMPLES | TAFINLAR CPSL 75MG 1X56 SPL BOTTLE | KT0204 | 3/31/2023 00:00:00 | 47 |
| NOVAR | PHL01 | 0078968655 | SAMPLES | PROMACTA TAB 50 Mg 14S SPL BOTTLE | EM2G | 10/31/2022 00:00:00 | 4 |
| NOVAR | PHL01 | 0078968655 | SAMPLES | PROMACTA TAB 50 Mg 14S SPL BOTTLE | KU5576 | 5/31/2024 00:00:00 | 8 |
| NOVAR | PHL01 | 0078968655 | SAMPLES | PROMACTA TAB 50 Mg 14S SPL BOTTLE | KF1788 | 6/30/2022 00:00:00 | 1 |
| NOVAR | PHL01 | 0078968655 | SAMPLES | PROMACTA TAB 50 Mg 14S SPL BOTTLE | EM2J | 10/31/2022 00:00:00 | 4 |
| NOVAR | PHL01 | 0078977750 | SAMPLES | Entresto FCT 49/51mg 28 (SA) E63 | ALEA088 | 10/31/2022 00:00:00 | 44 |
| NOVAR | PHL01 | 0078977750 | SAMPLES | Entresto FCT 49/51mg 28 (SA) E63 | ALEA159 | 5/31/2023 00:00:00 | 106 |
| NOVAR | PHL01 | 0078977750 | SAMPLES | Entresto FCT 49/51mg 28 (SA) E63 | ALEA049 | 7/31/2022 00:00:00 | 2 |
| NOVAR | PHL01 | 0078977750 | SAMPLES | Entresto FCT 49/51mg 28 (SA) E63 | ALEA136 | 10/31/2022 00:00:00 | 13 |
| NOVAR | PHL01 | 0078977750 | SAMPLES | Entresto FCT 49/51mg 28 (SA) E63 | ALEA183 | 8/31/2023 00:00:00 | 1875 |
| NOVAR | PHL01 | 0078977750 | SAMPLES | Entresto FCT 49/51mg 28 (SA) E63 | FX000629 | 12/31/2021 00:00:00 | 1 |
| NOVAR | PHL01 | 0078987463 | SAMPLES | KISQALI FCT 200MG 3X21(SA)600mg DD | FX000864 | 6/30/2022 00:00:00 | 3 |
| NOVAR | PHL01 | 0078987463 | SAMPLES | KISQALI FCT 200MG 3X21(SA)600mg DD | FX001062 | 2/28/2023 00:00:00 | 33 |
| NOVAR | PHL01 | 0078992361 | SAMPLES | KISQALI200MG+FEMARA2.5MG FCT600MG DD(SA) | FX001157 | 2/28/2023 00:00:00 | 17 |
| NOVAR | PHL01 | 0245002233 | SAMPLES | AMLACTIN ULTRA CREAM 3G | 2713101A | 6/13/2020 00:00:00 | 2 |
| NOVAR | PHL01 | 0781409431 | SAMPLES | AMLACTIN WAITING ROOM KIT | 287F7 | 6/30/2020 00:00:00 | 40698 |
| NOVAR | PHL01 | 0781709825 | SAMPLES | AMLACTIN 3G DAILY 25 | 094A0A | 1/31/2022 00:00:00 | 92 |
| NOVAR | PHL01 | 0781715425 | SAMPLES | AmLactin Ultra Cream 3G PKT/CTN 25 | 3079602 | 1/31/2021 00:00:00 | 12 |
| NOVAR | PHL01 | 1033735966 | SAMPLES | Oxistat Lotion 7ml | KH2933 | 10/31/2021 00:00:00 | 465 |
| NOVAR | PHL01 | 1033735966 | SAMPLES | Oxistat Lotion 7ml | KS8108 | 1/31/2022 00:00:00 | 3000 |
| NOVAR | PHL01 | 1033745066 | COLD CHAIN | Veregen Ointment 15% 2G | HL6619 | 11/30/2020 00:00:00 | 10684 |
| NOVAR | PHL01 | 1033790599 | SAMPLES | Kerydin Topical Solution 5% 4mL | RHDE | 7/31/2023 00:00:00 | 1336 |
| NOVAR | PHL01 | 110353 | SUPPLIES | KTM Insulated Shipper - Large | 110353 | 12/31/1949 00:00:00 | 1176 |
| NOVAR | PHL01 | 110369 | SUPPLIES | KTM Insulated Shipper - Small | 110369 | 12/31/1949 00:00:00 | 73152 |
| NOVAR | PHL01 | 27056 | SUPPLIES | Veregen Shipper | 27056 | 8/8/2017 00:00:00 | 960 |
| NOVAR | PHL01 | 32303 | SUPPLIES | Durezol Shipper | | | 2632 |
| NOVAR | PHL01 | 5409260604 | SAMPLES | XIIDRA 0.2ML x20 UNITS XIS | 20CD1 | 3/31/2023 00:00:00 | 40 |
| NOVAR | PHL01 | 5409260604 | SAMPLES | XIIDRA 0.2ML x20 UNITS XIS | 18T35 | 12/31/2021 00:00:00 | 2 |
| NOVAR | PHL01 | CBG1181 | SUPPLIES | TS48 Gel Pack | CBG1181 | 12/31/2049 00:00:00 | 79600 |
| NOVAR | PHL01 | CG1181 | SUPPLIES | TS24 Gel Pack | | | 2080 |
| NOVAR | PHL01 | KTM24OZLS GEL | SUPPLIES | KTM 24OZ Gel Pack | KTM24OZLS | 12/31/1949 00:00:00 | 11520 |
| NOVAR | PHL01 | RCOR00119 | SUPPLIES | TS24 Shipper and Payload Box | | | 480 |
| NOVAR | PHL01 | RCOR00119 | SUPPLIES | TS24 Shipper and Payload Box | RCOR00119 | 12/31/1949 00:00:00 | 720 |
| NOVAR | PHL01 | RCOR00699 | SUPPLIES | TS48 Shipper and Payload Box | RCOR00699 | 12/31/2049 00:00:00 | 4423 |
| NOVAR | PHL01 | RCOR00976 | SUPPLIES | TS48 Shipper and Payload Box | RCOR00976 | 12/31/1949 00:00:00 | 6217 |
| ORGN | PHL01 | 1025 | COLD CHAIN | FOLLISTIM AQ® 300IU | Y004458 | 6/15/2026 00:00:00 | 3582 |
| ORGN | PHL01 | 1025 | COLD CHAIN | FOLLISTIM AQ® 300IU | Y005909 | 8/2/2026 00:00:00 | 5000 |
| ORGN | PHL01 | 1025 | COLD CHAIN | FOLLISTIM AQ® 300IU | Y002471 | 9/25/2025 00:00:00 | 15 |
| ORGN | PHL01 | 1028 | COLD CHAIN | FOLLISTIM AQ® 600IU | Y000226 | 5/22/2025 00:00:00 | 1712 |
| ORGN | PHL01 | 1031 | SAMPLES | FOLLISTIM AQ® PEN STARTER KIT | Y005089 | 2/28/2026 00:00:00 | 8863 |
| ORGN | PHL01 | 1037 | COLD CHAIN | HADLIMA™ 40MG/0.4ML 2X1 AUTOINJ | F2305303 | 3/19/2025 00:00:00 | 1090 |
| ORGN | PHL01 | 15059417 | SUPPLIES | SONOCO 30L TPS 37.86OZ FOAM BRICK REF | 15059417 | 8/23/2021 00:00:00 | 7651 |
| ORGN | PHL01 | 15061857 | SUPPLIES | THERMOSAFE 10L EPS LID | 15061857 | 7/12/2021 00:00:00 | 2794 |
| ORGN | PHL01 | 15061858 | SUPPLIES | THERMOSAFE 10L EPS BASE | 15061858 | 7/12/2021 00:00:00 | 2793 |
| ORGN | PHL01 | 15061991 | SUPPLIES | SONOCO 30L 40.3OZ FOAM BRICK REF | 15061991 | 8/23/2021 00:00:00 | 3843 |
| ORGN | PHL01 | 15076712 | SUPPLIES | THERMOSAFE 30L EPS BASE | 15076712 | 7/12/2021 00:00:00 | 1542 |
| ORGN | PHL01 | 15076713 | SUPPLIES | THERMOSAFE 30L EPS LID | 15076713 | 7/12/2021 00:00:00 | 1527 |
| ORGN | PHL01 | 15094134 | SUPPLIES | SONOCO 10L TPS 18.11 OZ FOAM BRICK REF | 15094134 | 7/7/2021 00:00:00 | 12481 |
| ORGN | PHL01 | 15094162 | SUPPLIES | SONOCO 10L TPS 19.95OZ FOAM BRICK REF | 15094162 | 7/7/2021 00:00:00 | 12758 |
| ORGN | PHL01 | 15094173 | SUPPLIES | SONOCO 10L TPS 20.99 OZ FOAM BRICK FRZ | 15094173 | 7/7/2021 00:00:00 | 3492 |
| ORGN | PHL01 | 15121236 | SUPPLIES | SONOCO 30L TPS 56OZ FOAM BRICK FRZ | 15121236 | 8/23/2021 00:00:00 | 1481 |
| ORGN | PHL01 | 40028157 | VOUCHER | Xaciato® Voucher | 40028157 | 12/31/2024 00:00:00 | 133 |
| ORGN | PHL01 | 51727 | SUPPLIES | 10L ALLIANCE SHIPPER CORE BOX | 57184 | 12/31/2049 00:00:00 | 170 |
| ORGN | PHL01 | 51727 | SUPPLIES | 10L ALLIANCE SHIPPER CORE BOX | 51727 | 12/31/2049 00:00:00 | 3041 |
| ORGN | PHL01 | 51750 | SUPPLIES | 30L ALLIANCE SHIPPER CORE BOX | 51750 | 12/31/2049 00:00:00 | 905 |
| OTL | SWD01 | 81052-138-10 | CTRADE | CYTALUX™ (Pafolacianine) Injection 10x3.2mg vials | 87532A | 1/31/2026 00:00:00 | 93 |
| OTL | SWD01 | 81052-138-10 | CTRADE | CYTALUX™ (Pafolacianine) Injection 10x3.2mg vials | 87532B | 1/31/2026 00:00:00 | 36 |
| OTL | SWD01 | TUA00-137-220 | TEMP-MON | Temp Tale Ultra OTL | | | 35 |
| PLCVG | PHL01 | 70013055 | COLD CHAIN | Polyethylene Oxide WSR-303 NF TG LEO | INR588269 | 12/18/2024 00:00:00 | 135 |
| PLCVG | PHL01 | 70013055 | COLD CHAIN | Polyethylene Oxide WSR-303 NF TG LEO | INR588268 | 12/18/2024 00:00:00 | 9 |
| PLCVG | PHL01 | 70013055 | COLD CHAIN | Polyethylene Oxide WSR-303 NF TG LEO | INR594501 | 4/30/2025 00:00:00 | 224 |
| RADIS | PHL01 | 620E | SUPPLIES | RADIUS 620E GEL PACK | 620E | 12/31/2020 00:00:00 | 570 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RS07102 | 9/30/2022 00:00:00 | 1019 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RQ041A01 | 9/30/2020 00:00:00 | 1 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RR031A02 | 11/30/2021 00:00:00 | 95 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RS041A01 | 5/31/2022 00:00:00 | 114 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RS031A02 | 4/30/2022 00:00:00 | 36 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RS061A02 | 6/31/2022 00:00:00 | 142 |
| RADIS | PHL01 | 70539-001-98 | COLD CHAIN | TYMLOS (abaloparatide) Injection | RS051A01 | 7/31/2022 00:00:00 | 187 |
| RADIS | PHL01 | GTS-6L2D-CISU | SUPPLIES | KOOLTEMP 6L LARGE COOLER | GTS-6L2D-CISU | 12/31/2020 00:00:00 | 10 |
| RADIS | PHL01 | KT-888-CISU | SUPPLIES | KOOLTEMP 3L SMALL COOLER | KT-888-CISU | 12/31/2049 00:00:00 | 396 |
| RADIS | PHL01 | PD51249 | ANCILLARY | Clickfine pen needles 5mm 33 count | 181172-01 | 6/7/2019 00:00:00 | 3 |
| RADIS | PHL01 | PD51249 | ANCILLARY | Clickfine pen needles 5mm 33 count | 181252-10 | 9/30/2023 00:00:00 | 84 |
| RADIS | PHL01 | PD51249 | ANCILLARY | Clickfine pen needles 5mm 33 count | 181252-11 | 9/30/2023 00:00:00 | 276 |

Distribution Solutions International, inc.
Pharmaceutical Product List

| owner_id | warehouse_id | item_id | item_class | description | compute_0006 | expiration_date | tot_sum |
|---|---|---|---|---|---|---|---|
| RADIS | PHL01 | PD51249 | ANCILLARY | Clickfine pen needles 5mm 33 count | 191108-01 | 2/29/2024 00:00:00 | 231 |
| RADIS | PHL01 | TYM-US-01104 | SALES-SUP | HCP Clickfine Needle Letter | TYM-US-01104 | 12/31/2020 00:00:00 | 1 |
| RADIS | PHL01 | TYM-US-01527 | SALES-SUP | HCP Clickfine Needle Letter | TYM-US-01527 | 12/31/2020 00:00:00 | 1449 |
| RADIS | PHL01 | VT-LETTER | SALES-SUP | Vermont Letter | VT LETTER | 12/31/2021 00:00:00 | 5 |
| REGEN | PHL01 | 0024-5911-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2 100mg/0.67mL PFS w/Ndle Shld | 0LX19Y | 6/30/2023 00:00:00 | 1413 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 1L065A | 1/31/2024 00:00:00 | 19 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 8LU84C | 1/31/2020 00:00:00 | 13 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 9L816F | 10/31/2022 00:00:00 | 3 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | DW2480 | 3/31/2026 00:00:00 | 122 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | EW0443 | 8/31/2026 00:00:00 | 12819 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 2L091Z | 1/31/2025 00:00:00 | 76 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 0L003A | 1/31/2023 00:00:00 | 10 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 2L734Z | 10/31/2025 00:00:00 | 40 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 9L353A | 12/31/2021 00:00:00 | 2 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 2L568Z | 8/31/2025 00:00:00 | 63 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 9L317A | 10/31/2021 00:00:00 | 1 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | DW2143 | 12/31/2025 00:00:00 | 424 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | DW3841 | 6/30/2026 00:00:00 | 6837 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 1L065C | 1/31/2024 00:00:00 | 61 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 1L347A | 5/31/2024 00:00:00 | 6 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 8L245C | 3/31/2020 00:00:00 | 1 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 8L926C | 10/31/2020 00:00:00 | 2 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 8LU84A | 1/31/2020 00:00:00 | 2 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | DW1088 | 9/30/2025 00:00:00 | 110 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 1L628Y | 10/31/2024 00:00:00 | 30 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 1L649Z | 11/30/2024 00:00:00 | 68 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | DW3320 | 4/30/2026 00:00:00 | 5903 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 0LU14A | 1/31/2023 00:00:00 | 10 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 2L369Z | 5/31/2025 00:00:00 | 93 |
| REGEN | PHL01 | 0024-5914-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL PFS w/Ndle Shld | 8L803C | 10/31/2020 00:00:00 | 1 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F334A | 11/30/2025 00:00:00 | 8947 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 9F009A | 2/28/2022 00:00:00 | 5 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 0F012A | 7/31/2022 00:00:00 | 3 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 0F014A | 9/30/2022 00:00:00 | 10 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 1F062A | 7/31/2023 00:00:00 | 40 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 2F125A | 3/31/2024 00:00:00 | 12 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 2F194A | 10/31/2023 00:00:00 | 288 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 4F411A | 3/31/2026 00:00:00 | 4800 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F272A | 8/31/2025 00:00:00 | 186 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F363A | 1/31/2026 00:00:00 | 7113 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 4F392A | 2/28/2026 00:00:00 | 21438 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 0F020A | 10/31/2022 00:00:00 | 9 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 1F092A | 10/31/2023 00:00:00 | 20 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 1F109A | 1/31/2024 00:00:00 | 70 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 2F133A | 7/31/2024 00:00:00 | 14 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F257A | 6/30/2025 00:00:00 | 246 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 0F017A | 8/31/2022 00:00:00 | 4 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 1F101A | 11/30/2023 00:00:00 | 7 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 2F183A | 12/31/2024 00:00:00 | 386 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 0F024A | 11/30/2022 00:00:00 | 20 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 1F079A | 9/30/2023 00:00:00 | 1 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 2F165A | 10/31/2024 00:00:00 | 56 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 9F009A | 2/28/2022 00:00:00 | 1 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F296A | 12/31/2025 00:00:00 | 582 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 2F149A | 7/31/2024 00:00:00 | 244 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F230A | 4/30/2025 00:00:00 | 277 |
| REGEN | PHL01 | 0024-5915-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x300mg/2mL Prefilled Pens | 3F314A | 10/31/2025 00:00:00 | 296 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 0L682H | 10/31/2023 00:00:00 | 16 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 8L04HC | 10/31/2020 00:00:00 | 4 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 0L014L | 12/31/2021 00:00:00 | 20 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 3L009Y | 12/31/2025 00:00:00 | 40 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 3L265Z | 4/30/2026 00:00:00 | 1445 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 0L132U | 2/28/2022 00:00:00 | 1681 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 1L166F | 4/30/2024 00:00:00 | 27 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 2L517Z | 6/30/2025 00:00:00 | 11 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 2L518Y | 6/30/2025 00:00:00 | 184 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 1L383A | 6/30/2024 00:00:00 | 42 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 1L410X | 8/31/2024 00:00:00 | 16 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 3L333Y | 6/30/2026 00:00:00 | 6734 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 8L477K | 5/31/2020 00:00:00 | 5 |
| REGEN | PHL01 | 0024-5918-02 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL PFS wNdle Shld | 9L748W | 9/30/2021 00:00:00 | 3 |
| REGEN | PHL01 | 0024-5919-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL Prefilled Pens | 1F068A | 6/30/2023 00:00:00 | 9 |
| REGEN | PHL01 | 0024-5919-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL Prefilled Pens | 3F239A | 10/31/2025 00:00:00 | 1076 |
| REGEN | PHL01 | 0024-5919-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL Prefilled Pens | 1F102A | 6/30/2024 00:00:00 | 74 |
| REGEN | PHL01 | 0024-5919-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL Prefilled Pens | 2F153A | 12/31/2024 00:00:00 | 761 |
| REGEN | PHL01 | 0024-5919-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL Prefilled Pens | 3F362A | 4/30/2026 00:00:00 | 4228 |
| REGEN | PHL01 | 0024-5919-20 | COLD CHAIN D | DUPIXENT®(dupilumab)2x200mg/1.14mL Prefilled Pens | 1F093A | 4/30/2024 00:00:00 | 27 |
| REGEN | PHL01 | 0024-5922-02 | COLD CHAIN | KEVZARA® (sarilumab) (2) 200mg/1.14mL 1-dose PEN | 8F029A | 5/31/2020 00:00:00 | 1 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 26640 | 8/9/2025 00:00:00 | 60 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 21674 | 1/25/2023 00:00:00 | 5 |

Distribution Solutions International, Inc.
Pharmaceutical Product List

| owner_id | warehouse_id | item_id | item_class | description | compute_0006 | expiration_date | tot_sum |
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| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 26709 | 9/22/2025 00:00:00 | 9909 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 23532 | 10/27/2023 00:00:00 | 63 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 26357 | 5/9/2025 00:00:00 | 6 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 26641 | 9/22/2025 00:00:00 | 2800 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 25230 | 1/11/2025 00:00:00 | 29 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 25453 | 1/11/2025 00:00:00 | 25 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 21776 | 1/25/2023 00:00:00 | 7 |
| REGEN | PHL01 | 10666 | TEMP-MON | Transtracker Temperature Monitor | 26069 | 10/3/2025 00:00:00 | 593 |
| REGEN | PHL01 | 15045339 | SUPPLIES | Nomadic Shipper (small payload box) | 15045339 | 12/31/1949 00:00:00 | 203 |
| REGEN | PHL01 | 15046242 | SUPPLIES | 24oz Frozen Polar Pack Gel packs | 15046242 | 12/31/1949 00:00:00 | 840 |
| REGEN | PHL01 | 15046271 | SUPPLIES | 56oz Refrigerated Polar Pack Gel packs | 15046271 | 12/31/1949 00:00:00 | 936 |
| REGEN | PHL01 | 15046675 | SUPPLIES | Nomadic Shipper (large payload box) | 15046675 | 12/31/1949 00:00:00 | 116 |
| REGEN | PHL01 | 15059258 | SUPPLIES | Nomadic Shipper (purchased in 3 pieces) | 15059258 | 12/31/1949 00:00:00 | 81 |
| REGEN | PHL01 | 15260158 | SUPPLIES | ThermoSafe Shipper (EPS Shipper) | 15260158 | 12/31/2049 00:00:00 | 10125 |
| REGEN | PHL01 | 16L3-B4-DI-00-110-A3 | SUPPLIES | 16L3 Shipper | | | 456 |
| REGEN | PHL01 | 16L3-B4-DI-00-110-A3 | SUPPLIES | 16L3 Shipper | 16L3-B4-D1-00-110-A3 | 2/22/2023 00:00:00 | 24 |
| REGEN | PHL01 | 16L3-B4-DI-00-110-A3 | SUPPLIES | 16L3 Shipper | 16L3-B4-DI-00-110-A3 | 6/30/2023 00:00:00 | 14808 |
| REGEN | PHL01 | 23L-B4C-DI-00-110-A3 | SUPPLIES | 23L Shipper | 23L-B4C-DI-00-110-A3 | 6/30/2023 00:00:00 | 198 |
| REGEN | PHL01 | 23L-B4C-DI-00-110-A3 | SUPPLIES | 23L Shipper | 23LB4C-DI-00-110-A3 | 2/22/2023 00:00:00 | 1620 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700003 | 12/31/2022 00:00:00 | 37 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700009 | 11/30/2023 00:00:00 | 40 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700007 | 7/13/2023 00:00:00 | 8 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700011 | 3/31/2024 00:00:00 | 1368 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700015 | 3/31/2025 00:00:00 | 14638 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700016 | 9/30/2025 00:00:00 | 30576 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700004 | 2/28/2023 00:00:00 | 10 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700010 | 12/31/2023 00:00:00 | 302 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700012 | 4/30/2024 00:00:00 | 516 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700013 | 9/30/2024 00:00:00 | 19543 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700001 | 1/31/2022 00:00:00 | 10 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700014 | 1/31/2025 00:00:00 | 167 |
| REGEN | PHL01 | 61755-005-54 | COLD CHAIN M | EYLEA®(aflibercept)2mg(0.05mL/40mg/mL)IVI SD PFS | 8268700002 | 7/31/2022 00:00:00 | 33 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300022 | 10/31/2021 00:00:00 | 1 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300022 | 10/31/2021 00:00:00 | 2 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300026 | 12/31/2022 00:00:00 | 12341 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300021 | 10/31/2021 00:00:00 | 1 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300024 | 7/31/2021 00:00:00 | 24 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300025 | 9/30/2022 00:00:00 | 4492 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300027 | 2/29/2024 00:00:00 | 10 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300020 | 10/31/2021 00:00:00 | 2 |
| REGEN | PHL01 | 61755-005-55 | COLD CHAIN M | EYLEA®(aflibercept) Inj 2mg/0.05mL sol for IVI SDV | 8148300028 | 4/30/2024 00:00:00 | 4114 |
| REGEN | PHL01 | 61755-008-02 | COLD CHAIN | LIBTAYO®(cemiplimab-rwlc)inj 350mg/7mL IVI DIL SDV | 8454000001 | 3/31/2025 00:00:00 | 5020 |
| REGEN | PHL01 | 61755-050-51 | COLD CHAIN M | EYLEA®HD(aflibercept)8mg(0.07mL/114.3mg/mL)IVI SDV | 8463900003 | 10/31/2025 00:00:00 | 36559 |
| REGEN | PHL01 | 61755-050-51 | COLD CHAIN M | EYLEA®HD(aflibercept)8mg(0.07mL/114.3mg/mL)IVI SDV | 8463900001 | 4/30/2025 00:00:00 | 1485 |
| REGEN | PHL01 | 61755-050-51 | COLD CHAIN M | EYLEA®HD(aflibercept)8mg(0.07mL/114.3mg/mL)IVI SDV | 8463900002 | 3/31/2025 00:00:00 | 225 |
| REGEN | PHL01 | 61755-050-51 | COLD CHAIN M | EYLEA®HD(aflibercept)8mg(0.07mL/114.3mg/mL)IVI SDV | 8463900004 | 10/31/2025 00:00:00 | 39930 |
| REGEN | PHL01 | C291KIT | SUPPLIES | C291Kit | C291KIT | 9/6/2023 00:00:00 | 16 |
| REGEN | PHL01 | E-0635 | SUPPLIES | 23L Payload Box | E-0635 | 2/22/2023 00:00:00 | 2774 |
| REGEN | PHL01 | E-1066 | SUPPLIES | 16L3 Payload Box | E-1066 | 2/22/2023 00:00:00 | 10135 |
| REGEN | PHL01 | NI24 | SUPPLIES | Temperatsure, Nordic 24oz, Gel packs | NI24 | 12/31/1949 00:00:00 | 135562 |
| REGEN | PHL01 | PCM-0032-100-A3 | SUPPLIES | RF PCM Plate (Blue) | PCM-0032-100-A3 | 2/23/2023 00:00:00 | 55576 |
| REGEN | PHL01 | SLV56W01 | SUPPLIES | Water Sleeve | SLV56W01 | 8/4/2023 00:00:00 | 64 |
| REGEN | PHL01 | SLV72A01 | SUPPLIES | PureTemp 4 Sleeve | SLV72A01 | 8/4/2023 00:00:00 | 64 |
| REGEN | PHL01 | TPB3020A | SUPPLIES | PureTemp 4 Bricks | TPB3020A | 3/26/2024 00:00:00 | 24 |
| REGEN | PHL01 | VT-LETTER-DUPI | SALES-SUP | Vermont Letter DUPIXENT | VTLTR-D | 12/31/2023 00:00:00 | 29 |
| REGEN | PHL01 | VT-LETTER-EYLE | SALES-SUP | Vermont Letter EYLEA | VTLTR-E | 12/31/2023 00:00:00 | 77 |
| REGEN | PHL01 | VT-LETTER-LIBT | SALES-SUP | Vermont Letter Libtayo | VT-LETTER-LIBT | 12/31/2049 00:00:00 | 50 |
| RSD | PHL01 | MX0HC10FS1 | ANCILLARY | EMD Millipore Millistak+ Pod X0HC 1.1 m2 Flat | CP3JB61663 | 2/23/2024 00:00:00 | 5 |
| TAKDA | PHL01 | 6476472007 | SAMPLES | TRINTELLIX 5MG 7CT BOTTLE | 12309249 | 8/31/2025 00:00:00 | 168 |
| TAKDA | PHL01 | 6476472007 | SAMPLES | TRINTELLIX 5MG 7CT BOTTLE | 12706721 | 7/31/2027 00:00:00 | 34128 |
| TAKDA | PHL01 | 6476472007 | SAMPLES | TRINTELLIX 5MG 7CT BOTTLE | 12380297 | 4/30/2026 00:00:00 | 623 |
| TAKDA | PHL01 | 6476472007 | SAMPLES | TRINTELLIX 5MG 7CT BOTTLE | 12430273 | 8/31/2026 00:00:00 | 10368 |
| TAKDA | PHL01 | 6476472007 | SAMPLES | TRINTELLIX 5MG 7CT BOTTLE | 12308934 | 6/30/2025 00:00:00 | 48 |
| TAKDA | PHL01 | 6476472007 | SAMPLES | TRINTELLIX 5MG 7CT BOTTLE | 12312583 | 7/31/2025 00:00:00 | 672 |
| TAKDA | PHL01 | 6476473007 | SAMPLES | TRINTELLIX 10MG 7CT BOTTLE | 12306281 | 7/31/2025 00:00:00 | 768 |
| TAKDA | PHL01 | 6476473007 | SAMPLES | TRINTELLIX 10MG 7CT BOTTLE | 12308594 | 8/31/2025 00:00:00 | 72 |
| TAKDA | PHL01 | 6476473007 | SAMPLES | TRINTELLIX 10MG 7CT BOTTLE | 12704248 | 7/31/2027 00:00:00 | 13728 |
| TAKDA | PHL01 | 6476473007 | SAMPLES | TRINTELLIX 10MG 7CT BOTTLE | 12388648 | 6/30/2026 00:00:00 | 13680 |
| TAKDA | PHL01 | 6476473007 | SAMPLES | TRINTELLIX 10MG 7CT BOTTLE | 12298141 | 7/31/2025 00:00:00 | 96 |
| TAKDA | PHL01 | 6476473007 | SAMPLES | TRINTELLIX 10MG 7CT BOTTLE | 12388639 | 6/30/2026 00:00:00 | 1152 |
| TAKDA | SWD01 | 6476410500 | SAMPLES | EOHILIA 2 mg/10 mL single-dose stick 10 pack 5 day | 864001 | 2/28/2027 00:00:00 | 245 |
| VTV | PHL01 | HPP693 | SAMPLES | HPP693 | 296-091009 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | HPP693 | SAMPLES | HPP693 | 231-090730 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | HPP737 | SAMPLES | HPP737 | 06-120130-03A | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | HPP851 | SAMPLES | HPP851 | 81018561 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | HPP851 | SAMPLES | HPP851 | 03-081223018 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | HPP971 | SAMPLES | HPP971 | 05-120906-03A | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | HPP971 | SAMPLES | HPP971 | 1112278081 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | NNC 61-5920 | SAMPLES | NNC 61-5920 | PU 3203.2.1 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | NNC 61-5920 | SAMPLES | NNC 61-5920 | PU 3203.3.1 | 7/10/2018 00:00:00 | 1 |

Distribution Solutions International, Inc.
Pharmaceutical Product List

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| VTV | PHL01 | NNC 80-0091 | SAMPLES | NNC 80-0091 | PU 3104.2.1 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | NNC 80-0091 | SAMPLES | NNC 80-0091 | PU 3106.2.1 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP054 | SAMPLES | TTP054 | 40-120612-03F | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP054 | SAMPLES | TTP054 | 33-120404-04C | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP054 | SAMPLES | TTP054 | NGMP299-45-01 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP273 | SAMPLES | TTP273 | 129-120201 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP273 | SAMPLES | TTP273 | 283-120228 | 7/10/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 09B0002 | 6/28/2018 00:00:00 | 2 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 475-130628 | 6/28/2018 00:00:00 | 4 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 462-130626 | 7/10/2018 00:00:00 | 3 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 465-130626 | 6/28/2018 00:00:00 | 6 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 472-130628 | 6/28/2018 00:00:00 | 2 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 473-130628 | 6/28/2018 00:00:00 | 6 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 497-130702 | 7/10/2018 00:00:00 | 2 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 458-130626 | 7/10/2018 00:00:00 | 1 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 467-130626 | 6/28/2018 00:00:00 | 5 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 477-130628 | 6/28/2018 00:00:00 | 2 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 15-111026-01 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 474-130628 | 6/28/2018 00:00:00 | 6 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 464-130626 | 7/10/2018 00:00:00 | 2 |
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| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 856-131114 | 7/10/2018 00:00:00 | 6 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 1080001 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP399 | SAMPLES | TTP399 | 479-130628 | 6/28/2018 00:00:00 | 1 |
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| VTV | PHL01 | TTP488 | SAMPLES | TTP488 | 09-130626-01 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP547 | SAMPLES | TTP547 | 58673 | 6/28/2018 00:00:00 | 1 |
| VTV | PHL01 | TTP814 | SAMPLES | TTP814 | 08-070405-06 | 6/28/2018 00:00:00 | 1 |

# 4MM

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (05/12/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Aspen API Inc

Physical Address: 2136 S Wolf Rd

City: Des Plaines State: IL Zip: 60018

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Jon Fry

Licensing Company Email: _____ DR Email: jfry2@us.aspenpharma.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ■ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ■ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Manufacturers | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Aspen Oss B.V.
Address: Kloosterstraat 6 City: Oss, The Netherlands State: _____ Zip: 5349AB

Name: Fine Chemicals Corporation (Pty) Ltd
Address: 15 Hawkins Avenue, Epping 1 City: Cape Town, South Africa State: _____ Zip: 7475

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): Aspen Oss B.V. (The Netherlands)
Corporation/Organization Name: Aspen API Inc.
Mailing Address: 2136 S. Wolf Rd
City: Des Plaines State: IL Zip: 60018
Telephone: (224)563-3377 Email: jfry2@us.aspenpharma.com
Contact Person Name: Jon Fry

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✔ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** ? | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ NA | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). NA | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

Single manufacturer

**From:** Jon Fry <jfry2@us.aspenpharma.com>
**Sent:** Friday, January 24, 2025 2:27 PM
**To:** Maria Herrera <m.herrera@pharmacy.nv.gov>
**Subject:** RE: FDA FEI Number History Documentation as Discussed

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Yes, as we discussed, we distribute only our parent company's drugs (API's only), and those of Fine Chemicals Corp which is 100% owned by the same parent company (Aspen Oss B.V.). Now that you confirmed this letter is acceptable, we will Fedex our application to you today, including the $25K surety bond (notarized). Please let me know if you need anything else.

Thanks,
Jon

Jon Fry
Controller
Aspen API Inc
2136 S. Wolf Rd. - 2nd FL., Des Plaines, IL, 60018, United States
Direct Tel: [redacted]
www.aspenpharma.com
www.aspenapi.com

aspen Healthcare. We Care.

*This email is solely for the named addressee. Any unauthorized use or interception of this email, or the review, retransmission, dissemination or other use of, or taking of any action in reliance upon the contents of this email, by persons or entities other than the intended recipient, is prohibited. If you are not the named addressee please notify us immediately by way of a reply email, and also delete this email and any attached files.Disclaimer: You must scan this email and any attached files for viruses and/or any other defects. Aspen accepts no liability for any loss, damages or consequence, whether direct, indirect, consequential or economic, however caused, and whether by negligence or otherwise, which may result directly or indirectly from this communication or of any attached files.*

**From:** Maria Herrera <m.herrera@pharmacy.nv.gov>
**Sent:** Friday, January 24, 2025 4:21 PM
**To:** Jon Fry <jfry2@us.aspenpharma.com>
**Subject:** RE: FDA FEI Number History Documentation as Discussed

That will work Jon, would you fall under the statement below?

*The wholesaler is a facility that distributes prescription drugs manufactured by a single manufacturer.*

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Aspen API Inc

Facility Name

Jon Fry

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/20/2024

Date

| Board Use Only | Date Received: 1/28/25 | Amount: $1000 ck 8141115 |
|---|---|---|

aspen oss b.v.

kloosterstraat 6 5349 ab oss netherlands c.reg brabant 57822883
po box 98 5340 ab oss netherlands www.aspenpharma.com
tel number +31 (0) 412 66 1000 fax number +31 (0) 412 66 3539

# COMPANY NAME CHANGE

On June 27, 2013, Merck Sharp & Dohme ("MSD") announced its intent to sell certain of its manufacturing operations to Aspen Pharmacare Holding ("Aspen"), in a transaction that was completed on October 1, 2013.

It is hereby confirmed that the name of the current approved drug substance manufacturer MSD, legal entity NV Organon, has been changed to Aspen Oss B.V. effective October 1, 2013. This name change is an administrative change and there are no more changes other than the change in name.

Specifications, test methods, manufacturing process, facilities, street addresses and personnel remain unchanged.

| Manufacturing Site | Name of Site Owner<br>Prior to 1 October 2013 | Name of Site Owner<br>Effective 1 October 2013 |
|---|---|---|
| Kloosterstraat 6, 5349 AB,<br>Oss, The Netherlands<br>(a.k.a. Moleneind) | N.V. Organon<br>FEI:3002806821<br>DUNS: 402157499 | Aspen Oss B.V.<br>FEI: 3010414279<br>DUNS: 491013870 |
| Veersemeer 4, 5347 JN,<br>Oss, The Netherlands<br>(a.k.a. Diosite) | N.V. Organon<br>FEI:3002806821<br>DUNS: 409664849 | Aspen Oss B.V.<br>FEI: 3010414279<br>DUNS: 491017488 |

Both FEI numbers listed in the table above reside at the same campus and have 2 distinct owners. The previous inspection report history for FEI 3002806821 does in fact apply to the newly created FEI 3010414279.

In addition to the above name change, on October 1, 2013 the US agent (formerly known as Organon API Inc.) had a name change to Aspen API Inc. As such, any new purchase orders should be made out to Aspen API Inc., 2136 S. Wolf Road, Des Plaines, IL 60018.

Name: H.J.L. Janssen
Function: Director
Department: Customer & Regulatory Support
Issued: 04SEP2014

This statement is not subjected to updating

aspen api inc

2136 south wolf road 2nd floor des plaines illinois 60018 usa
tel +1 (847) 935 0985 fax +1 (847) 635 1320 www.aspenpharma.com

IL Corporation File Nbr:

F 5061-893-5

As of August 23, 2024, the Aspen API Inc. officers and directors are:

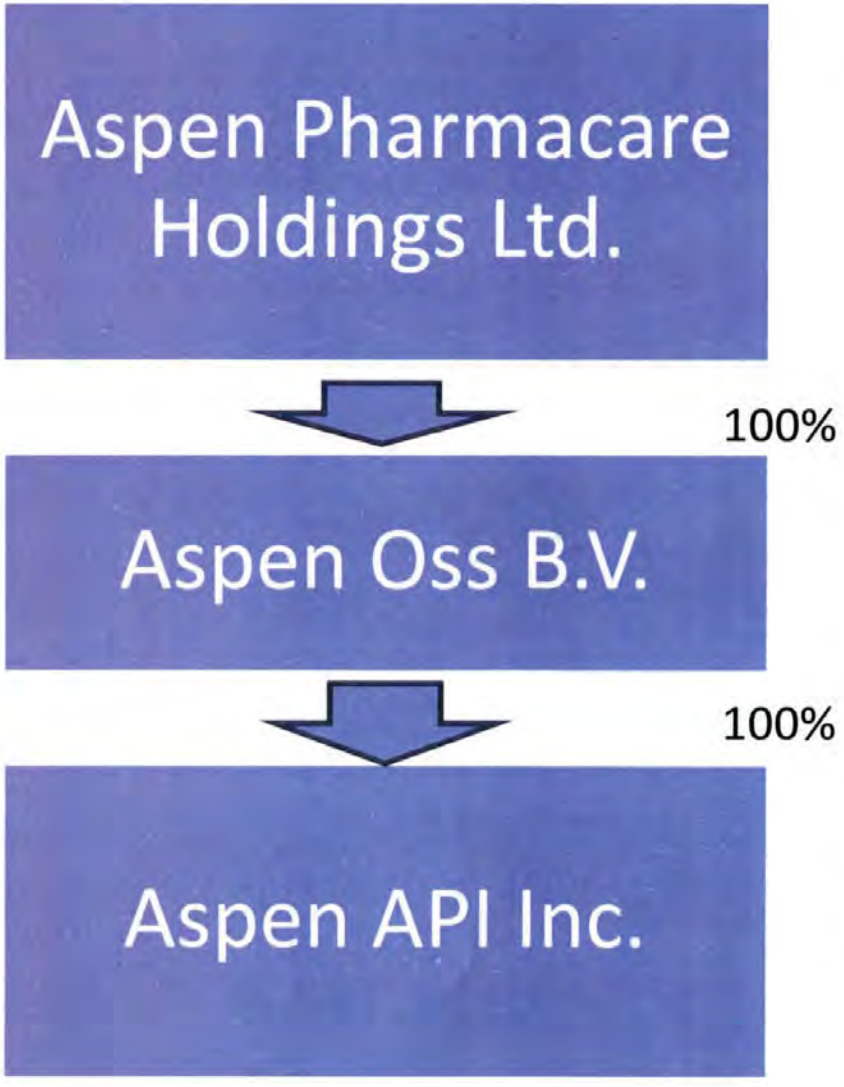
Officer: Jon Fry, Corporate Secretary & Treasurer – [redacted]

Officer: Rajiv Grover, Chairman [redacted]

Director: Jon Fry – [redacted]

Director: Rajiv Grover - [redacted]

# Ownership Chart - Aspen API Inc.




Aspen Pharmacare Holdings Ltd. is a legal entity incorporated in South Africa and is publically listed on the Johannesburg Stock Exchange.

Aspen Oss B.V. is a legal entity incorporated in The Netherlands. The Board of Directors of Aspen Oss B.V. consists of three directors:

1. Marcel Broecks, Director
2. Rajiv Grover, Director
3. Chris Botha, Director

The Directors of Aspen Oss B.V. do not own any shares of Aspen Oss B.V.

Aspen API Inc. is a legal entity incorporated in Delaware, United States. The Board of Directors of Aspen API Inc. consists of two directors:

1. Rajiv Grover, Chairman
2. Jon Fry, Director Finance and Company Secretary/Treasurer

The Directors of Aspen API Inc. do not own any shares of Aspen API Inc.

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPEN API INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2025.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*







810090 8300

SR# 20250011332

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202608425

Date: 01-02-25

# State of Illinois

**Department of Financial and Professional Regulation**

**Division of Professional Regulation**

LICENSE NO.
004.002684

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

**IMPORT/EXPORT**

ASPEN API INC
LARS LINDQUIST
2136 S WOLF RD
DES PLAINES, IL 60018

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

**The official status of this license can be verified at IDFPR.illinois.gov**

19830017

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 302767

# State of Illinois

**Department of Financial and Professional Regulation**

**Division of Professional Regulation**

LICENSE NO.
304.007067
004.002684

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2026

LICENSED CONTROLLED SUBSTANCE DRUG DIST

III IV

ASPEN API INC
2136 S WOLF RD
DES PLAINES, IL 60018-1932

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

**The official status of this license can be verified at IDFPR.illinois.gov**

19830326

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 302767

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RD0152289 | 06-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N,4 | IMPORTER | 05-15-2024 |

ASPEN API, INC
2136 S WOLF RD
DES PLAINES, IL 600181932

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RD0152289 | 06-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N,4 | IMPORTER | 05-15-2024 |

ASPEN API, INC
2136 S WOLF RD
DES PLAINES, IL 600181932

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RD0152289 | 06-30-2025 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N,4 | IMPORTER | 05-15-2024 |

ASPEN API, INC
2136 S WOLF RD
DES PLAINES, IL 600181932

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration**
**P.O. Box 2639**
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
4000 9064 9720

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBJH4279

Application/License No. _____

Aspen API, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
2136 South Wolf Rd Des Plaines, IL 60018, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 3, 2025.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of January, 2025.

APPLICANT/PRINCIPAL
Aspen API, Inc.
COMPANY

Authorized Representative

SURETY
Hartford Fire Insurance Company

Surety Company's Representative

Mara Sloan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness
Rachel A. Chaveriat

Witness
Bonnie Rice

LAURIE M MIELKE
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 28, 2026

Countersigned by:

N/A
Nevada Resident Agent

# POWER OF ATTORNEY

*Direct Inquiries/Claims to:*
**THE HARTFORD**
**BOND, T-11**
**One Hartford Plaza**
**Hartford, Connecticut 06155**
Bond.Claims@thehartford.com
*call:* **888-266-3488** *or fax:* **860-757-5835**

**KNOW ALL PERSONS BY THESE PRESENTS THAT:** **Agency Name:** MARSH USA LLC

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Mara Sloan

of

Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

**STATE OF FLORIDA**
**COUNTY OF SEMINOLE** } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of January 3, 2025.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Aspen API Inc.

Pharmacy/Wholesaler License # (if applicable) Illinois Wholesale Drug Distributor license 004.002684

Physical Address 2136 S. Wolf Rd

City Des Plaines State IL Zip 60018

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 847-635-0985 x217 Website Aspenapi.com

Licensing Company Email jfry2@us.aspenpharma.com

### Section 2: Personal Information

First Jon Middle _____ Last Fry

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 2136 S. Wolf Rd

City Des Plaines State IL Zip 60018

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Thunderbird School of Global Management (MBA) | | 08/97-5/99 | |
| **Address** | **City** | **State** | **Zip** |
| N/A (merged with University of AZ, moved to Phoenix campus) | Glendale | AZ | N/A |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Eckerd College | | 08/90-05/94 | |
| **Address** | **City** | **State** | **Zip** |
| N/A | St Petersburg | FL | N/A |
| Diploma/Degree obtained, if any | | | |
| BA with Honors | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Andover High School | | 09/86-06/90 | |
| **Address** | **City** | **State** | **Zip** |
| N/A (merged with Lahser High School) | Bloomfield Hills | MI | 48302 |
| Diploma/Degree obtained, if any | | | |
| Diploma (including Sciences) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/23-Present | [redacted] | Libertyville | IL | [redacted] |
| 05/13-12/23 | | Evanston | IL | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Aspen API Inc. | | | 08/22 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 2136 S. Wolf Rd | Des Plaines | IL | 60018 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 224-563-3377 | Controller, Corporate Secretary/Treasurer | 6,083 (50 hours/week) | |
| **Description of Duties** | | | |
| Duties include tracking inventory, overseeing DEA Controlled substances room, financial reporting and accounting oversight, FDA Agent, and Legal/Regulatory Compliance for Wholesale Pharmaceutical API Distribution Business. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

**Maria Herrera**

**From:** Jon Fry <jfry2@us.aspenpharma.com>
**Sent:** Wednesday, January 29, 2025 2:02 PM
**To:** Maria Herrera
**Subject:** RE: FDA Documentation / ETA for License Review & Issuance?

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

Thank you for trying to add us to the March meeting. That would avoid Nevada consumers having to wait for their medicines. You can find my resume on Linked In. URL: linkedin.com/in/jondfry

Resume summary:

- 2-1/2 years pharmaceutical distribution experience with Aspen API (FDA, DEA, CBP, Company Secretary and Treasurer, well over 6000 hours worked)
- 10 years medical devices experience (Corpak MedSystems)
- 5 years Food Industry experience (FDA & USDA)
- 30 years finance and manufacturing experience.
- MBA and CMA Certification

Kind regards,
Jon

Jon Fry
Controller
Aspen API Inc
2136 S. Wolf Rd. - 2nd FL., Des Plaines, IL, 60018, United States
Direct Tel: [redacted]
Mobile: [redacted]
www.aspenpharma.com
www.aspenapi.com

aspen Healthcare. We Care.



Jon Fry, MBA, CMA

Controller at Aspen API ◆ Financial Planning & Analysis | ERP Systems | Cost Accounting | GAAP Reporting | Cash Management | ...

Resour

## Experience

### Controller

Aspen API · Full-time

Aug 2022 - Present · 2 yrs 6 mos

Des Plaines, Illinois, United States · Hybrid

Full oversight of Finance, IT, HR, Legal, Tax, Internal Controls, Treasury and Regulatory functions for Subsidiary of European Company with Global Parent in South Africa specializing in the manufacture and distribution of mostly generic pharmaceutical API/raw materials. Led ERP and Reporting aspects of spinning off our US BioChem manufacturing operations, and day-to-day BioChem financial operations afterward through SLA.
⬅Board Director, and Corporate Secretary / Treasurer

### Controller

Clesen Wholesale · Full-time

Nov 2021 - May 2022 · 7 mos

Evanston, Illinois, United States

Manage accounting, HR, payroll and benefits for regional landscape material distribution business. Developed annual budget, departmental goals/KPI's, and incentive structure for leadership team. Streamlined cre ...see more

### Corporate Controller

Handi-Foil · Full-time

Jun 2020 - Sep 2021 · 1 yr 4 mos

Wheeling, Illinois, United States

Oversaw accounting and IT departments for food container manufacturing company with over $500 Million annual revenues, including general ledger, fixed assets, payables, receivables, and costing teams. Man ...see more

### Multi-Plant Controller (Operations Controller)

Eagle Foods · Full-time

2019 - 2020 · 1 yr

Waukegan, Illinois

Managed month end close activities. Oversaw standard costing, fixed assets and monthly EBITDA / KPI reporting for two plants with $400 Million+ in annual revenues.... ...see more

### Controller

Taylor Farms Illinois, Inc. · Full-time

2017 - 2019 · 2 yrs

Chicago, IL

Drove efforts to transform financial operations, reporting systems, accounting processes, internal controls, and culture within a regional, highly decentralized corporate environment. Headed off $1M of write-offs th ...see more

Show all 14 experiences →

## Education

### Thunderbird School of Global Management

Master of Business Administration (MBA), Accounting and Finance

1997 - 1999

Grade: Thunderbird ranks #1 worldwide in global management

### Controller

Corpak MedSystems, Inc. · Full-time
2008 - 2017 · 9 yrs
Buffalo Grove, Illinois

Led financial operations including income statement, balance sheet, cash flow statement, fixed assets, GL, payables, receivables, reporting, budgeting, forecasting, variance analysis, month-end close. Operated across all functional departments to streamline processes and improve internal capabilities. Developed annual budgets / strategic plan, key metrics and financial models. Maintained standard costing and inventory system, reviewed ECNs, work order variances, reserves, reconciliations, consolidation and transfer pricing. Provided purchasing oversight and leveraged operational and sales data to reveal key insights, guiding C-suite decision-makers. Partnered with CFO and President on strategic projects. Provided oversight for Accounting and Materials departments. Promoted from Cost Accounting Manager.

REVENUE & PROFIT GROWTH
- Created financial reporting systems, dashboards, and KPI scorecards leading to better informed decisions, improved inventory turns, and cost-effective sales growth -- revenue up 44%, gross margin up 14% points.
- Drove $8M sales growth, providing target cost guidance and business case models for new products.
- Led cross-functional team that implemented projects resulting in $1M annual cost savings.
- Provided analytical support for in/outsourcing decisions and supply chain contract negotiations.
- Partnered with Marketing to develop and price customized products, tripled sales for key customer.
- Conducted due diligence, co-led integration for acquisition of UK distribution business, doubling our UK gross margins.

AUTOMATION & PROCESS IMPROVEMENT
- Defined procedures to automate accounting functions, ensure GAAP compliance, cut close time 50%.
- Co-led several ERP implementations—next-gen upgrade, multi-company / multi-plant upgrade, general ledger streamlining, bar-code labor scanning, and service cost tracking automation.
- Oversaw integration of Corpak's accounting, sales & operational KPI reporting into Halyard Health (sold/PE).

### Senior Financial Analyst / Finance Manager Trainee - Dairy Procurement (2 Years)

Kraft Foods
2007 - 2008 · 1 yr
Glenview, Illinois

Determined standard cost and transfer pricing for $400 million cheese inventory portfolio spanning numerous plants. Applied pricing models by cheese type and 18-month internal dairy commodities market curves to forecast inventory valuations. Managed month end closings, investigated variances and accounting system issues. Used advanced data mining techniques to consolidate and summarize inventory and usage data across multiple legacy systems. Supported overarching SAP implementation to unify all legacy systems. Conducted internal audits for Sarbanes-Oxley. 2 Years (Jan 2007-Nov 2008).

INVENTORY, FINANCIAL MANAGEMENT & PROCESS IMPROVEMENT
- Accurately forecasted demand for $400M product line, minimizing inventory carrying cost, maximizing cash flow, estimating future working capital needs, meeting customer demand.
- Cut close time 50% by streamlining inventory reporting and reconciliation.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A (only 1 relevant pharmaceutical wholesaler - see previous page) | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| N/A | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/18/2024
Date

I, Jon Fry, **certify that as the designated representative for**

Aspen API Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. J. F. I am at least 21 years of age;
3. J. F. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. J. F. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. J. F. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. J. F. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. J. F. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jon Fry

Print Name (First, Last)

Jon Fry

Original Signature (electronic, copies or stamps not accepted)

12/18/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jon Fry

Print Name (First, Last)

Jon Fry

Original Signature (electronic, copies or stamps not accepted)

12/18/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Cook

I, Jon Fry, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jon Fry

**Original Signature**

12/18/2024

**Date**

Subscribed and Sworn to before me this 18 day of December.

Pasqua Williams

**Notary Public Signature**

PASQUA WILLIAMS
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 28, 2026

**(Seal)**

## Active Employee Count.15January.2025

### FINANCE AND ADMINISTRATIVE

| | |
|---|---|
| FLOOD, CHERYL L | HUMAN RESOURCES MANAGER |
| FRY, JON D | CONTROLLER, CORPORATE SECRETARY/TREASURER |
| GOLZ, SUSAN M | ASSOCIATE SPECIALIST - GENERAL ACCOUNTING |
| HER, SEULGI | SR ACCOUNTANT |
| MIELKE, LAURIE | ASSOCIATE SPECIALIST - GENERAL ACCOUNTING |
| WILLIAMS, PATTY | JUNIOR ACCOUNTANT |
| LINDQUIST, LARS | REGULATORY SUPPORT |

### SALES AND SALES SUPPORT/LOGISTICS:

| | |
|---|---|
| BUSCARINI, THERESA L | SALES SUPPORT MANAGER |
| WOOD, SHREELATHA | SR MANAGER, CDMO BUSINESS DEVELOPMENT |
| COSME, IVETTE M | SALES MANAGER |
| CROSLEY, MARK E | SALES MANAGER |
| METZDORFF, ANNA MARIA | SALES DATA ADMINISTRATOR |
| RISSLEY, JANICE L | SALES MANAGER |

# 4NN

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | | ■ Nevada ☐ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☐ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH MW 00163 | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Airgas USA, LLC

Physical Address: 3560 Loosee Road

City: Las Vegas, State: Nevada Zip: 89030

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 702-649-2020 Website: www.airgas.com

Name of Designated Representative (DR): Alexis Donohue

Licensing Company Email: alexis.donohue@airgas.com DR Email: alexis.donohue@airgas.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ■ Repacker |
| ■ Hospitals | ■ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: Dangerous Drug is Nitrous Oxide | ☐ Warehouse |
| ■ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Airgas USA, LLC

Address: 8832 Dice Road City: Santa Fe Springs State: CA Zip: 90670

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware

Parent Company (if any): Airgas, Inc

Corporation Name: Airgas, Inc

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

**Section 6: Partnership**

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Airgas USA, LLC

Facility Name

James A. Gindt

Print Name of Authorized Person Submitting Application

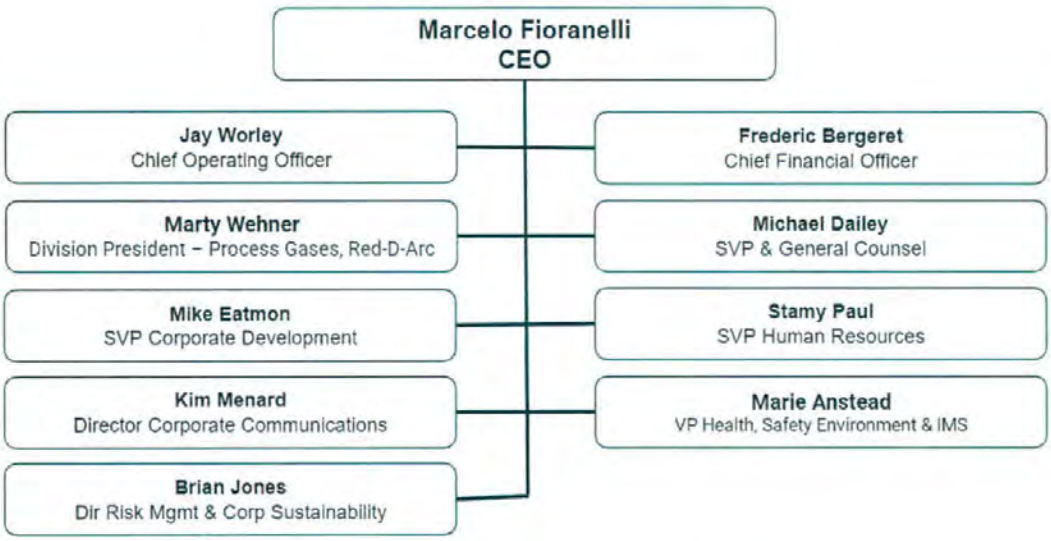
Original signature of Authorized Person (copies or stamps not accepted)

08/06/2024

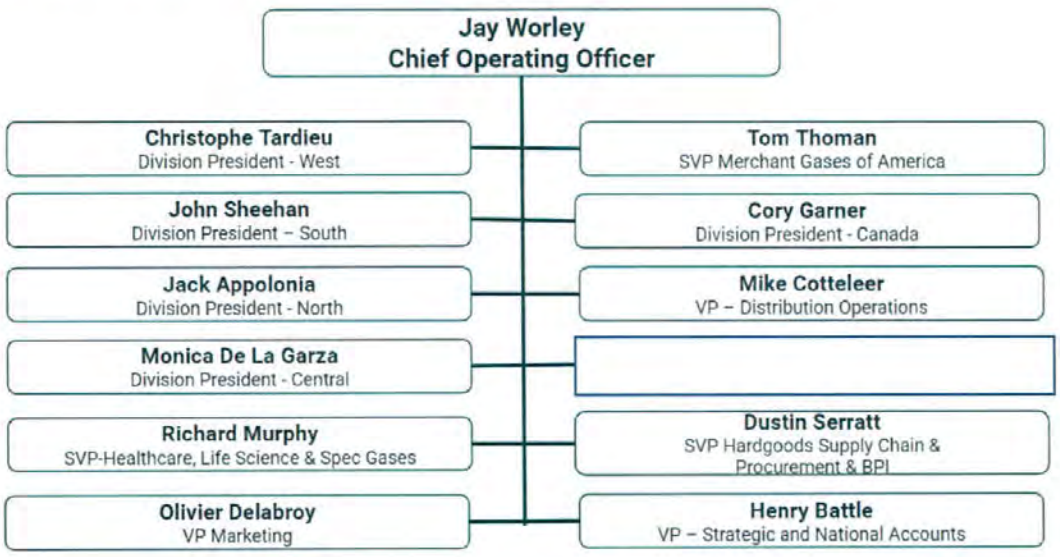
Date

| Board Use Only | Date Received: _____ Amount: _____ |
|---|---|

# Marcelo Fioranelli Direct Reports




# Airgas, an Air Liquide Company



**Mark I. Sedar**

**From:** GINDT, Jim <jim.gindt@airgas.com>
**Sent:** Thursday, January 23, 2025 9:35 AM
**To:** Mark I. Sedar
**Cc:** DONOHUE, Alexis
**Subject:** Re: Las Vegas Wholesaler update
**Attachments:** Marcelo Direct Reports_202407 (1).pdf

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mr. Sedar, please use this message for Airgas USA, LLC. located in Carson City, Las Vegas, Winnemucca and Elko Nevada, for not needing to have fingerprints. We meet the requirement as follows:

The wholesaler is a manufacturer of prescription drugs; or

(e) The wholesaler is a facility that distributes prescription drugs manufactured by a single manufacturer.

Please let me know if you require any further information for these applications.

Thank you for all your help. Regards, Jim

Here is the Board of Directors as well. Jim

Jim Gindt |Director of FDA Compliance | West Division | Airgas USA, LLC an Air Liquide Company | 6790 Florin Perkins Road, Suite #300, Sacramento, CA. 95828 | Office: (916) 379-1076 Cell: [redacted] Fax: (866) 550-7472 | jim.gindt@airgas.com

# Delaware

The First State



*I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2025.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Kristopher E. Knight, Acting Secretary of State

5032015 8300

SR# 20250212330

Authentication: 202750108

Date: 01-22-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Marsh USA Inc.
2929 Allen Parkway, Suite 2500
Houston, TX 77019
Attn: Houston.Certs@marsh.com

CN115323536-STND-GAWU-22-23

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Starr Indemnity & Liability Company | 38318 |
| INSURER B : Starr Specialty Insurance Company | 16109 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Airgas USA LLC.
3737 Worsham Avenue
Long Beach, CA 90808

**COVERAGES** **CERTIFICATE NUMBER:** HOU-003796187-04 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | 1000090660221 | 07/01/2022 | 07/01/2023 | EACH OCCURRENCE | $ | 2,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | 2,000,000 |
| | | | | | | | MED EXP (Any one person) | $ | 1,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ | 6,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ | 6,000,000 |
| | OTHER: | | | | | | | $ | |
| A | AUTOMOBILE LIABILITY | | | 1000835788221 (AOS) | 07/01/2022 | 07/01/2023 | COMBINED SINGLE LIMIT (Ea accident) | $ | 5,000,000 |
| A | X ANY AUTO | | | 1000835789221 (MA) | 07/01/2022 | 07/01/2023 | BODILY INJURY (Per person) | $ | |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ | |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ | |
| | | | | | | | | $ | |
| | UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ | |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ | |
| | DED / RETENTION $ | | | | | | | $ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 100 0004702 FL, MA | 07/01/2022 | 07/01/2023 | X PER STATUTE / OTH-ER | | |
| B | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N | N/A | | 100 0004703 AK,AZ,CT,IA,NJ,NY,NC,VT | 07/01/2022 | 07/01/2023 | E.L. EACH ACCIDENT | $ | 2,000,000 |
| B | If yes, describe under DESCRIPTION OF OPERATIONS below | | | 100 0004704 WI | 07/01/2022 | 07/01/2023 | E.L. DISEASE - EA EMPLOYEE | $ | 2,000,000 |
| | | | | Please see Acord 101 | | | E.L. DISEASE - POLICY LIMIT | $ | 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

Airgas USA, LLC
3737 Worsham Avenue
Long Beach, CA 90808

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc

Francisco M. Diaz

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AGENCY CUSTOMER ID: CN115323536
LOC #: Houston

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Marsh USA Inc. | Airgas USA LLC.<br>3737 Worsham Avenue<br>Long Beach, CA 90808 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2022 - 7/1/2023
Carrier: Starr Specialty Insurance Company
Policy No.: 100 0004701 (AL, AR, CA, CO, DE, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NM, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
Air Liquide USA LLC
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Airgas, Inc.
Airgas USA LLC
Airgas Priority Nitrogen, LLC

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**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG AIRGAS USA LLC MDEG License # (if applicable) MW00163

Physical Address 3560 LOSEE ROAD

City NORTH LAS VEGAS State NV Zip 89030

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 725-270-0914 Website AIRGAS.COM

Licensing Company Email ALEXIS.DONOHUE@AIRGAS.COM

### Section 2: Personal Information

First ALEXIS Middle JOLENE Last DONOHUE

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City HENDERSON State NV Zip [redacted]

Telephone [redacted] Email ALEXIS.DONOHUE@AIRGAS.COM

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| VERDUGO HILLS HIGH SCHOOL | | 09/2006 - 05/2010 | |
| **Address** | **City** | **State** | **Zip** |
| 10625 PLAINVIEW AVE | TUJUNGA | CA | 91042 |
| **Diploma/Degree obtained, if any** | | | |
| DIPLOMA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/2020 - CURREN | [redacted] | HENDERSON | NV | [redacted] |
| 06/2019 - 05/2020 | | LAS VEGAS | NV | |
| 09/2019 - 05/2020 | | SUN VALLEY | CA | |
| 06/2016 - 09/2019 | | SUN VALLEY | CA | |
| 06/2010 - 06/2016 | | NORTH HOLLYWOOD | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AIRGAS USA LLC | | | 03/2022 - CURRENT | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3560 N LOSEE RD | | NORTH LAS VEGAS | NV | 89030 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 725-270-0914 | OPERATIONS MANAGER | | 6,120 | |
| **Description of Duties** | | | | |
| Manage day to day activities for multiple segments of the Industrial, Specialty, and Medical Distribution and Filling Operations for the plant. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AIRGAS USA LLC | | | 09/2019 - 04/2021 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7254 COLDWATER CYN AVE | | NORTH HOLLYWOOD | CA | 91605 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 818-787-6010 | DISTRIBUTION MANAGER | | 3,360 | |
| **Description of Duties** | | | | |
| Handle all trucking and distribution functions of Medical and Industrial Gases. Supervise and coordinate activities of all dispatchers,drivers, field service, and maintenance and DOT Compliance | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| TECH AIR OF CALIFORNIA | | | 06/2017 - 09/2019 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7254 COLDWATER CYN AVE | | NORTH HOLLYWOOD | CA | 91605 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 818-787-6010 | DISTRIBUTION MANAGER | | 4,640 | |
| **Description of Duties** | | | | |
| Handle all trucking and distribution functions of Medical and Industrial Gases. Supervise and coordinate activities of all dispatchers,drivers, field service, and maintenance and DOT Compliance | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ANGELUS OXYGEN & EQUIPMENT CO DBA ANGELUS WELDING SUPPLY | | | 07/2007 - 06/2017 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 12173 BRANFORD ST | | SUN VALLEY | CA | 91352 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 818-834-2200 | OPERATIONS MANAGER | | 20,800 | |
| **Description of Duties** | | | | |
| Manage day to day activities for multiple segments of the Industrial, Specialty, and Medical Distribution and Filling Operations for the plant. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

08-07-24
Date

I, ALEXIS DONOHUE, certify that as the MDEG Administrator for

AIRGAS USA LLC,

**that I (initial that you have read and meet the following requirements):**

1. AD Have a high school diploma or its equivalent;
2. AD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

ALEXIS DONOHUE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08-07-2024

Date

| Board Use Only | Date Received: |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler AIRGAS USA LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3560 LOSEE ROAD

City NORTH LAS VEGAS State NV Zip 89030

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-649-2020 Website AIRGAS.COM

Licensing Company Email ALEXIS.DONOHUE@AIRGAS.COM

**Section 2: Personal Information**

First ALEXIS Middle JOLENE Last DONOHUE

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address 3560 LOSEE ROAD

City NORTH LAS VEGAS State _____ Zip _____

Telephone [redacted] Email ALEXIS.DONOHUE@AIRGAS.COM

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| VERDUGO HILLS HIGH SCHOOL | | 09/2006-05/2010 | |
| **Address** | **City** | **State** | **Zip** |
| 10625 PLAINVIEW AVE | TUJUNGA | CA | 91042 |
| Diploma/Degree obtained, if any | | | |
| DIPLOMA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/2020-CURRENT | [redacted] | HENDERSON | NV | [redacted] |
| 06/2019-05/2020 | | LAS VEGAS | NV | |
| 09/2019--05/2020 | | SUN VALLEY | CA | |
| 06/2016-09/2019 | | SUN VALLEY | CA | |
| 06/2010-06/2016 | | NORTH HOLLYWOOD | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AIRGAS USA LLC | | | 03-2022 - CURRENT | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3560 LOSEE ROAD | | NORTH LAS VEGAS | NV | 89030 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 725-270-0914 | OPERATIONS MANAGER | | 6,120 | |
| **Description of Duties** | | | | |
| Manage day to day activities for multiple segments of the Industrial, Specialty, and Medical Distribution and Filling Operations for the plant | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AIRGAS USA LLC | | | 09/2019-04/2021 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7254 COLDWATER CYN AVE | | NORTH HOLLYWOOD | CA | 91605 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 818-787-6010 | DISTRIBUTION MANAGER | | 3,360 | |
| **Description of Duties** | | | | |
| Handle all trucking and distribution funtions of Medical and Industrial Gases. Supervise and coordinate activities of all dispatchers, drivers, field service, maintenance, and DOT and FDA compliance | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| TECH AIR OF CALIFORNIA | | | 06/2017-09/2019 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7254 COLDWATER CYN AVE | | NORTH HOLLYWOOD | CA | 91605 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 818-787-6010 | DISTRIBUTION MANAGER | | 4,460 | |
| **Description of Duties** | | | | |
| Handle all trucking and distribution funtions of Medical and Industrial Gases. Supervise and coordinate activities of all dispatchers, drivers, field service, maintenance, and DOT and FDA compliance | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ANGELUS OXYGEN & EQUIPMENT CO DBA ANGELUS WELDING SUPPLY | | | 07/2007-06/2017 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 12173 BRANFORD ST | | SUN VALLEY | CA | 91352 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 818-834-2200 | OPERATIONS MANAGER | | 20,800 | |
| **Description of Duties** | | | | |
| Manage day to day activities for multiple segments of the Industrial, Specialty, and Medical Distribution and Filling Operations for the plant | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, ALEXIS DONOHUE, **certify that as the designated representative for**

AIRGAS USA LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. AD I am at least 21 years of age;
3. AD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

ALEXIS DONOHUE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

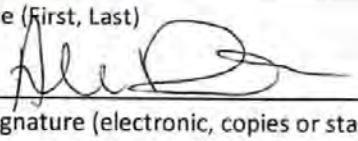
01/23/2025

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

ALEXIS DONOHUE

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

01/23/2025

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

**Original Signature** **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

**Notary Public Signature**

**(Seal)**

**Mark I. Sedar**

**From:** GINDT, Jim <jim.gindt@airgas.com>
**Sent:** Tuesday, February 4, 2025 11:51 AM
**To:** Mark I. Sedar
**Subject:** Fwd: Associate List - North Las Vegas

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Here is the list of associates at the Las Vegas facility. Regards, Jim

Jim Gindt |Director of FDA Compliance | West Division | Airgas USA, LLC an Air Liquide Company | 6790 Florin Perkins Road, Suite #300, Sacramento, CA. 95828 | Office: (916) 379-1076 Cell: [redacted] | Fax: (866) 550-7472 | jim.gindt@airgas.com

*This Internet message may contain information that is privileged, confidential, and exempt from disclosure. It is intended for use only by the person to whom it is addressed. If you have received this in error, please (1) do not forward or use this information in any way; (2) contact me immediately.*

---------- Forwarded message ---------
From: **DONOHUE, Alexis** <alexis.donohue@airgas.com>
Date: Tue, Feb 4, 2025 at 11:48 AM
Subject: Associate List - North Las Vegas
To: Jim GINDT <jim.gindt@airgas.com>

Hello Jim,

Below is a list of all the employees at W100:

Alexis Donohue
Ricardo Martinez-Pena
Marshall Garcia
Andrew King
Benjamin Stordahl
Samuel Gutierrez

Terrance Jackson
Kevin Smith
Travis Brinkerhoff
Loren Young
Keoki Furen
David Gonzalez
Antonio Thrower
Nelton Rodriguez
Anthony Dominguez
Jimmy Evans
Christian Sanchez

Thank you,

--

**Alexis Donohue**
**Operations Manager | West Region | Airgas, an Air Liquide company**
3560 N Losee Rd | North Las Vegas, NV 89030 | [redacted]
alexis.donohue@airgas.com | Airgas.com

400

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: FUJIFILM Irvine Scientific, Inc.

Physical Address: 1830 East Warner Avenue

City: Santa Ana State: CA Zip: 92705

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 949-261-7800 Website: https://www.irvinesci.com/

Name of Designated Representative (DR): Ashley Werner

Licensing Company Email: fisitmrequest@fujifilm.com DR Email: ashley.m.werner@fujifilm.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Clinics | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: California

Parent Company (if any): FujiFilm Holdings Americas Corporation

Corporation/Organization Name: FujiFilm Irvine Scientific, Inc.

Mailing Address: 1830 East Warner Avenue

City: Santa Ana State: CA Zip: 92705

Telephone: 949.261.7800 x297 Email: ashley.m.werner@fujifilm.com

Contact Person Name: Ashley Werner

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____ **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

09/10/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

FUJIFILM Irvine Scientific, Inc.

Facility Name

Ashley Werner

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

09/10/2024

Date

| Board Use Only | Date Received: 9/24/24 | Amount: $1000-96000016046 |
|---|---|---|

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7_1_2019_Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

List of FUJIFILM Irvine Scientific, Inc. Directors and Officers

**Directors:**

Toshihisa Iida

Jun Higuchi

Tomoyuki Hasegawa

Timothy Mullane

**Officers:**

Yutaka Yamaguchi, Chairman & Chief Executive Officer, 1830 East Warner Avenue, Santa Ana, CA 92705

Timothy Mullane, President & Chief Operating Officer, 1830 East Warner Avenue, Santa Ana, CA 92705

Kenya Nakashima, Treasurer & Chief Financial Officer, 1830 East Warner Avenue, Santa Ana, CA 92705

Sarah Karlgaard, Secretary, 1830 East Warner Avenue, Santa Ana, CA 92705,

# Secretary of State
## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

| | |
|---|---|
| **Entity Name:** | FUJIFILM IRVINE SCIENTIFIC, INC. |
| **Entity No.:** | 0599332 |
| **Registration Date:** | 05/27/1970 |
| **Entity Type:** | Stock Corporation - CA - General |
| **Formed In:** | CALIFORNIA |
| **Status:** | Active |

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

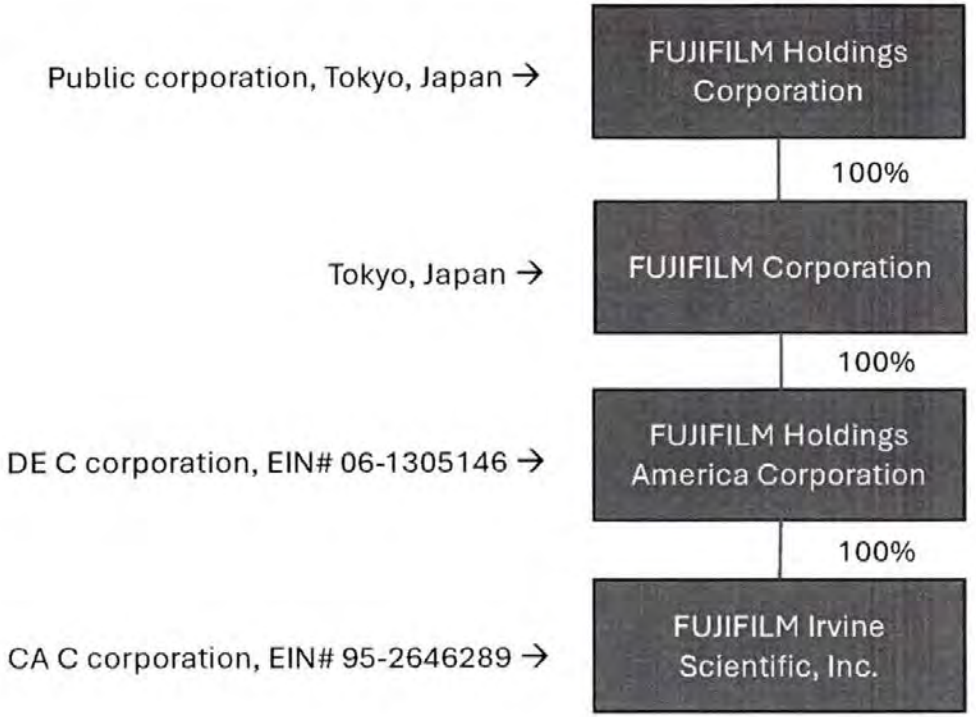
**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of April 03, 2024.

**SHIRLEY N. WEBER, PH.D.**
**Secretary of State**

**Certificate No.:** 196803736

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

FISI Ownership Chart



CA.GOV dca SEARCH

# BOARD OF PHARMACY

**ISSUANCE DATE**
SEPTEMBER 9, 2024
**EXPIRATION DATE**
SEPTEMBER 1, 2025
**CURRENT DATE / TIME**
SEPTEMBER 9, 2024
6:40:42 PM

## LICENSING DETAILS FOR: WLS 8503

**NAME:** FUJIFILM IRVINE SCIENTIFIC INC
**LICENSE TYPE:** WHOLESALER
**LICENSE STATUS:** CLEAR

**ADDRESS**
1830 EAST WARNER AVE
SANTA ANA CA 92705
ORANGE COUNTY

## LICENSE RELATIONSHIPS

**NAME:** TERBRUEGGEN, MARLIN LIZETH
**LICENSE/REGISTRATION TYPE:** DESIGNATED REPRESENTATIVE (WHOLESALER)
**LICENSE NUMBER:** 27682 **PRIMARY STATUS:** CLEAR

**ADDRESS NOT DISCLOSED**

# BOARD OF PHARMACY

## LICENSING DETAILS FOR: WLS 8503

**NAME:** FUJIFILM IRVINE SCIENTIFIC INC

**LICENSE TYPE:** WHOLESALER

**LICENSE STATUS:** CLEAR

**ADDRESS**

1830 EAST WARNER AVE
SANTA ANA CA 92705
ORANGE COUNTY

**ISSUANCE DATE**

SEPTEMBER 9, 2024

**EXPIRATION DATE**

SEPTEMBER 1, 2025

**CURRENT DATE / TIME**

FEBRUARY 10, 2025
8:39:0 AM

## LICENSE RELATIONSHIPS

**NAME:** TERBRUEGGEN, MARLIN LIZETH

**ADDRESS NOT DISCLOSED**

**LICENSE/REGISTRATION TYPE:** DESIGNATED REPRESENTATIVE (WHOLESALER)

**LICENSE NUMBER:** 27682 **PRIMARY STATUS:** CLEAR

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Willis Towers Watson Northeast, Inc.
c/o 26 Century Blvd
P O Box 305191
Nashville, TN 372305191 USA

CONTACT NAME: Willis Towers Watson Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Mitsui Sumitomo Insurance Company of Ameri | 20362 |
| INSURER B: | Federal Insurance Company | 20281 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

INSURED
FUJIFILM Irvine Scientific, Inc
1830 E Warner
Santa Ana, CA 92705

COVERAGES CERTIFICATE NUMBER: W34525884 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | GL 2122426 | 04/01/2024 | 04/01/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ Excluded |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | BVR8402901 | 04/01/2024 | 04/01/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| B | Products/Completed Operations | | | 35801933 | 06/01/2024 | 06/01/2025 | Each Occurrence<br>Aggregate: | $5,000,000<br>$5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This Voids and Replaces Previously Issued Certificate Dated 08/22/2024 WITH ID: W34522858.

At the following premises:
- 1830 E. Warner Avenue, Santa Ana, CA
- 2511 Daimler Street, Santa Ana, CA
- 2601 Daimler Street, Santa Ana, CA

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SR ID: 26340469 BATCH: 3592351

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015226350

Application/License No. _____

FUJIFILM Irvine Scientific, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1830 East Warner Avenue, Santa Ana, CA 92705 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 22, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of January, 2025.

APPLICANT/PRINCIPAL

**FUJIFILM Irvine Scientific, Inc.**

Authorized Representative

SURETY COMPANY

**Liberty Mutual Insurance Company**

Surety Company's Representative

**Michelle Anne McMahon**, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness **Erika Prodell**

Witness **Glenn Tapawan**

Countersigned by:

Nevada Resident Agent **Jonathan Raymond Gleason**
Non-Resident Agent License Number: **3816389**

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8210646 - 985949**

# POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Connor Wolpert, Doritza Mojica, Gentry Stewart, Jennifer Godere, Jonathan Gleason, Joshua Sanford, Kathryn Pryor, Kyle Williams, Michelle Anne McMahon, Nicholas Miller, Richard Hackner, Robyn Salley, Sarah Murtha

all of the city of Hartford state of CT each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 22nd day of August 2023.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss.

On this 22nd day of August 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**IN WITNESS WHEREOF,** I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS:** Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**ARTICLE XIII – Execution of Contracts:** Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed the seals of said Companies this 22nd day of January 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: FUJIFILM Irvine Scientific, Inc. MDEG License # (if applicable): _____

Physical Address: 1830 East Warner Avenue

City: Santa Ana State: CA Zip: 92705

Mailing Address (if different from physical address): 1830 East Warner Avenue

City: Santa Ana State: CA Zip: 92705

Telephone: 949-261-7800 Website: https://www.irvinesci.com/

Licensing Company Email: fisitmrequest@fujifilm.com

### Section 2: Personal Information

First: Ashley Middle: Marie Last: Werner

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 1830 East Warner Avenue

City: Santa Ana State: CA Zip: 92705

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northern Arizona University | | 09/03-05/07 | |
| Address | City | State | Zip |
| 601 South Knoles Drive PO Box: 4103 | Flagstaff | AZ | 86011-4103 |
| Diploma/Degree obtained, if any | | | |
| Bachelors of Science- Biomedical Microbiology (minor Chemistry) Bachelors of Science- Spanish | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Red Mountain High School | | 09/00-05/03 | |
| Address | City | State | Zip |
| 7301 East Brown Road | Mesa | AZ | 85207 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/2017-Present | [redacted] | RSM | CA | [redacted] |
| 07/2024- 10/2017 | | Gilbert | AZ | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FUJIFILM Irvine Scientific, Inc. | | | 10/2017 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1830 East Warner Avenue | | Santa Ana | CA | 92705 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 949-261-7800 x297 | Director of Global Regulatory Affairs & Product Compliance | | ~ 14,560 | |
| **Description of Duties** | | | | |
| Quality Control, Quality Assurance, Regulatory Affairs, Product Compliance, Design Control and Risk Management, Validations and Project Management. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

09/10/2024
Date

I, Ashley Werner, **certify that as the MDEG Administrator for**

FUJIFILM Irvine Scientific, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. ___ Have a high school diploma or its equivalent;
2. ___ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ___ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ___ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Ashley Werner
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/10/2024
Date

| Board Use Only | Date Received: 9/24/24 |
|---|---|

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF ORANGE

On the 10th day of September, 2024, before me, Layla Leigh Rodriguez, Notary Public, personally appeared Ashley M. Werner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.




_____ (Seal)
Signature of Notary Public

# Ashley Werner

## Career Overview

Driven, dynamic and motivated, result and quality-orientated individual with over 17 years' experience in Quality Control, Quality Assurance, Regulatory Affairs, Product Compliance, Design Control and Risk Management, Validations and Project Management, within the medical device, in-vitro diagnostic and pharmaceutical industries. Expert quality and regulatory professional with extensive experience and knowledge in Medical Device manufacturing, regulations and post production compliance activities. Able to quickly learn new systems and adapt with changing corporate environments. Committed to maintaining innovative technical skills, up-to-date industry knowledge and striving for process improvements.

## Qualifications/ Areas of Expertise

- MDR 2017/745 and applicable regs: (MEDDEV 2.2/4, January) 2012
- ISO 13485 Lead Auditor Certified (Ominex)
- ISO 9001, 13485, 14971 and FDA QSR regulations
- Regulatory Submissions (510(k), Technical Files)
- cGMP, GLP, USP, EP, JP, BP
- Sterilization – Gamma, EO, aseptic filtration
- cGMP, GLP, USP, EP, JP, BP, CP

## Accomplishments

Global Regulatory Affairs

- Manage company transition from MDD to MDR (QMS and product technical file updates)
- Create and manage global regulatory affairs teams to support worldwide medical device and IVD product registrations
- Liaison with regulatory authorities (EU Notified Bodies; FDA, Chinese NMPA)

Compliance

- Lead Compliance activities post acquisition by FUJIFILM Corporate at Irvine Scientific, including matters related to legal and trade compliance

Quality Assurance Manager

- Project Lead for two QSM integrations
- Support/ perform Regulatory submissions for domestic and international registrations
- Site Administrator for training and Quality systems (CAPA, Complaints, SCAR)
- Leader of Design Control team (concept phase to post-market surveillance)
- Author of Risk Management for Design Control

Project Management

- Organized and re-structured product program to ensure highest quality products.

Quality Control Manager

- Harmonized testing methods to meet all compliance to all compendia standards (USP, EP, JP, BP) for microbiological and chemical assays
- Created stability program to ensure compliance to ICH, 21CFR211.166 and FDA
- Re-structured QC lab positions to ensure employee development, advancement and retention

2009 Employee of the Year at Irvine Scientific

## Work Experience

### Director of Global Regulatory Affairs and Product Compliance

August 2022 to Present

**FUJIFILM Irvine Scientific** – Santa Ana, CA

- Manage global regulatory affairs, including teams in US and China (focusing on medical device and IVD product registration worldwide)
    - Manage company-wide transition for medical device products class IIb and III from MDD to MDR (including QMS and product technical file updates)
    - Manage recall, field corrections, Mandatory Device Reporting (MDR) on worldwide basis
    - Perform annual renewal of all regulatory licensing
    - Responsible for all regulatory compliance globally
    - Manage all communication with Regulatory Authorities
    - Act as SME for MDR 2017/745 and MEDDEV 2.2/4, January 2012
- Manage Technical Investigation Group (TIG) including:
    - CAPA program
    - Quality Planning
    - Compliant program
    - Technical Inquiries

**Associate Director of Global Regulatory Affairs and Product Compliance**

March 2020 to August 2022

**FUJIFILM Irvine Scientific** – Santa Ana, CA

- Manage global regulatory affairs, including teams in US and China (focusing on medical device and IVD product registration worldwide)
    - Manage company-wide transition for medical device products class IIb and III from MDD to MDR (including QMS and product technical file updates)
    - Manage recall, field corrections, Mandatory Device Reporting (MDR) on worldwide basis
    - Perform annual renewal of all regulatory licensing
    - Responsible for all regulatory compliance globally
    - Manage all communication with Regulatory Authorities
    - Act as SME for MDR 2017/745 and MEDDEV 2.2/4, January 2012
- Manage Product Compliance, including:
    - CAPA program
    - Quality Planning
    - Facility Change support
    - Compliant program

**Sr. Manager Global Regulatory Affairs and Product Compliance**

March 2019 to March 2020

**FUJIFILM Irvine Scientific** – Santa Ana, CA

- Manage global regulatory affairs, including teams in US and China (focusing on medical device and IVD product registration worldwide)
    - Manage company-wide transition for medical device products class IIb and III from MDD to MDR (including QMS and product technical file updates)
    - Manage recall, field corrections, Mandatory Device Reporting (MDR) on worldwide basis
    - Perform annual renewal of all regulatory licensing
    - Responsible for all regulatory compliance globally
    - Manage all communication with Regulatory Authorities
- Manage Product Compliance, including:
    - CAPA program
    - Quality Planning

  - Facility Change support
  - Compliant program
- Manage Validations Department
  - Coordinate and Lead Master Validation Planning
  - IQ, OQ, PQ for all equipment and manufacturing processes
  - Aseptic filling validations in ISO 5 clean rooms per ISO 14308

**Global Regulations and Compliance Manager**
October 2017 to March 2019
**FUJIFILM Irvine Scientific** – Santa Ana, CA

- Maintain an effective global and regulatory compliance program by ensuring that the regulations are clearly understood, assessed for product quality, budget impact and inform the organization in a timely manner.
- Manage Validations Department
- Manage CAPA program
- Manage recall prevention program, field corrections, Manage Mandatory Device Reporting (MDR)
- Monitoring of global developments in medical device regulations, rulings, policies and guidelines.
- Manage regulatory affairs activities for medical device product registration in China

**Quality Assurance Manager**
July 2014 to October 2017
**Cayenne Medical/ Zimmer Biomet**– Scottsdale, AZ

- Project Leader for two QSM integrations after new company acquisitions – 2014 and 2016 (ISO 13485 certified and FDA registered companies)
- Lead Auditor to FDA QSR and ISO 13485 regulations – internal and external venders
- Manage Supplier Qualification/ Management program
- Project Leaders for company-wide UDI implementation
- CAPA, SCAR, NCR, Complaint owner and program oversight
- Perform regulatory submissions: 510k, CE mark, International (Mexico, Brazil, etc.)
- Site administrator for Learning Management system (iLearn) and Quality System (EtQ)
- Directly Supervise Incoming Quality Control
- Team Leader for Design Control of Soft Tissue products (class IIb, IIa and I devices)

**Quality Control- Manager**
March 2011 to July 2014
**Irvine Scientific** – Santa Ana, CA

- Ensure laboratory compliance to cGMP and GLP
- Directly supervise Level I, II and III Microbiologists
- Re-structured Stability Program to ensure compliance to ICH, 21CFR211.166 and ISO standards
- Ensured all testing methods were validated and followed compendia standards
- Member of Customer & Regulatory Audit team (ISO 13485 certified and FDA registered company, CMO)
- Assist with Regulatory submissions of new and existing products (FDA 510K, CE marks, and registration of products in new countries: China, Brazil)
- Streamlined processes/ procedures (reduced overall department budget by 25%)

# Ashley Werner

**Project Manager**

January 2010 to March 2011
**Irvine Scientific** – Santa Ana, CA

- Maintained robust custom's program to ensure on-time delivery of highest quality products to customers
- Managed all internal custom projects and reported directly to Quality Director and COO
- Served as team leader for several critical projects: including milling technology conversion, GMP transfer production and Custom Media Optimization Projects
- Worked as internal point of contact for 6 Sales and Territory Managers in all global locations
- Worked directly with customers, providing support and assistance

**Quality Control- Lead Microbiologist**

June 2008 to January 2010

**Irvine Scientific** – Santa Ana, CA

- Assisted in supporting the regulatory submissions, 510K and CE marking of over 60 ART products
- Improved ICC cell culture program including revamping the company's cell bankingprogram to include a master and working cell bank for all cell lines
- Directly reported to Quality Director and worked as "acting manager" for 8 months while QC manager position was vacant

**Quality Control- Microbiologist**

June 2007 to June 2008

**Irvine Scientific** – Santa Ana, CA

- Responsible for ICC cell culture program including: maintaining all working cell lines (adherent and suspension), passaging cells, creating and freezing stocks and testing all products
- Moisture Analysis by Karl Fischer Titration
- Endotoxin testing by LAL gel clot and Kinetic chromogenic methods
- Responsible for ordering all laboratory supplies
- Environmental Monitoring in ISO 6 and 7 clean rooms (ISO 14644)
- Maintained strict laboratory records in accordance with ISO and 21CFR standards

## Education

**Northern Arizona University**

Bachelors of Science- Biomedical Microbiology (minor Chemistry)
Bachelors of Science- Spanish

- Graduated with Honors

**Professional Society Memberships**

- **OCRA** – Orange County Regulatory Affairs
- **RAPS** - Regulatory Affairs Professional Society

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler FUJIFILM Irvine Scientific, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1830 East Warner Avenue

City Santa Ana State CA Zip 92705

Mailing Address (if different from physical address) 1830 East Warner Avenue

City Santa Ana State CA Zip 92705

Telephone 949-261-7800 Website https://www.irvinesci.com/

Licensing Company Email https://www.irvinesci.com/

**Section 2: Personal Information**

First Ashley Middle Marie Last Werner

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address 1830 East Warner Avenue

City Santa Ana State CA Zip 92705

Telephone [redacted] Email ashley.m.werner@fujifilm.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northern Arizona University | | 09/03-05/07 | |
| Address | City | State | Zip |
| 601 South Knoles Drive PO Box: 4103 | Flagstaff | AZ | 86011-4103 |
| Diploma/Degree obtained, if any | | | |
| Bachelors of Science, Biomedical Microbiology (minor Chemistry); Spanish | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Red Mountain High School | | 09/00-05/03 | |
| Address | City | State | Zip |
| 7301 East Brown Road | Mesa | AZ | 85207 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/2017-Present | [redacted] | RSM | CA | [redacted] |
| 07/2024- 10/2017 | | Gilbert | AZ | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FUJIFILM Irvine Scientific, Inc. | | | 10/2017- Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1830 East Warner Avenue | | Santa Ana | CA | 92705 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 949.261.7800 x297 | Director, Regulatory Affairs & Product Compliance | | ~14,560 | |
| **Description of Duties** | | | | |
| Global Regulatory Affairs, Compliance, Quality Assurance Manager, Project Management, Quality Control Manager | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

09/10/2024
Date

I, Ashley Werner, **certify that as the designated representative for**

FUJIFILM Irvine Scientific, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. AW I am at least 21 years of age;
3. AW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ashley Werner

Print Name (First, Last)

Ashley W

Original Signature (electronic, copies or stamps not accepted)

09/10/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Ashley Werner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/10/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Orange County

I, Ashley Werner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

09/10/2024

**Date**

Subscribed and Sworn to before me this 10th day of SEPTEMBER.

**Notary Public Signature**

* PLEASE REFER TO CA NOTARY PAGE *

**(Seal)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF ORANGE

On the 10th day of September, 2024, before me, Layla Leigh Rodriguez, Notary Public, personally appeared Ashley M. Werner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ (Seal)

Signature of Notary Public

LAYLA LEIGH RODRIGUEZ
Notary Public - California
Orange County
Commission # 2433482
My Comm. Expires Jan 8, 2027

FUJIFILM Irvine Scientific, Inc.1830 East Warner Ave., Santa Ana, CA 92705 Facility employees

**Employee Name**

Ahmad, Tooba
Akajiobi, Erica A
Albarran, Karina
Aleksic, Sasha
Almazan, Isidro A
Amey, Brandon M
Angulo, Isabella
Arora, Ronica
Arreola, Moses
Arteaga, Jaime
Bautista, Marcelo
Bengston, Duncan
Burson, Lisa M
Campbell, Eric M
Carpenter, Beverly A
Castro, Marcella B
Catron, Trina Y
Chen, Timothy
Cuevas, Juan C
Davis James, Amah
Davis, Cody J
Dazi, Keira S
De Bartolome, Zandro
DeFelice, Marcus A
Falencik, Taylor J
Fan, Zena
Faust, Reggie
Fisher, Attila
Foster, Jonathan L
Freifield, Joshua N
Garcia, Brandy N
Gomez, Melissa R
Gray, Arum E
Gutierrez, Jesus
Hawkins, Cynthia L
Herrera, Alfonso
Heru, Rosemary
Hoang, Henry
Hodge, Robert
Hoke, Felicia
Huang, Yijen
Jauregui, Javier
Johnson, Diane M
Kitamichi, Momoko
Kurokawa, Yoko
LaRosa, Leah R

Lim, Joseph K
Liu, Timothy I
Lopez, Adrian
Lopez, Ana
Lopez, Ariel F
Lopez, Maritza
Luu, Tuan S
Magallanes, Gerardo
Magdaleno Romo, J Cristobal
Mai, Mahn
Martin, Heidi L
Martinez, Cesar
Mauro, Wayne
McDonald, Vanessa L
Mergner-Smith, Pamela A
Moen, Elizabeth S
Mullane, Timothy
Nesbitt, Kara
Nguyen, Kristine
O'Brien, James D
Orens, Jason R
Orozco, Ivana N
Ortega, Martha
Ortiz, Angela
Owens, Allison T
Palacios, Yime
Pence, Brandon L
Peraza, Elsa
Pham, Hiep D
Pham, Kim
Plascencia, Manuel
Popovich, Yulia O
Prado, Brenda
Ragland, Ashley
Richards, Debra
Rivera, Cesar O
Rivera, Erika
Rivera, Timothy M
Ross, Michael N
Rudra, Anindita
Ruiz, Ana L
Sanchez, Steven N
Serles, Lori
Shah, Hetal
Shin, Anthony
Solorio, Jaime
Sourinthone, Kevin
Stewart, Robert C

Sun, Li
Tapia, Jonathan
Thoms, Amy E
Todd, Rose D
Truong, Lan
Velasco, Reynaldo
Villasenor Bernal, Fabricio
Wallace, Laura
Wu, Beverly H
Zimmerman, Lauren A
Zirneklis, Kevin M

4PP

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Wholesaler Application
## Non-Refundable $1,000 Fee

Rev (05/12/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) |
| ☐ Ownership Change* | | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) |
| ☐ Location Change* (in-state only) | WH _____ | ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Aditus Pharma Ohio, LLC

Physical Address: 8946 Global Way

City: West Chester State: Ohio Zip: 45069

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: www.adituspharma.com

Name of Designated Representative (DR): Robert Highfill

Licensing Company Email: admin@adituspharma.com DR Email: Bo.Highfill@adituspharma.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☒ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☒ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☒ Others: Medical Supplies - Diabetic Syringes | ☐ Warehouse |
| ☒ Veterinarians | | ☒ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

7/25/24
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Ultimed
Address: 350 Highway 7 Suite 100 City: Excelsior State: MN Zip: 55331
Name: McKesson
Address: 3600 Pharma Way City: Mason State: OH Zip: 45040
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Aditus Pharma Ohio, LLC
Parent Company (if any):
Corporation/Organization Name:
Mailing Address: 8946 Global Way
City: West Chester, O State: OH Zip: 4504
Telephone: 513 325-2685 Email:
Contact Person Name: Bob Hightill

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Aditos Pharmacy Ohio, LLC

Facility Name

Robert C Highfill

Print Name of Authorized Person Submitting Application

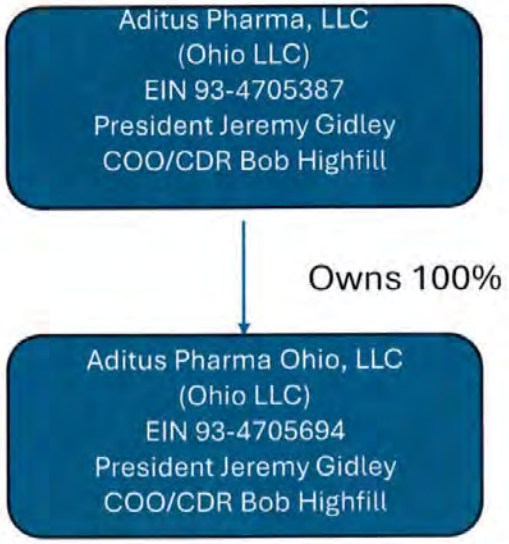
Original signature of Authorized Person (copies or stamps not accepted)

7/25/24

Date

| Board Use Only | Date Received: 8/8/24 | Amount: $1000 ck 091464705 |
|---|---|---|

Aditus Corporate Org Structure Parent Company and Sub




Aditus Pharma LLC.

- Finance & HR Services
- Business Development
- Vendor Management
- Client Management

Aditus Pharma Ohio, LLC

First & Central Distribution Center, Licensed/Accredited

- Single Member - Owned by Aditus Pharma, LLC
- Licensed/Accredited Warehouse
- Provides Fulfillment Services

Aditus Pharma Ohio, LLC
8946 Global Way
West Chester, OH 45069

Title-Member Owner

Jeremy Gidley
8946 Global Way
West Chester, OH 45069

Title-Director/President

[redacted]

Bob Highfill
8946 Global Way
West Chester, OH 45069

Title-Director/COO

# UNITED STATES OF AMERICA
# STATE OF OHIO
# OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ADITUS PHARMA OHIO, LLC, an Ohio Limited Liability Company, Registration Number 5145616, was organized in the State of Ohio on November 29, 2023, is currently in FULL FORCE AND EFFECT upon the records of this office.*

*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of January, A.D. 2025.*

**Ohio Secretary of State**

**Validation Number: 202503003644**

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-05-2023

Employer Identification Number:
93-4705694

Form: SS-4

ADITUS PHARMA OHIO LLC

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-4705694. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

STATE OF OHIO
BOARD OF PHARMACY

# LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2025.

**Aditus Pharma Ohio LLC**

**8946 Global Way**

**West Chester, OH 45069-7071**

**License Number: 0130000694**

**Wholesaler - Category 2**

**Expiration Date: June 30, 2025**

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS – Full Service

**Responsible Person** – Print, sign and keep license in a readily retrievable location at the address listed on this license.

| Responsible Person Name (Print) | Signature of Responsible Person |
|---|---|
| **ROBERT HIGHFILL** | |

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.*

**State of Ohio Board of Pharmacy**
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/9/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
TWFG - Wade Ins
775 Gardner Rd
Suite A
Springboro OH 45066

**CONTACT NAME:** Jonathan Shuttera
**PHONE (A/C, No, Ext):** 937-748-2651 **FAX (A/C, No):**
**E-MAIL ADDRESS:** jonathan.shuttera@twfg.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Markel American Insurance Company | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

**INSURED**
Aditus Pharma LLC
8950 Global Way
Beckett Ridge OH 45069

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | ✔ COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE ✔ OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>✔ POLICY ☐ PRO-JECT ☐ LOC<br>OTHER: | Y | Y | MKLM7PLS000063 | 05/01/2024 | 05/01/2025 | EACH OCCURRENCE | $ 2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS-MADE<br>☐ DED RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE ☐ OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

8950 Global Way. West Chester, OH 45069
Prologis LP and its Affiliates and Property Manager are additional insureds for General Liability. A Waiver of Subrogation applies in favor of these entities per agreement.

**CERTIFICATE HOLDER**

Prologis
8760 Global Way
West Chester OH 45069

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**
Jonathan Shuttera

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# NEVADA STATE BOARD OF PHARMACY

**431 W Plumb Lane**
**Reno, NV 89509**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. TCS26921

Application/License No. _____

ADITUS PHARMA OHIO, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

8946 Global Way, West Chester, OH 45069 (Address of Applicant/Principal), as PRINCIPAL, and Hudson Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

8777 N Gainey Center Dr Ste 240, Scottsdale, AZ 85258-2154 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 07/17/2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of July, 20 24.

APPLICANT/PRINCIPAL
ADITUS PHARMA OHIO, LLC

Authorized Representative

SURETY COMPANY
Hudson Insurance Company

Surety Company's Representative

Joshua Kayser, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A Retaliatory
Nevada Resident Agent

TCS26921

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Joshua Kayser

**of the State of** Missouri

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand Dollars and Zero Cents

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly d, on this 2nd day of June, 20 22 at New York, New York.

: seal)

**HUDSON INSURANCE COMPANY**

Attest.....
**Dina Daskalakis No. 01MU6067553**
Corporate Secretary

By.....
**Michael P. Cifone**
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

On the 2nd day of June, 20 22 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

ANN M. MURPHY
NOTARY PUBLIC
STATE OF NEW YORK

.....
**ANN M. MURPHY**
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2025

## CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

The undersigned **Dina Daskalakis** hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 18th day of July, 20 24.

seal)

By.....
**Dina Daskalakis,** Corporate Secretary

suretybonds.com

July 18, 2024

Barry Hart
[redacted]
MASON, OH 45040

RE: $100,000.00 NV Pharmaceutical Wholesaler Bond

Barry:

I appreciate your trust in myself and SuretyBonds.com for all of your bonding needs!

| Bond Number | Expiration Date | Renew? |
|---|---|---|
| TCS26921 | 7/17/25 | YES |

The surety bond referenced above is signed, sealed, and enclosed with this letter.

**Your Bond Instructions**

- Review entire document to ensure all fields are filled out fully and accurately.
- Principal(s) must sign and date where indicated.
- Principal signature(s) must be witnessed by third party individual(s) where indicated.
- Properly signed and sealed document must be physically filed with obligee requiring the bond.

**Our Commitment to You**

SuretyBonds.com works with more than 25 of the nation's largest surety companies to ensure you receive the best pricing available for your bond. I will begin quoting the renewal for this account 90 days before your bond's expiration date.

To ensure fast and accurate service, please notify us of any changes in:

- ownership
- mailing/business address
- email address
- phone number

With this information I can notify you of any changes in your bonding requirements and ensure you receive any future renewal notices without delay.

As always, feel free to call me at 1 (800) 308-4358 *any* time you have a question or need help with your current or future bonding needs.

Sincerely,

Blake Oliver
Surety Bond Account Manager

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Aditus Pharma Ohio, LLC MDEG License # (if applicable) _____

Physical Address 8946 Global Way

City West Chester State OH Zip 45069

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 513-325-2685 Website www.adit-spharma.com

Licensing Company Email _____

**Section 2: Personal Information**

First Robert Middle G Last Highfill

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City MASON State OH Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| William MASON High School | | 1994 - 1997 | |
| Address | City | State | Zip |
| 6100 Mason Montgomery Rd | MASON | OH | 45040 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Tiffin University | | 1997 - 1998 | |
| Address | City | State | Zip |
| 155 Miami St | Tiffin | OH | 44883 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Sinclair College | | 1998 - 1999 | |
| Address | City | State | Zip |
| 444 West Third street | Dayton | OH | 45402 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2-1-2015 - Current | [redacted] | MASON | OH | [redacted] |
| 10-1-2010 - 2-1-2015 | | MASON | OH | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| | | | |
|---|---|---|---|
| Business Name: PRx Wholesale | | | From - To (MM/YY – MM/YY): 11-1-17 - 4-14-23 |
| Business Address: 4637 Interstate Dr | City: Cincinnati | State: OH | Zip: 45246 |
| Phone: 877-889-4836 | Title: COR Warehouse Manager | | Number of Employed Hours: Full time |
| Description of Duties: SALES, Shipping, Receiving ordering | | | |

| | | | |
|---|---|---|---|
| Business Name: Move-It-Rx | | | From - To (MM/YY – MM/YY): 01-24 - Current |
| Business Address: 921 Briarwood Ct. | City: MASON | State: OH | Zip: 45040 |
| Phone: 513-325-2685 | Title: OWNER | | Number of Employed Hours: full time |
| Description of Duties: Handled All the logistics, and moves for Relocation of pharmacies | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | X | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 2-6-13 | 4-29-13 | NH | SALEM | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 473-2013-CR-00664 | | | | |
| **Reason/Charge** | | | | |
| Simple ASSAULT Disorderly Conduct | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | — | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

See Attached

Original Signature (electronic, copies or stamps not accepted)

1-9-25 1-9-25
Date

To whom it may concern

In Feb of 2013 Robert Highfill was involved in a pushing match at a public please in Salem New Hampshire. In the result of the this I was charged with disorderly and simple assault. I paid $500 cash in my Bond and as a result I forfeited my bond and didn't have to even go to court. Unfortunately, it now shows up on my record.

Thanks



Bob Highfill

I, Robert Highfill, **certify that as the MDEG Administrator for**

_____,

**that I (initial that you have read and meet the following requirements):**

1. AH Have a high school diploma or its equivalent;
2. AH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert Highfill
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-9-25
Date

| Board Use Only | Date Received: _____ |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Aditus Pharma Ohio, LLC

Pharmacy/Wholesaler License # (if applicable) 0130000694

Physical Address 8946 Global Way

City West Chester State OH Zip 45069

Mailing Address (if different from physical address)

City State Zip

Telephone 513-513-0226 Website Adituspharma.com

Licensing Company Email Compliance@Adituspharma.com

**Section 2: Personal Information**

First Robert Middle G Last Highfill

Alias(es, nicknames, name changes, etc.) Bob Bobby

Date of Birth [redacted] SN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City MASON State OH Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| William Mason High School | | 08/94 - 06/97 | |
| **Address** | **City** | **State** | **Zip** |
| 6100 Mason-Montgomery Rd | Mason | OH | 45040 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Sinclair Community College | | 08/98 - 05/99 | |
| **Address** | **City** | **State** | **Zip** |
| 444 W Third St. | Dayton | OH | 45402 |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/15 - Current | [redacted] | Mason | OH | [redacted] |
| 09/10 - 04/15 | | Mason | OH | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Aditus Pharma | | | 06/24 - | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8946 Global Way | | West Chester | OH | 45069 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 513-513-0226 | VP of Operations | | 280 | |
| **Description of Duties** | | | | |
| Day to Day operations CDR | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| PRx Wholesale | | | 09/17 - 04/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4637 Interstate Dr | | West Chester | OH | 45246 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 877-889-4836 | CDR | | 11,440 | |
| **Description of Duties** | | | | |
| Resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

[redacted]

# ROBERT G. HIGHFILL

PROFILE

Highly motivated individual with an experience in providing professional administration support, while working effectively within a multi-tasking environment. Strong understanding of HR operations and project management, able to take a project inception with minimal direction to full execution. Proficient in working with diverse groups of associates, consistently exceeding all annual service goals given.

SKILLS & ABILITIES

Over fifteen years of management, leadership, sales and customer service experience in a variety of business fields.

EXPERIENCE

**Designated Representative, Premier Rx Wholesale**

2017-2023

- Shipping and Receiving
- Trader Partner Verification
- Forklift Certified
- Regulatory Compliance

**OWNER AND OPERATOR, BMCH LAWN & LANDSCAPE INC. / MOVE-IT-RX INC.**

2007-2017

- Confer with potential customers regarding specific needs and costs for both residential and business properties; quotes for potential projects.
- Hire and train employees to fulfill projects.
- Direct, coordinate, and review activities in sales and service accounting, record keeping and in billing customers.
- Managed and serviced all routes and accounts for snow removal, mowing, landscaping and tree removal.
- Project manager of 20-30 projects annually for Fortune 500 Company.
- Organized, hired, and managed subcontractors nationwide.
- Provide project and program management relocations, closures, and mergers of pharmacy business units.

**NATIONAL OPERATIONS MANAGER, RAM RESTORATION, LLC**

April 2014-December 2014

- Provided cost analysis of business and employees.
- Project manager for Michigan, South Carolina and Ohio.
- Supervise employees or subcontractors to ensure quality of work or adherence to safety regulations or policies.

- Managed operations' records, such as work orders, site inspection forms, or other documentation.
- Reported directly to the president or investor.

EDUCATION

**SINCLAIR COMMUNITY COLLEGE**

1998-1999, Criminal Justice

**TIFFIN UNIVERSITY**

1997-1998, Criminal Justice

**WILLIAM MASON HIGH SCHOOL**

1997 Graduate

LEADERSHIP

Assistant Coach, Mason Youth Football for 9 years.

Assistant Coach, Mason 8th Grade Football for 6 years.

- Running back and cornerback coach.
- 4 years defensive coordinator.

Head Coach for Mason Baseball youth 3 years

REFERENCES

**DANA HILL**

General Manager, Operations, Inc.

[redacted]

**PHIL WOLBER**

Owner, Richardson & Associates, LLC

[redacted]

**MEL CAMERON**

McKesson VP Operations

[redacted]

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

7-18-24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 2-6-13 | 4-29-13 | NH | SALEM | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| N/A | | | NA | |
| **Name of Business/Industry/Entity** | | | | |
| Salem Police | | | | |

**Provide explanation below:**

My Under standing is the Simple Assult was Dropped for his glasses falling off And they Kept my Bond money for the Disorderly Conduct. By giving my Bond money that Also Kept me from having to travel Back to NH for Court.

Original Signature (electronic, copies or stamps not accepted)

11-13-24
Date

To whom it may concern

In Feb of 2013 Robert Highfill was involved in a pushing match at a public please in Salem New Hampshire. In the result of the this I was charged with disorderly and simple assault. I paid $500 cash in my Bond and as a result I forfeited my bond and didn't have to even go to court. Unfortunately, it now shows up on my record.

Thanks



Bob Highfill

DAVE YOST
OHIO ATTORNEY GENERAL

Civilian Identification
Office 877-224-0043
Fax 866-750-0214

May 13, 2024

ROBERT HIGHFILL
[redacted]

**CRIMINAL HISTORY RECORD CHECK**
**AUTHENTICATION NO. BMT006743664**
**ICN: E20241290000000172033**

A criminal history record check was completed on the applicant listed below. The criminal history record may only be used for the **purpose of determining the suitability of the applicant for employment or applicant's qualifications for licensing or employment.**

| | |
|---|---|
| **Name:** | **HIGHFILL, ROBERT G** |
| **Date of Birth:** | [redacted] |
| **Social Security Number:** | **XXX-XX-** [redacted] |
| **Completion Date:** | **20240513** |
| **Reason Fingerprinted:** | **4729 071** |

Bruce Pijanowski, Superintendent
Ohio Bureau of Criminal Investigation

***Pursuant to Ohio Revised Code section 109.57(E)(2), BCI is authorized to provide only information relating to criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication meets specific criteria listed in Ohio Revised Code section 109.57(E)(2) & (3).***

P.O. Box 365 | London, Ohio | 43140
www.OhioAttorneyGeneral.gov

THIS RESPONSE IS BASED ON YOUR INQUIRY OF
MKE/QRAPP ORI/OHBCI0000 TCN/BMT006743664 PUR/FBI ATN/LDABE
DATE/2024MAY13 TIME/10:45:11

DATE PRINTED/ 2024MAY08

ROBERT HIGHFILL
[redacted]

IDENTIFYING DATA RECEIVED FROM ABOVE AGENCY FOR RECORD CHECK:
NAME SUBMITTED/HIGHFILL, ROBERT G [redacted]

REASON FINGERPRINTED: 4729 071
AUTHENTICATION NUMBER: BMT006743664
ORIGINAL COMPLETE DATE: 2024MAY13

QR.OHNCIC000.CCHU.*7655114---...
EL0109YS,MRI1422444
OHBCI0000
THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR
RECORD REQUEST FOR FBI/808536TD7. THE FOLLOWING WILL RESPOND TO YOUR
AGENCY:
NEW HAMPSHIRE - STATE ID/[redacted]
END
CR.NHCCH0000.CCHU.*7655114---...
CR.NHCCH0000
05:27 05/08/2024 86085
05:27 05/08/2024 16334 OHBCI0000
*
TXT
HDR/2L0109YS,MRI1422444
ATN/OHBCI0000
********** CRIMINAL HISTORY RECORD **********
********** INTRODUCTION **********
THIS RAP SHEET WAS PRODUCED IN RESPONSE TO THE FOLLOWING REQUEST:
STATE ID NUMBER NH826273 (NH)
PURPOSE CODE I
ATTENTION OHBCI0000
TRANSACTION CONTROL NUMBER TNH020134540
THE INFORMATION IN THIS RAP SHEET IS SUBJECT TO THE FOLLOWING CAVEATS:
PUR/I.ATN/OHBCI0000.SID/NH826273
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME A NEW COPY
SHOULD BE REQUESTED FOR SUBSEQUENT USE. ARREST DATA WHICH STATE "NOT
REPORTED" ARE NOT SUPPORTED BY FINGERPRINTS. FOR LAW ENFORCEMENT USE
ONLY - UNAUTHORIZED USE OF THIS RECORD IS PROHIBITED - DO NOT
DISSEMINATE TO ANY UNAUTHORIZED PERSONS
********** IDENTIFICATION **********
SUBJECT NAME(S)
HIGHFILL, ROBERT G

| | |
|---|---|
| SENTENCING | (CYCLE 1) |
| SENTENCE DATE | 2013-04-29 |
| SENTENCING AGENCY | |
| CHARGE LITERAL | DISORDERLY CONDUCT\|6442..01923 |
| STATUTE | (644:2 NH) |
| SEVERITY | VIOLATION |
| DISPOSITION | |
| SENTENCE | FINES:500 |

CYCLE 2

| | |
|---|---|
| EARLIEST EVENT DATE | 2013-02-06 |
| ARREST DATE | 2013-02-06 |
| ARREST CASE NUMBER | |
| ARRESTING AGENCY | NH0086400 SALEM PD |
| CHARGE TRACKING NUMBER | TNH020134540 |
| CHARGE LITERAL | SIMPLE ASSAULT |
| CHARGE DESCRIPTION | DATE OF OFFENSE:2013-02-06 |
| CHARGE DESCRIPTION | FINGERPRINT SUPPORTED ARREST |
| STATUTE | (631:2-A NH) |
| SEVERITY | MISDEMEANOR |
| PROSECUTOR DISPOSITION | (CYCLE 2) |
| PROSECUTOR AGENCY | |
| CHARGE LITERAL | SIMPLE ASSAULT\|6312-A..02205 |
| CHARGE DESCRIPTION | AGENCY:SALEM PD |
| CHARGE DESCRIPTION | DATE OF OFFENSE:2013-02-06 |
| STATUTE | (631:2-A NH) |
| SEVERITY | MISDEMEANOR CLASS A |
| COURT DISPOSITION | (CYCLE 2) |
| COURT CASE NUMBER | 473-2013-CR-00664 |
| FINAL DISPOSITION DATE | 2013-04-29 |
| COURT AGENCY | NH008111J SALEM-D |
| CHARGE | 755076C |
| CHARGE LITERAL | SIMPLE ASSAULT\|6312-A..02205 |
| STATUTE | (631:2-A NH) |
| SEVERITY | MISDEMEANOR CLASS A |
| DISPOSITION | ( 2013-04-29; NOLLE PROSEQUI) |

********** INDEX OF AGENCIES **********

| | |
|---|---|
| AGENCY | SALEM PD; NH0086400; |
| AGENCY | SALEM-D; NH008111J; |

* * * END OF RECORD * * *

SUBJECT DESCRIPTION

FBI NUMBER [redacted]

STATE ID NUMBER [redacted] NH)

SOCIAL SECURITY NUMBER [redacted]

MISCELLANEOUS NUMBERS
TNH020134540 STATE ID CARD

SEX [redacted]

RACE [redacted]

HEIGHT [redacted]

WEIGHT [redacted]

DATE OF BIRTH [redacted]

HAIR COLOR [redacted]

EYE COLOR [redacted]

PLACE OF BIRTH
OH
FINGERPRINT IMAGES
PALMPRINT IMAGES
(NO PALMPRINT IMAGE TRANSMITTED
COMMENT:CONTACT NHSP - STATE IDENTIFICATION BUREAU)
PHOTO IMAGES
(NO PHOTO IMAGE TRANSMITTED )
DNA DATA
(NO DNA DETAIL TRANSMITTED
COMMENT:DNA NOT AVAILABLE)

********** CRIMINAL HISTORY **********

========== CYCLE 1 ==========

EARLIEST EVENT DATE 2013-02-06

---

ARREST DATE 2013-02-06
ARREST CASE NUMBER
ARRESTING AGENCY NH0086400 SALEM PD
CHARGE TRACKING NUMBER TNH020134540
CHARGE LITERAL DISORDERLY CONDUCT
CHARGE DESCRIPTION DATE OF OFFENSE:2013-02-06
CHARGE DESCRIPTION FINGERPRINT SUPPORTED ARREST
STATUTE (644:2 NH)
SEVERITY MISDEMEANOR

---

PROSECUTOR DISPOSITION (CYCLE 1)
PROSECUTOR AGENCY
CHARGE LITERAL DISORDERLY CONDUCT|6442..01923
CHARGE DESCRIPTION AGENCY:SALEM PD
CHARGE DESCRIPTION DATE OF OFFENSE:2013-02-06
STATUTE (644:2 NH)
SEVERITY VIOLATION

---

COURT DISPOSITION (CYCLE 1)
COURT CASE NUMBER 473-2013-CR-00664
FINAL DISPOSITION DATE 2013-04-29
COURT AGENCY NH008111J SALEM-D
CHARGE 755077C
CHARGE LITERAL DISORDERLY CONDUCT|6442..01923
STATUTE (644:2 NH)
SEVERITY VIOLATION
DISPOSITION CONVICTED( 2013-04-29; GUILTY)
COURT COMMENT PLEA:GUILTY

ROBERT G HIGHFILL
ATTN: BOB HIGHFILL
C/O: ADITUS PHARMA OHIO, LLC
[redacted]

112628678-02336

1-787a (Rev. 08-10-2016)

**U.S. Department of Justice**
Federal Bureau of Investigation
Criminal Justice Information Services Division
*Clarksburg, WV 26306*

ROBERT G HIGHFILL
ATTN: BOB HIGHFILL
C/O: ADITUS PHARMA OHIO, LLC
[redacted]

Date: 08-16-2024

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

**Subject Name**

ROBERT G HIGHFILL

**Search Completed Result** 08-16-2024 E2024229000000425093

**A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.**

Date of Birth:

Social Security number: [redacted]

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2024229000000425093

DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG,WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJM0Z-20240816211419-EDO-0000-95069
AGENCY CASE D0244424213

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME HIGHFILL,ROBERT G

[redacted]

| STATE ID | BIRTH PLACE |
|---|---|
| NULL | UNITED STATES |

CITIZENSHIP
UNITED STATES

| OTHER BIRTH DATES | SCARS-MARKS-TATTOOS | SOCIAL SECURITY | MISC NUMBERS |
|---|---|---|---|
| NONE | NONE | [redacted] | NONE |

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2024229000000425093

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.
- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

| NAME | FBI UCN | DATE REQUESTED |
|---|---|---|
| HIGHFILL,ROBERT G | [redacted] | 2024/08/16 |

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR
[redacted]

BIRTH PLACE
[redacted]

PATTERN CLASS
LS LS LS LS LS LS LS AU LS LS

CITIZENSHIP
UNITED STATES
UNKNOWN

1-ARRESTED OR RECEIVED 2013/02/06 SID- NH826273
AGENCY-POLICE DEPARTMENT SALEM (NH0086400)
AGENCY CASE-TNH020134540

FINGERPRINT INFORMATION
BSI/1000093959309
PRINT DATE/2013/02/11

PHOTO INFORMATION - 3 PHOTOS AVAILABLE
BSI/40019257502

PHOTO DATE/2013/02/11
BSI/40019257500

PHOTO DATE/2013/02/11
BSI/40019257497

PHOTO DATE/2013/02/11

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC0000012
PART 2

NCN E20242290000000425093

- FBI IDENTIFICATION RECORD - FBI UCN-808536TD7

CHARGE 1-SIMPLE ASSAULT-MISD
CHARGE 2-DISORDERLY CONDUCT-MISD

COURT- ()
CHARGE- III/DOCKET #:473-2013-CR-00664;CHARGE ID:755076C;631:2-A;SIMPLE ASSAULT ;MISDEMEANOR A III/NOLLE PROSEQUI
CHARGE- III/DOCKET #:473-2013-CR-00664;CHARGE ID:755077C;644:2;DISORDERLY CONDUCT;VIOLATION III/GUILTY

RECORD UPDATED 2024/08/16

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

I, Robert G Highfill, **certify that as the designated representative for**

Aditus Pharma,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert G. Highfill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/18/24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert G. Hightill
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-18-24
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Ohio, ss. County of Warren

I, Robert G. Hightill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

7-24-24
**Date**

Subscribed and Sworn to before me this 24 day of July 2024.

Michele L. Tracy
**Notary Public Signature**

MICHELE L TRACY
Notary Public
State of Ohio
My Comm. Expires
June 11, 2026

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Aditus Pharma Ohio LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 0130000694

Physical Address 8946 Global Way

City West Chester State OH Zip 45069

Mailing Address (if different from physical address)

City State Zip

Telephone 513-513-0224 Website aditusPharma.com

Licensing Company Email Compliance@aditusPharma.com

**Section 2: Personal Information**

First Jeremy Middle Jason Last Gidley

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Mason State OH Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | ✓ | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ✓ | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Cincinnati | | Sept 1998 - June 2003 | |
| **Address** | **City** | **State** | **Zip** |
| 2600 Clifto Ave | Cincinnati | OH | 45221 |
| **Diploma/Degree obtained, if any** | | | |
| BS Criminal Justice | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| William Mason Highschool | | Sept 94 — June 98 | |
| **Address** | **City** | **State** | **Zip** |
| 6100 Mason Montgomery Rd | mason | OH | 45040 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2006 - Current | [redacted] | Mason | OH | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Aditus Pharma | | | Jan 1, 2021 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 8946 Global Way | West Chester | OH | 45069 |
| **Phone** | **Title** | | |
| 513-53-0226 | Treasurer / President | | |

Description of Duties

Finance, Operations, Facilities, ~~IT~~

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| JG Enterprises of Cincinnati, LLC | | | June 2006 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 6327 Tracy Place | Mason | OH | 45040 |
| **Phone** | **Title** | | |
| 513-257-5957 | Owner / Member | | |

Description of Duties

Day to Day operations, Pharmacy Sales, Project Management, Relocation budgets Pharmacy, Merger + Aquisition consulting in LTC Pharmacy Market.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

7/18/24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jeremy Gidley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/25/24
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Ohio, ss. County of Warren

I, Jeremy J. Gidley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

7/25/24
**Date**

Subscribed and Sworn to before me this 25 day of July 2025

Stephanie A Woodruff
**Notary Public Signature**

STEPHANIE A WOODRUFF
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 02-14-25
(Seal)

Aditus Pharma Ohio, LLC
8946 Global Way
West Chester, OH 45069

**Nevada Board of Pharmacy**

Dear Recipient,

Please review, we are a new start up company as of now the only employees we have are

Jeremy Gidley and Robert Highfill

Warm regards,

Robert G Highfill
**COO/CDR**

# 4QQ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: AIM Rx3PL, LLC

Physical Address: 40F Cotters Lane, Suite 100

City: East Brunswick State: NJ Zip: 08816

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: N/A

Name of Designated Representative (DR): Jinal A. Patel

Licensing Company Email: AIM@slsny.com DR Email: jinalp@aimrx3pl.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☒ Others: Drugs (Ophthalmic) | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Distribution sites with organization, Manufacturers & Distributors | | ☒ Others: 3PL |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____ **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Athem LLC
Address: 40F Cotters Lane, Suite 200 City: East Brunswick State: NJ Zip: 08816
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation** N/A

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: NJ
Parent Company (if any): Athem Holdings LLC (65%) and InvaTech Pharma Solutions LLC (35%)
Corporation/Organization Name: AIM Rx3PL, LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: AIM@slsny.com
Contact Person Name: Christine Cannon

**Section 6: Partnership** N/A

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner** N/A

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Athem Holdings LLC 65% & invaTech Pharma Solutions LLC 35% Sole Ownership | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A - No CS | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No Medical Devices, Equipment or Gases | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No Medical Devices, Equipment or Gases | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019-Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

AIM Rx3PL, LLC

Facility Name

Jinal A. Patel

Print Name of Authorized Person Submitting Application

JinalPatel

Original signature of Authorized Person (copies or stamps not accepted)

11/23/2022

Date

| Board Use Only | Date Received: 1-9-23 | Amount: 1000.00 CK-7345 |
|---|---|---|

# AIM Rx3PL, LLC

**Corporate Address:** 40F Cotters Lane, Suite 100, East Brunswick, NJ 08816 USA
**FEIN:** 83-2480426
N/A

**Drug Labeler Code:** N/A
**Incorporation State:** NJ
**Incorporation Date:** 9/10/2018

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| 4F1 | 40F Cotters Lane<br>Suite 100<br>East Brunswick, NJ 08816<br>County: Middlesex | N/A | N/A - No CS | 117086866 | No | (732) 307-7926 | (732) 307-7931 |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | |
|---|---|---|---|---|
| Jinal A. Patel | 40F Cotters Lane<br>Suite 100<br>East Brunswick, NJ 08816 | Secretary | No | *All states except VA* |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority |
|---|---|---|---|---|
| InvaTech Pharma Solutions LLC | 40C Cotters Lane<br>Suite A<br>East Brunswick, NJ 08816 | | 35% | |
| Athem Holdings LLC | 40F Cotters Lane<br>Suite 200<br>East Brunswick, NJ 08816 | | 65% | |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | |
|---|---|---|---|---|
| Jinal A. Patel | 40F Cotters Lane<br>Suite 100<br>East Brunswick, NJ 08816 | Secretary | No | *All states except VA* |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name |
|---|
| Incorp Services, Inc. |

Officer List

**AIM Rx3PL LLC**
40F Cotters Lane
Suite 100
East Brunswick, NJ 08816
T: 732-307-7926
F: 732-307-7931

Date: January 10, 2020

To Whom It May Concern:

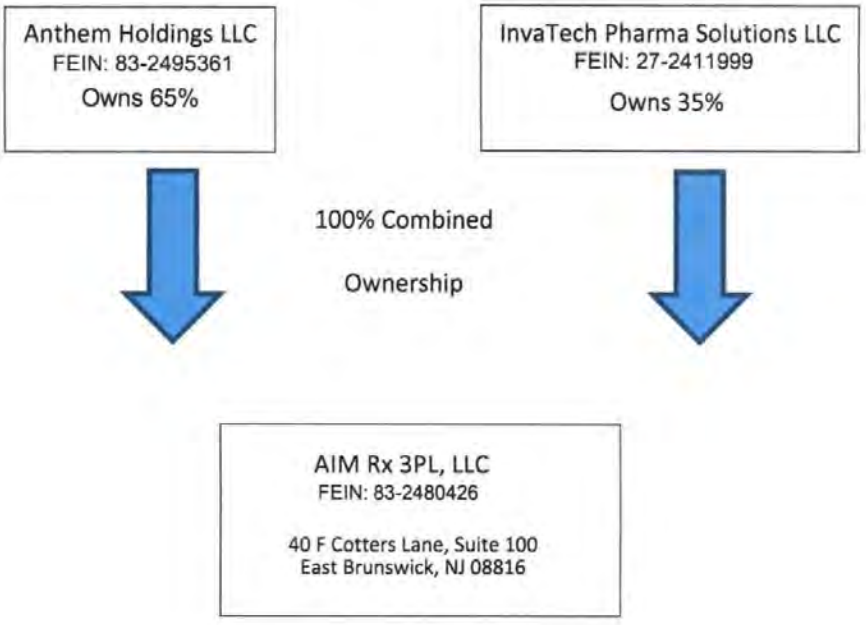
As of (date) I hereby certify that the following individual serves as the sole officer of AIM RX3PL, LLC:

Jinal Patel, Secretary

Jinal Patel Secretary, AIM RX3PL, LLC

**AIM Rx3PL LLC**
40F Cotters Lane
Suite 100
East Brunswick, NJ 08816
T: 732-307-7926
F: 732-307-7931

## Ownership Organization Chart for AIM Rx3PL, LLC



***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***AIM RX3PL, LLC***
*0600454043*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 10, 2018.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2024*

*I further certify that the registered agent and office are:*

*NILESH M. PATEL*
*C/O INVA TECH PHARMA SOLUTION LLC*
*40 C COTTERS LAND, SUITE A*
*EAS BRUNSWICK, NJ 08816*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of January, 2025*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6160946191*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

Last Updated: 2/7/2025

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

# Health Care Facilities

## Licensed Facilities

### Current Listings

Type = Pharmacy-Manufacturer/Wholesaler/Distributor
County = All
Results = 1

Click here to return to the search page

1

AIM Rx3PL LLC
40F Cotters Lane Suite 100
E Brunswick, NJ 08816
Attn: Vrajesh Vikrambhai Panchal
732-307-7926

Rank: Third Party Logistics

Facility License Number: 00006427
Status: Licensed
Date of Original Licensure: 11/23/2020
Date of Expiration: 11/30/2026
**No Disciplinary Actions**

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/27/2025

**Registration Number:** 5005747 **Registered as:** Wholesale

**Name:** AIM RX3PL, LLC

**DBA:**

**Address:** 40F COTTERS LN, STE 100, EAST BRUNSWICK, NJ 08816

**Original Issue Date:** 03/11/2020 **Expiration Date:** 01/31/2026

**Current Issue Date:** 01/24/2025

**Disciplines:** No




**AIM Rx3PL LLC**
40F Cotters Lane
Suite 100
East Brunswick, NJ 08816
T: 732-307-7926
F: 732-307-7931

## List of Employees:

-Vrajesh Panchal

-Jinal A. Patel

-Dilip S. Ram

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107941078

Application/License No. _____

AIM RX 3PL LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 40F Cotters Ln, East Brunswick, NJ 08816 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1 Tower Square, Hartford, CT 06103 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 3, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of December, 2024.

APPLICANT/PRINCIPAL

COMPANY
AIM RX 3PL LLC

Authorized Representative

SURETY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Nicole Kaetzel

Countersigned by:

Nevada Resident Agent

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Robyn Rost** of **FLORHAM PARK**, **New Jersey**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF,** the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF,** I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED,** that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED,** that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 3rd day of December 2024

_____
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.***

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2023

CAPITAL STOCK $ 6,480,000

| ASSETS | | LIABILITIES & SURPLUS | |
|---|---|---|---|
| BONDS | $ 5,104,395,601 | LOSSES | $ 1,495,036,900 |
| STOCKS | 119,333,643 | LOSS ADJUSTMENT EXPENSES | 146,791,770 |
| CASH AND INVESTED CASH | 30,641,608 | COMMISSIONS | 55,734,579 |
| OTHER INVESTED ASSETS | 8,355,939 | OTHER EXPENSES | 55,546,499 |
| SECURITIES LENDING REINVESTED COLLATERAL ASSETS | 13,350,613 | TAXES, LICENSES AND FEES | 15,857,431 |
| INVESTMENT INCOME DUE AND ACCRUED | 43,617,243 | CURRENT FEDERAL AND FOREIGN INCOME TAXES | 5,300,838 |
| PREMIUM BALANCES | 326,304,977 | UNEARNED PREMIUMS | 1,515,112,686 |
| REINSURANCE RECOVERABLE | 27,997,684 | ADVANCE PREMIUM | 4,091,249 |
| NET DEFERRED TAX ASSET | 72,421,341 | POLICYHOLDER DIVIDENDS | 21,388,522 |
| GUARANTY FUNDS RECEIVABLE OR ON DEPOSIT | 1,798,901 | CEDED REINSURANCE NET PREMIUMS PAYABLE | 62,914,516 |
| OTHER ASSETS | 818,309 | AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS | 21,072,858 |
| | | REMITTANCES AND ITEMS NOT ALLOCATED | 7,201,721 |
| | | PROVISION FOR REINSURANCE | 9,891,783 |
| | | PAYABLE FOR SECURITIES LENDING | 13,350,613 |
| | | OTHER ACCRUED EXPENSES AND LIABILITIES | 409,380 |
| | | TOTAL LIABILITIES | $ 3,429,701,342 |
| | | CAPITAL STOCK | $ 6,480,000 |
| | | PAID IN SURPLUS | 433,803,760 |
| | | OTHER SURPLUS | 1,877,950,956 |
| | | TOTAL SURPLUS TO POLICYHOLDERS | $ 2,318,234,716 |
| TOTAL ASSETS | $ 5,747,936,058 | TOTAL LIABILITIES & SURPLUS | $ 5,747,936,058 |

STATE OF CONNECTICUT )

COUNTY OF HARTFORD ) SS.

CITY OF HARTFORD )

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2023.

Michael J Doody
VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
15TH DAY OF MARCH, 2024

Susan M Weissleder
NOTARY PUBLIC

SUSAN M. WEISSLEDER
*Notary Public*
*My Commission Expires November 30, 2027*

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (04/22/2021)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AIM Rx3PL, LLC

Physical Address 40F Cotters Lane, Suite 100

City East Brunswick State NJ Zip 08816

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website N/A

Licensing Company Email AIM@slsny.com

### Section 2: Personal Information

First Jinal Middle A. Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Addres [redacted]

City Newark State DE Zip [redacted]

Telephone [redacted] Ema [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ✓ | |



Applicant's initials dp

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Rutgers University, Business School | | 01/2015 - 12/2017 | |
| **Address** | **City** | **State** | **Zip** |
| 1 Washington Pl. | Newark | NJ | 07102 |
| **Diploma/Degree obtained, if any** | | | |
| Masters in Supply Chain Management | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Temple University | | 08/2007 - 12/2012 | |
| **Address** | **City** | **State** | **Zip** |
| 1801 N Broad St. | Philadelphia | PA | 19122 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelors of Science in Biochemistry; Minor: Religion; Certificate: Spanish | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Christiana High School | | 09/2003 - 06/2007 | |
| **Address** | **City** | **State** | **Zip** |
| 190 Salem church Rd | Newark | DE | 19713 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2006 - Present | [redacted] | Newark | DE | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**AIM Rx3PL LLC**
40F Cotters Lane
Suite 100
East Brunswick, NJ 08816
T: 732-307-7926
F: 732-307-7931

Jinal Patel
[redacted]
Newark, DE [redacted]

To: State Boards of Licensing

Dear Dir/Madam,

I am writing this letter to formally attest to my commuting schedule and regular presence at the facility located in East Brunswick, New Jersey, as an employee of AIM Rx3PL LLC. My current role requires me to commute to the East Brunswick facility from my residence in Newark, Delaware. My typical work schedule adheres to the operating business hours of the East Brunswick facility. I am consistently present at the facility during the workday and remain on-site until the close of business, with the exception of holidays, sick days, and any scheduled time off approved in accordance with company policy.

I understand the importance of my presence and dedication to my role at AIM Rx3PL LLC, and I am committed to fulfilling my responsibilities and contributing to the operations at our company. If you require any further verification or additional information regarding my commuting schedule or attendance, please do not hesitate to contact me at [redacted] or [redacted]@aimrx3pl.com.

Thank you for considering this attestation of my work schedule and commitment to my responsibilities at AIM Rx3PL LLC.

Sincerely,
Jinal Patel
Designated Representative
AIM Rx3PL LLC

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | | |
|---|---|---|---|---|
| Business Name: AIM Rx3PL, LLC | | | | From - To (MM/YY – MM/YY): 09/2018 - Present |
| Business Address: 40F Cotters Lane, Suite 100 | | City: East Brunswick | State: NJ | Zip: 08816 |
| Phone: (732) 307-7926 | Title: Secretary | | | Number of Employed Hours: ~ 7,900 hours |
| Description of Duties: Assisted in the formation of AIM Rx3PL LLC and establishing the business model. Preparing various documentation to launch the firm's initial activities. Involved in business development activities and decisions. Management of all administrative documentation | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____ **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:** N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials JP

I, Jinal A. Patel, **certify that as the designated representative for**

AIM Rx3PL, LLC,

**that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jinal A. Patel

Print Name (First, Last)

JinalPatel

Original Signature (electronic, copies or stamps not accepted)

11/23/2022

Date

Applicant's initials JP

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jinal A. Patel

Print Name (First, Last)

Jinal Patel

Original Signature (electronic, copies or stamps not accepted)

12/22/2022

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Delaware, ss. County of New Castle

I, Joshua Kober, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jinal Patel

**Original Signature**

Jinal A Patel

12/22/2022

**Date**

Subscribed and Sworn to before me this 22 day of DEC/22.

JOSHUA KOBER
NOTARY PUBLIC
STATE OF DELAWARE
MY COMMISSION EXPIRES 04/21/2024

**Notary Public Signature**

**(Seal)**

Applicant's initials JP

# 4RR

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☑ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☑ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Blue Rabbit Veterinary, LLC

Physical Address: 405 Heron Drive, Suite 300

City: Swedesboro State: NJ Zip: 08085

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 800-331-8272 Website: www.bluerabbit.vet

Name of Designated Representative (DR): Thomas Caldwell

Licensing Company Email: brvlicensing@bluerabbit.vet DR Email: tcaldwell@wedgewoodpharmacy.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies<br>☐ Practitioners<br>☐ Hospitals<br>☐ Wholesalers<br>☑ Veterinarians<br>☐ Others: | ☑ Dangerous Drugs<br>☐ Controlled Substances<br>☐ *Medical devices, equipment, supplies, gases<br>☑ Others:<br>Non-Prescription | ☐ Manufacturer<br>☐ Repacker<br>☐ Reverse Distributor<br>☐ Warehouse<br>☑ Retail pharmacy wholesale distributor<br>☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Boehringer Ingelheim Animal Health USA Inc.
Address: 5701 Providence Hill Drive City: St. Joseph State: MO Zip: 64503

Name: Elanco US Inc.
Address: 2500 Inovation Way City: Greenfield State: IN Zip: 46140

Name: Intervet Inc, d/b/a Merck Animal Health
Address: 10488 S. 136th Street City: Omaha State: NE Zip: 68138

Name: MWI Veterinary Supply Co.
Address: 2450 Midpoint Drive City: Edwardsville State: KS Zip: 66113

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delware
Parent Company (if any): Blue Rabbit Ventures, Inc.
Corporation/Organization Name: Blue Rabbit Veterinary LLC
Mailing Address: 405 Heron Drive, Suite 300
City: Swedesboro State: NJ Zip: 08085
Telephone: 800-331-8272 Email: brvlicensing@bluerabbit.vet
Contact Person Name: Benjamin Shaw

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Blue Rabbit Veterinary LLC

Facility Name

Huong Kraus

Print Name of Authorized Person Submitting Application

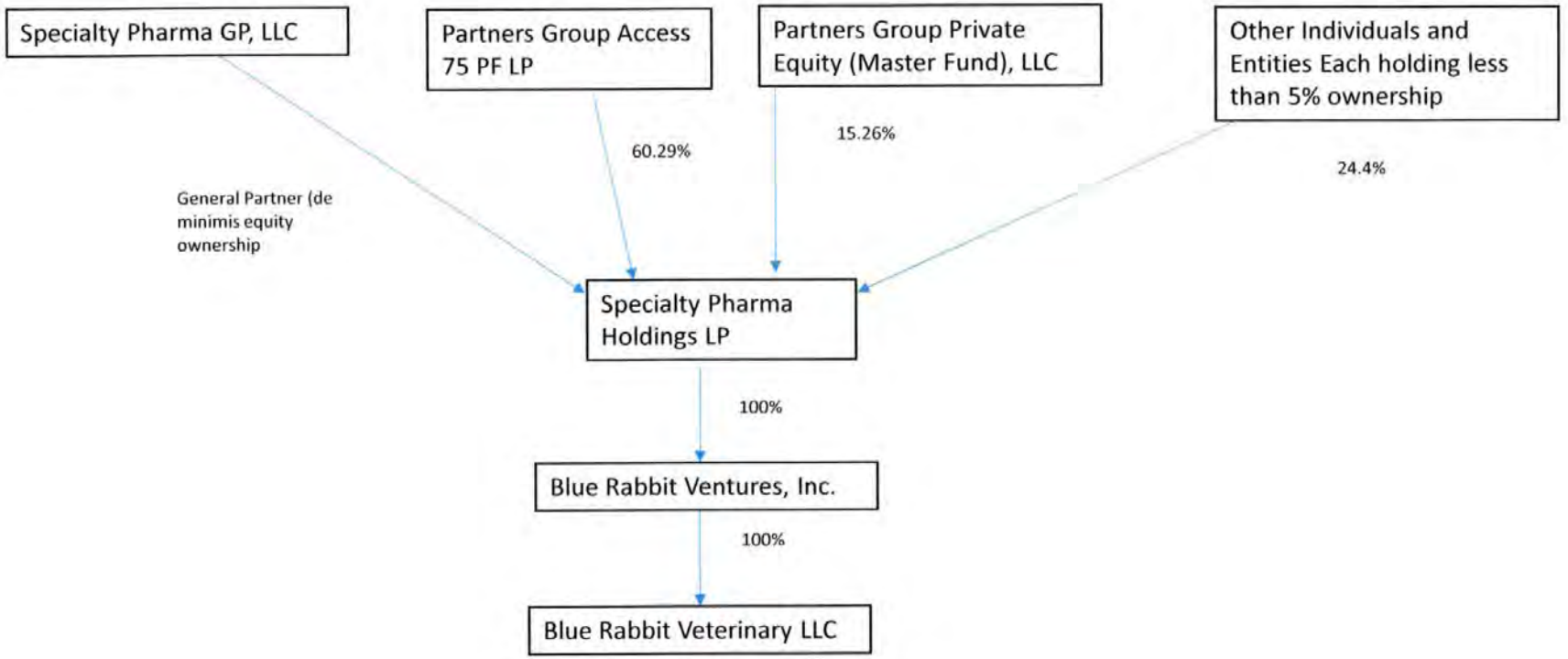
Original signature of Authorized Person (copies or stamps not accepted)

10/3/2024

Date

| Board Use Only | Date Received: 10/7/24 | Amount: $1000.00 |
|---|---|---|

# Organizational Chart for Blue Rabbit Veterinary LLC



**Officers for Blue Rabbit Veterinary LLC and Parent Company**

**Officers:**

| | |
|---|---|
| President: | Benjamin Shaw |
| Treasurer | Maria Kraus |
| CEO & Secretary | Alejandro Bernal-Kraus |

**Parent Company:**

**Blue Rabbit Ventures, Inc. (100% owner of Blue Rabbit Veterinary LLC)**

Address:

2 Union Street, Suite 500
Portland, ME 04101

Officers:

| | |
|---|---|
| President: | Benjamin Shaw |
| Treasurer | Maria Kraus |
| CEO & Secretary | Alejandro Bernal-Kraus |

**Specialty Pharma I Inc. (100% owner of Blue Rabbit Ventures, Inc.)**

Address:

c/o Wedgewood Pharmacy LLC
405 Heron Drive, Suite 200
Swedesboro, NJ 08085

Officers:

| | |
|---|---|
| President: | Joe Costa |
| CFO & Treasurer: | Maria Kraus |
| CEO & Secretary: | Alejandro Bernal-Angel |

**Specialty Pharma Holdings, LP (100% owner of Specialty Pharma I Inc.)**

Address:

c/o Wedgewood Pharmacy LLC
405 Heron Drive, Suite 200
Swedesboro, NJ 08085

Officers:

| | |
|---|---|
| President: | Joe Costa |
| CFO & Treasurer: | Maria Kraus |
| CEO & Secretary: | Alejandro Bernal-Angel |

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***BLUE RABBIT VETERINARY LLC***
*0451053779*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on November 30, 2023.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*C T CORPORATION SYSTEM*
*820 BEAR TAVERN ROAD*
*WEST TRENTON, NJ 08628*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of June, 2024*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6154511763*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/7/2025

---

**Registration Number:** 5006438 **Registered as:** Wholesale

**Name:** BLUE RABBIT VETERINARY, LLC

**DBA:**

**Address:** 405 HERON DR, STE 300, SWEDESBORO, NJ 08085

**Original Issue Date:** 02/05/2024 **Expiration Date:** 01/31/2026

**Current Issue Date:** 01/29/2025

**Disciplines:** No

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800037107

Application/License No. _____

Blue Rabbit Veterinary LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 405 Heron Drive, Suite 300, Swedesboro , NJ 08085 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of NY (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 3, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of April, 2024.

APPLICANT/PRINCIPAL

COMPANY Blue Rabbit Veterinary LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Samantha Bodnick
Witness

Witness

SURETY

Atlantic Specialty Insurance Company

Surety Company's Representative

Michelle Anne McMahon, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Glenn Ryan C. Tapawan

Witness Ellis Reid

Countersigned by:

Nevada ~~Resident Agent~~ Non-Resident Agent
Jennifer Godere License Number: 3496299

Posted February 20, 2020

intact INSURANCE

# Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Connor Wolpert, Doritza Mojica, Gentry Stewart, Jennifer Godere, Jonathan Gleason, Joshua Sanford, Kathryn Pryor, Michelle Anne McMahon, Nicholas Miller, Richard Hackner, Robyn Salley, Sarah Murtha**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 3rd day of April, 2024.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2025

Please direct bond verifications to suretyq@intactinsurance.com

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Blue Rabbit Veterinary, LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 405 Heron Drive, Suite 300

City Swedesboro State NJ Zip 08085

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 800-331-8272 Website www.bluerabbit.com

Licensing Company Email brvlicensing@bluerabbit.vet

**Section 2: Personal Information**

First Thomas Middle _____ Last Caldwell

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 405 Heron Drive, Suite 300

City Swedesboro State NJ Zip 08085

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Philadelphia College of Pharmacy and Science | | 1990-1995 | |
| **Address** | **City** | **State** | **Zip** |
| 600 S 43rd St | Philadelphia | PA | 19104 |
| Diploma/Degree obtained, if any | | | |
| Bachelors of Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| St. James | | 1986-1990 | |
| **Address** | **City** | **State** | **Zip** |
| 215 E 21st St | Chester | PA | 19013 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/2008 - Current | [redacted] | Media (30 minute Drive) | PA | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Wedgewood Pharmacy LLC | | | 01/2012 - Current | |
| Business Address | | City | State | Zip |
| 405 Heron Drive, Suite 300 | | Swedesboro | NJ | 08085 |
| Phone | Title | | Number of Employed Hours | |
| 800-331-8272 | Pharmacist/Pharmacist Quality Manager | | 24,960 | |
| Description of Duties | | | | |
| Pharmacist providing supervision of compounding and verification of orders, managing of pharmacists. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date 6/13/24

I, Thomas Caldwell, **certify that as the designated representative for**

Blue Rabbit Veterinary, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. TC I am at least 21 years of age;
3. TC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Caldwell
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/13/21
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Thomas Caldwell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 6/13/24

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Gloucester

I, Thomas Caldwell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

**Date** 6/13/24

Subscribed and Sworn to before me this 13 day of June.

Samantha Botnick

**Notary Public Signature**

Samantha L Botnick
NOTARY PUBLIC
State of New Jersey
ID # 50130085
My Commission Expires
June 25, 2025

**(Seal)**

Blue Rabbit Veterenary LLC- Employees

| Employee Name (Last Suffix, First MI) | Location | License Type | Number | Renewal Date | Full/Part Time |
|---|---|---|---|---|---|
| Bernard, Alyssa J. | Swedesboro NJ | Pharmacist | 28RI04195900 | 04/30/2025 | Full Time |
| Caldwell, Thomas J. | Swedesboro NJ | Pharmacist | 28RI02803500 | 4/30/2025 | Full Time |
| Jourabchi, David B. | Swedesboro NJ | Pharmacist | 28RI03226600 | 04/30/2025 | Full Time |
| Pieters, Anne | Swedesboro NJ | Pharmacist | 28RI03831400 | 04/30/2025 | Full Time |
| Spencer, Lori N. | Swedesboro NJ | Pharmacist | 28RI03739300 | 04/30/2025 | Full Time |
| Carr, Catrina D. | Swedesboro NJ | Pharmacy Technician | 28RW05304500 | 08/31/2026 | Full Time |
| Decker, Cathleen M. | Swedesboro NJ | Pharmacy Technician | 28RW00942300 | 08/31/2026 | Full Time |
| Farley, Alexis | Swedesboro NJ | Pharmacy Technician | 28RW02742500 | 08/31/2026 | Full Time |
| Gregg, Amaya T. | Swedesboro NJ | Pharmacy Technician | 28RW03996100 | 08/31/2026 | Full Time |
| Luciana, Linda M. | Swedesboro NJ | Pharmacy Technician | 28RW0011900 | 08/31/2026 | Full Time |

# 4SS

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: University of Utah dba Midvalley Central Distribution Pharmacy

Physical Address: 6056 Fashion Square Drive Suite 1220

City: Murray State: UT Zip: 84107

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 801-587-0410 Website: _____

Name of Designated Representative (DR): Brittney Hansen

Licensing Company Email: _____ DR Email: u0770740@utah.edu

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ■ Retail pharmacy wholesale distributor |
| ☐ Others: | | ■ Others: Specialty Pharmcies |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

3/28/24
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: McKesson
Address: 6555 State Hwy 161 City: Irving State: TX Zip: 75039

Name: AmerisourceBergen
Address: 1 West First Ave City: Conshohocken State: PA Zip: 19428

Name: CuraScript SD
Address: 255 Technology Park City: Lake Mary State: FL Zip: 32746

Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name:
Mailing Address: N/A
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: State of Utah
Business Name:
Business Address: Governors office 350 N State Street, Suite 200 PO Box 142220
City: Salt Lake City State: Utah Zip: 84114-2220
Telephone: 801-538-1000 Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✔ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

University of Utah dba Midvalley Central Distribution Pharmacy

Facility Name

Brittney Hansen

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/20/24

Date

| Board Use Only | Date Received: _____ | Amount: _____ |
|---|---|---|

HEALTH
UNIVERSITY OF UTAH

Pharmacy Services
50 N. Medical Dr., Rm A050
Salt Lake City, UT 84132
801.581.2147

List of officers for University of Utah dba Midvalley Central Distribution Pharmacy.

**Brittney Hansen**
6056 Fashion Square Drive Suite 1220
Murray, UT 84107
[redacted]

**Tamara Pierce**
6056 Fashion Square Drive Suite 1220
Murray, UT 84107
[redacted]

HEALTH
UNIVERSITY OF UTAH

**Pharmacy Services**
50 N. Medical Dr., Rm A050
Salt Lake City, UT 84132
801.581.2147

The University of Utah Health Pharmacy Services is applying for a Nevada Class C Pharmacy License (Wholesaler License).

For response to the "Wholesaler Business Type" on the application, none of the listed options apply. The University of Utah / University of Utah Health Care is a Body Politic and Corporate of the State of Utah. It is a public entity and part of the State of Utah.

The University of Utah is not a corporation and so we are not able to provide a Certificate of Corporate Status.

Thank you for your time and consideration of our application.

Sincerely,

Brittney Hansen 4/4/24

Brittney Hansen

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

**University Of Utah dba Midvalley Central Distribution Pharmacy**

EFFECTIVE **02/05/2024**

EXPIRATION **09/30/2025**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

13813123-1710 Pharmacy - Class C

Wholesaler
Distributor

DBA: None Associated

**IMPORTANT LICENSURE REMINDERS:**

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

UNIVERSITY OF UTAH DBA MIDVALLEY
CENTRAL DISTRIBUTION PHARMACY
6056 FASHION SQUARE DRIVE SUITE 1220
MURRAY UT 84107

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

# STATE OF UTAH
# DEPARTMENT OF COMMERCE
## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
## ACTIVE LICENSE

EFFECTIVE DATE: **02/05/2024**

EXPIRATION DATE: **09/30/2025**

ISSUED TO: **University Of Utah dba Midvalley Central Distribution Pharmacy**
**6056 Fashion Square Drive Suite 1220**
**Murray UT 84107**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

**13813123-1710 Pharmacy - Class C**

**Wholesaler**
**Distributor**

**DBAs: None Associated**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107956911

Application/License No. _____

University of Utah dba Midvalley Central Distribution Pharmacy (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6056 Fashion Square Drive, Suite 1220, Murray, UT 84107 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford CT, 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 1, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of March, 2024.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Sherry J. Pace, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

CORTNEY HAMEL
Notary Public - State of Utah
Comm. No. 722711
My Commission Expires on
Jan 31, 2026

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Sherry J Pace** of **SALT LAKE CITY**, **Utah**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **27th** day of **March** **2024**

_____
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.***

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler University of Utah dba Midvalley Central Distribution Pharmacy

Pharmacy/Wholesaler License # (if applicable) 13813123-1710

Physical Address 6056 Fashion Square Drive Suite 1220

City Murray State UT Zip 84107

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 801.587.0410 Website _____

Licensing Company Email pharmacy.purchasing@hsc.utah.edu

**Section 2: Personal Information**

First Brittney Middle Jo Last Hansen

Alias(es, nicknames, name changes, etc.) Schwab, Edwards

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Draper State UT Zip 84020

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | N/A | N/A |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Everest College | | 8/10 - 3/11 | |
| **Address** | **City** | **State** | **Zip** |
| 3280 3500s | Salt Lake City | UT | 84119 |
| **Diploma/Degree obtained, if any** | | | |
| Pharmacy Technician | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Dixie State College | | 09/98 - 05/20 | |
| **Address** | **City** | **State** | **Zip** |
| 610 S. Tech Ridge Dr. | St. George | UT | 84770 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/20 - 03/23 | [redacted] | Draper | UT | [redacted] |
| 6/19 - 3/20 | | Farmington | UT | |
| 7/13 - 6/19 | | Farmington | UT | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | |
|---|---|---|---|
| Business Name: University of Utah | | | From - To (MM/YY – MM/YY): 4/11 - present |
| Business Address: 50 N Medical Dr. | City: Salt Lake City | State: UT | Zip: 84132 |
| Phone: 801.581.2121 | Title: Admin Services Supervisor | | Number of Employed Hours: over 27,000 |
| Description of Duties: Oversee billing and compliance at home infusion, contracting, ordering and compounding. | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | N/A | N/A |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

March 29, 2024
Date

I, Brittney Hansen, **certify that as the designated representative for**

University of Utah dba Mdvalley Central Distribution Pharmacy,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. BH I am at least 21 years of age;
3. BH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brittney Hansen
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 20, 2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Brittney Hansen
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 28, 2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Utah, ss. County of Salt Lake

I, Brittney Hansen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

4/2/2024
**Date**

Subscribed and Sworn to before me this 2nd day of April 2024.

**Notary Public Signature**

CARSON TAGGART
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 732593
COMM. EXP. 08/10/2027

**(Seal)**

HEALTH
UNIVERSITY OF UTAH

Pharmacy Services
50 N. Medical Dr., Rm A050
Salt Lake City, UT 84132
801.581.2147

**University of Utah Midvalley Central Distribution Pharmacy Staff:**

| Technicians | Utah License Number | Expiration |
|---|---|---|
| Kailee Mezenen | 8187274-1717 | 9/30/25 |
| Emili Hansen | 7906881-1717 | 9/30/25 |
| Nathan Woolsey | 6849602-1717 | 9/30/25 |
| Saundra Gotiear | 5212370-1717 | 9/30/25 |
| Aimee Do | 7685298-1717 | 9/30/25 |
| Kristian Buchman | 9461522-1717 | 9/30/25 |
| Krystina Smith | 8348938-1717 | 9/30/25 |
| Fatima Talovic | 10376871-1717 | 9/30/25 |
| Kelsey Ferguson | 11627434-1717 | 9/30/25 |
| Daniel Lopez | 8446398-1717 | 9/30/25 |
| Logan Miner | 11814775-1717 | 9/30/25 |
| Dustee Morgan | 4851672-1717 | 9/30/25 |
| Diego Sanchez | 9268503-1717 | 9/30/25 |
| Paola Beltran | 10524473-1717 | 9/30/25 |
| Sarah Kastelic | 5888365-1717 | 9/30/25 |
| Nathan Erickson | 12573199-1717 | 9/30/25 |
| Brittani Peacock | 12639819-1717 | 9/30/25 |
| Vincent Drake | 9683556-1717 | 9/30/25 |
| Esada Hosea | 6904880-1717 | 9/30/25 |
| Annie Banks | 13555037-1717 | 9/30/25 |
| Beshaw Feleke | 5292559-1717 | 9/30/25 |
| Brittney Hansen | 7921394-1717 | 9/30/25 |
| **Pharmacists** | **Utah License Number** | **Expiration** |
| Kristen Hausskuper | 7150373-1701 | 9/30/25 |
| Hye Jin Bae | 5878285-1701 | 9/30/25 |
| Amanda Kesler | 6636396-1701 | 9/30/25 |
| Lance Hunt | 5571466-1701 | 9/30/25 |
| Carmen Albertsen (PIC) | 8005745-1701 | 9/30/25 |
| Louis Lim | 7725459-1701 | 9/30/25 |
| Tamara Pierce | 13320385-1701 | 9/30/25 |

# 4TT

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Wholesaler Application

### Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ■ Nevada ☐ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Renown Regional Medical Center Pharmacy

Physical Address: 1155 Mill Street

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-982-6838 Website: renown.org

Name of Designated Representative (DR): Adam Porath

Licensing Company Email: renown.pharmacy@renown.org DR Email: adam.porath@renown.org

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ■ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ■ Others: Hospital Wholesale Distribut |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Cardinal Health
Address: 3238 Dwight Road City: Elk Grove State: CA Zip: 95758

Name: McKesson Specialty
Address: 401 Mason Road City: La Vergne State: TN Zip: 37086

Name: Baxter Healthcare
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: AmerisourceBergen (ASD)
Address: 5566 Arrow Highway City: Montclair State: CA Zip: 91763

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada
Parent Company (if any): Renown Health
Corporation/Organization Name: Renown Regional Medical Center
Mailing Address: 1155 Mill Street
City: Reno State: NV Zip: 89502
Telephone: 775-982-6838 Email: anna.loomis@renown.org
Contact Person Name: Anna Loomis

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✔ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Renown Regional Medical Center

Facility Name

Adam Porath

Print Name of Authorized Person Submitting Application

Adam Porath

Original signature of Authorized Person (copies or stamps not accepted)

11/19/24

Date

| Board Use Only | Date Received: 11/26/24 | Amount: $1000-00 |
|---|---|---|

SECRETARY OF STATE




# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

RENOWN REGIONAL MEDICAL CENTER

| Organizational Documents on File | Filing Date |
|---|---|
| Amended and Restated Articles | 02/04/2016 |
| Amendment | 10/16/2006 |
| Amendment | 11/21/1986 |
| Articles of Incorporation | 07/29/1985 |

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence RENOWN REGIONAL MEDICAL CENTER, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 07/29/1985, and is in good standing in this state.

# SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/03/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202412035232956
You may verify this certificate online at
https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

RENOWN REGIONAL MEDICAL CENTER

| Organizational Documents on File | Filing Date |
|---|---|

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, RENOWN REGIONAL MEDICAL CENTER, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/29/1985, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/07/2023

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202311074098488
You may verify this certificate online at http://www.nvsos.gov

# Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/06/2024
Amount: $ 525.00
Permit #: IA00610

RENOWN HEALTH REGIONAL MEDICAL CENTER
1155 Mill St
Reno NV 89502

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Permit #
IA00610
Active

Pharmacy
Effective Date:11/01/2024
Expires:10/31/2026

RENOWN HEALTH REGIONAL MEDICAL CENTER
1155 Mill St
Reno NV 89502

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

**NEVADA**
**STATE BOARD OF PHARMACY**
**Pharmacy**

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2026
STATUS: Active

Permit Type: Pharmacy
Permit #: IA00610
Effective Date: 11/01/2024
DEA #:
Managing Pharmacist : Gary Patchin

RENOWN HEALTH REGIONAL MEDICAL CENTER
1155 Mill St
Reno NV 89502

**NONTRANSFERABLE**

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BR0215637 | 04-30-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | HOSPITAL/CLINIC | 03-22-2024 |

RENOWN REGIONAL MEDICAL CENTER
PHARMACY
1155 MILL ST.
RENO, NV 895020000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BR0215637 | 04-30-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | HOSPITAL/CLINIC | 03-22-2024 |

RENOWN REGIONAL MEDICAL CENTER
PHARMACY
1155 MILL ST.
RENO, NV 895020000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BR0215637 | 04-30-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | HOSPITAL/CLINIC | 03-22-2024 |

RENOWN REGIONAL MEDICAL CENTER
PHARMACY
1155 MILL ST.
RENO, NV 895020000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   **Drug Enforcement Administration**
   **P.O. Box 2639**
   **Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:




Renown Regional Medical Center, a subsidiary of Renown Health, is a locally owned nonprofit organization. There are no stockholders or owners of the corporation.

## ntity Information

| | | | |
|---|---|---|---|
| **Entity Name:** | RENOWN REGIONAL MEDICAL CENTER | **Entity Number:** | C5074-1985 |
| **Entity Type:** | Domestic Nonprofit Corporation (82) | **Entity Status:** | Active |
| **Formation Date:** | 07/29/1985 | **NV Business ID:** | NV19851012417 |
| **Termination Date:** | | **Annual Report Due Date:** | 7/31/2025 |
| **Compliance Hold:** | | | |
| | | **Solicits Charitable Contribution:** | No |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107964804

Application/License No. _____

Renown Regional Medical Center (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1155 Mill Street, Reno, NV 89502 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/1/2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5th day of November, 2024.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Chelsey Ray, Attorney-in-fact
print name

SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**

## POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **CHELSEY RAY** of **ST CLOUD** , **Minnesota** , their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL

State of Connecticut

By: _____
Bryce Grissom, Senior Vice President

City of Hartford ss.

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC CONNECTICUT

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED,** that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED,** that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **5th** day of **November** , **2024** .

SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.***

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Renown Regional Medical Center

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1155 Mill Street

City Reno State NV Zip 89502

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Adam Middle David Last Porath

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Sparks State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Idaho State University | | 08/02-05/06 | |
| **Address** | **City** | **State** | **Zip** |
| 921 South 8th Ave | Pocatello | ID | 83209 |
| Diploma/Degree obtained, if any | | | |
| PharmD | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Nevada, Reno | | 01/98-05/00 | |
| **Address** | **City** | **State** | **Zip** |
| 1664 N. Virginia Street | Reno | NV | 89557 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Willamette University | | 08/96-12/97 | |
| **Address** | **City** | **State** | **Zip** |
| 900 State Street | Salem | OR | 97301 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Sparks High School | | 08/92-06/96 | |
| **Address** | **City** | **State** | **Zip** |
| 820 15th Street | Sparks | NV | 89431 |
| Diploma/Degree obtained, if any | | | |
| Honors Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2007-Present | [redacted] | Sparks | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renown Health | | | 10/20-Present |
| **Business Address** | **City** | **State** | **Zip** |
| 1155 Mill Street | Reno | NV | 89502 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-982-6838 | VP of Pharmacy | >6,000 | |

**Description of Duties**

Activities include supervision and strategic planning for all pharmacy operations of the health system; precepting of students and residents; practitioner development; physician relations; identifying and operationalizing business growth opportunities; development of novel clinical pharmacy services; and overall quality assurance of pharmacy operations

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renown Health | | | 08/12-10/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 1155 Mill Street | Reno | NV | 89502 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-982-6838 | Ambulatory Pharmacy Manager | >6,000 | |

**Description of Duties**

Activities include supervision of clinical operations and financial management of the Healthcare Center Pharmacy and the Outpatient Anticoagulation and Pharmacotherapy Programs; clinical management of anticoagulation and pharmacotherap

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renown Health | | | 05/11-08/12 |
| **Business Address** | **City** | **State** | **Zip** |
| 1155 Mill Street | Reno | NV | 89502 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-982-6838 | Pharmacy Clinical Supervisor | 2,560 | |

**Description of Duties**

Activities include supervision of clinical operations and financial management of the program; clinical management of anticoagulation patients; precepting of students and residents; practitioner development; physician relations; identifying b

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renown Health | | | 08/07-05/11 |
| **Business Address** | **City** | **State** | **Zip** |
| 1155 Mill Street | Reno | NV | 89502 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-982-6838 | Pharmacy Clinical Coordinator | 5,440 | |

**Description of Duties**

Activities include supervising general clinical pharmacotherapy services, clinical research, protocol, policy, and standing order development, Code Blue participation, departmental representation at a variety of section meetings, precepting of p

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Adam Porath, **certify that as the designated representative for**

Renown Regional Medical Center,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. AP I am at least 21 years of age;
3. AP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Porath

Print Name (First, Last)

Adam Porath

Original Signature (electronic, copies or stamps not accepted)

10/28/24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Adam Porath

Print Name (First, Last)

Adam Porath — 10/28/24

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, ADAM PORATH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Adam Porath — 10/28/24

**Original Signature** — **Date**

Subscribed and Sworn to before me this 28th day of October.

Suzanne M Peters

**Notary Public Signature**

SUZANNE PETERS
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 18-3422-2
MY APPT. EXPIRES JULY 06, 2026

**(Seal)**

| Employee Name | Job Title |
|---|---|
| Abele, Minden A | 520125 Pharmacy Tech Oncology |
| Aguilar, Melissa Her | 520125 Pharmacy Tech Oncology |
| Aldridge, Connor A | 520121 Pharmacy Clin Spec |
| Algate, Nathan S | 520111 Clin Pharmacist |
| Amin, Victoria | 520111 Clin Pharmacist |
| Atkinson, Heather M | 526000 Pharmacist Sup |
| Balch, Ruth L | 520225 Med Recon Pharm Tech |
| Barcelon, Michelle E | 520121 Pharmacy Clin Spec |
| Bartlett, Timothy R | 520111 Clin Pharmacist |
| Basavaraj, Mahesh | 520111 Clin Pharmacist |
| Beeman, Joseph Ma | 520215 Pharmacy Tech |
| Beeman, Stormy | 520215 Pharmacy Tech |
| Bell, William Andrew | 520111 Clin Pharmacist |
| Berenback, Bear A H | 520111 Clin Pharmacist |
| Bird, Shaina A | 520111 Clin Pharmacist |
| Boc, Kianna | 520111 Clin Pharmacist |
| Bowser, Danielle Ma | 520215 Pharmacy Tech |
| Boynton, Brady | 520125 Pharmacy Tech Oncology |
| Boynton, Cassandra | 520291 Pharm Invent Facilitator |
| Bradley, Talia Reese | 520215 Pharmacy Tech |
| Brown, Timothy J | 520215 Pharmacy Tech |
| Bryant, Chayse Gera | 526000 Pharmacist Sup |
| Burt, Jeffery M | 520215 Pharmacy Tech |
| Camacho Soto, Ana | 520215 Pharmacy Tech |
| Cardenas-Ramos, Li | 520215 Pharmacy Tech |
| Carr, Shannon Masa | 520215 Pharmacy Tech |
| Casey, Sharon K | 520125 Pharmacy Tech Oncology |
| Cassidy, Ryan | 520225 Med Recon Pharm Tech |
| Chatley, Michelle | 520111 Clin Pharmacist |
| Chavez, Alicia | 520111 Clin Pharmacist |
| Coley, Adam William | 520215 Pharmacy Tech |
| Condie, Sierra P | 520311 Pharmacy Intern |
| Copenhaver, Leah M | 520245 Auto Distribution Spec |
| Correa, Alejandro | 850601 PGY1 Pharmacy Resident |
| Crawford, Kathleen | 520215 Pharmacy Tech |
| Curi, Nestor Justin | 520215 Pharmacy Tech |
| Curtis, Sabrina J | 520111 Clin Pharmacist |
| Day, Geoffrey | 520215 Pharmacy Tech |
| De Ocampo, Maria A | 520215 Pharmacy Tech |
| De Ocampo, Maria C | 520215 Pharmacy Tech |
| DeVolld, Trate A | 520121 Pharmacy Clin Spec |
| Dolati, Mehri E | 850601 PGY1 Pharmacy Resident |
| Druitt, Aidan J | 520215 Pharmacy Tech |

| | |
|---|---|
| Dummar, Korina Ma | 520215 Pharmacy Tech |
| Dye, Cindy L | 520111 Clin Pharmacist |
| Dye, Shannon L | 520141 Pharmacy Sys Coord |
| Emerson, Kimberly [ | 520225 Med Recon Pharm Tech |
| Emerson, Olivia A | 520111 Clin Pharmacist |
| Evans, Charlie S | 526200 Sup of Pharmacy Techs |
| Farrell, Ami B | 520215 Pharmacy Tech |
| Farrell, Donna J | 520111 Clin Pharmacist |
| Foster, Derek Jacob | 520215 Pharmacy Tech |
| French, Cari A | 520225 Med Recon Pharm Tech |
| Fronk, Stephanie L | 520111 Clin Pharmacist |
| Fruhling, Lauren A | 520111 Clin Pharmacist |
| Fullmer, Theodore R | 520125 Pharmacy Tech Oncology |
| Gann, Stefanie Laur | 520111 Clin Pharmacist |
| Gardiner, Erika L | 520111 Clin Pharmacist |
| Gardner, Taylor J | 520311 Pharmacy Intern |
| Gerrard, Natalie A | 520225 Med Recon Pharm Tech |
| Gil Castaneda, Este | 520215 Pharmacy Tech |
| Gonzalez, Gezel A | 520215 Pharmacy Tech |
| Guajardo-Nunez, Da | 520245 Auto Distribution Spec |
| Guevarra, Julie Ann | 520215 Pharmacy Tech |
| Guillen-Belmontes, | 520215 Pharmacy Tech |
| Hagood, Kendra Lyn | 850611 PGY2 Pharmacy Resident |
| Hardy, Jacob W | 520225 Med Recon Pharm Tech |
| Hautekeet, Monique | 520215 Pharmacy Tech |
| Hicks, Cassidy B | 520111 Clin Pharmacist |
| Hilliker, Cayden Fra | 520215 Pharmacy Tech |
| Jeffery, Thomas Ben | 520215 Pharmacy Tech |
| Jeppesen, Amanda | 850601 PGY1 Pharmacy Resident |
| Jimmerson, Tiffany S | 520215 Pharmacy Tech |
| Johnson, Marcey Ka | 520215 Pharmacy Tech |
| Kelley, Josie M | 520111 Clin Pharmacist |
| Kincaid, Andrea L | 520215 Pharmacy Tech |
| King, Vanessa Nicol | 520215 Pharmacy Tech |
| Kinkead, Melanie J | 520415 Pharmacy Patient Advocate |
| Kliewer, Tiffany | 520111 Clin Pharmacist |
| Kochman, Steven M | 520111 Clin Pharmacist |
| Koudelka, Alexande | 520111 Clin Pharmacist |
| Lampien, Ryan | 526000 Pharmacist Sup |
| Lanier, Zayne B | 520111 Clin Pharmacist |
| Ledesma Lara, Guac | 520215 Pharmacy Tech |
| Lee, Antonio M | 520215 Pharmacy Tech |
| Lefevre, Kayla | 520215 Pharmacy Tech |
| Leid, Nicholas J | 520111 Clin Pharmacist |

| | | |
|---|---|---|
| Lindsey, Paige D | 520245 | Auto Distribution Spec |
| Madera, Karina Gise | 520215 | Pharmacy Tech |
| Maffett, Ashley Eliza | 520111 | Clin Pharmacist |
| Mangubat, Imelda M | 520215 | Pharmacy Tech |
| Manguso, Tina | 610211 | SC Business Analyst |
| Marcus, William Z | 520121 | Pharmacy Clin Spec |
| Markham, Layla Gra | 520215 | Pharmacy Tech |
| Marquez, Karisma M | 520215 | Pharmacy Tech |
| Martinez, Anna L | 520201 | Pharm Regulatory Analyst |
| Mburu, Judy Wanjiru | 520111 | Clin Pharmacist |
| McGee, Kara L | 520225 | Med Recon Pharm Tech |
| McNeil, Jennifer B | 520225 | Med Recon Pharm Tech |
| Meadows, Dyane L | 520111 | Clin Pharmacist |
| Melendez, Shauna J | 520215 | Pharmacy Tech |
| Milner, James A | 526120 | Dir of Pharmacy Ops |
| Milner, Laura Elizab | 520111 | Clin Pharmacist |
| Miranda, Zoie M | 520215 | Pharmacy Tech |
| Moldowan, Conor M | 520111 | Clin Pharmacist |
| Moreno, Maria G | 520225 | Med Recon Pharm Tech |
| Moro, Tamara Lynn | 520215 | Pharmacy Tech |
| Morton, Timothy S | 520211 | Research Clin Pharmacist |
| Munoz, Clarissa | 520111 | Clin Pharmacist |
| Murphy, Matthew T | 520111 | Clin Pharmacist |
| Murphy, Shawn R | 520111 | Clin Pharmacist |
| Nelson, Maili J | 520121 | Pharmacy Clin Spec |
| Nielsen, Christine | 520225 | Med Recon Pharm Tech |
| Nikogosyan, Laura | 520111 | Clin Pharmacist |
| O'Brien, Maura Jean | 526000 | Pharmacist Sup |
| Olsen, Megumi | 520111 | Clin Pharmacist |
| Paik, Jeannie J | 520111 | Clin Pharmacist |
| Painter, Aspen | 520215 | Pharmacy Tech |
| Patchin, Gary M | 526110 | Pharmacy Mgr Regional |
| Peterson, Elaina Ma | 520215 | Pharmacy Tech |
| Pham, Ngan T | 850611 | PGY2 Pharmacy Resident |
| Pulsipher, Kari | 520141 | Pharmacy Sys Coord |
| Ramos-Velazquez, E | 520215 | Pharmacy Tech |
| Repay, Kendra Terez | 520225 | Med Recon Pharm Tech |
| Roberts, Jessie J | 520111 | Clin Pharmacist |
| Rogers, Ashley Leea | 520245 | Auto Distribution Spec |
| Ryan, Amy Jo | 520111 | Clin Pharmacist |
| Seo, Jae H | 520111 | Clin Pharmacist |
| Shigihara, Taylor K | 520111 | Clin Pharmacist |
| Smith, Julie A | 520215 | Pharmacy Tech |
| Soi, Maria Angelica E | 520215 | Pharmacy Tech |

| | | |
|---|---|---|
| Soto, Ashley E | 520215 | Pharmacy Tech |
| Stewart, Nikki Sophi | 520111 | Clin Pharmacist |
| Stewart, Zachary J | 520111 | Clin Pharmacist |
| Stodola, Eric | 520111 | Clin Pharmacist |
| Stoll, Lillian H | 520111 | Clin Pharmacist |
| Stonecipher, Alison | 520111 | Clin Pharmacist |
| Strawn, Stephany | 520215 | Pharmacy Tech |
| Sutter, Renata | 520111 | Clin Pharmacist |
| Thomas, Hannah K | 520121 | Pharmacy Clin Spec |
| Thompson, Jessica I | 526190 | Dir of Clin Pharmacy |
| Thompson, Miah | 850611 | PGY2 Pharmacy Resident |
| Thuyns, Michael R | 520121 | Pharmacy Clin Spec |
| Townsend, Heather | 526000 | Pharmacist Sup |
| Valencia, Amie L | 520125 | Pharmacy Tech Oncology |
| Villafan, Brizza | 520225 | Med Recon Pharm Tech |
| Villanueva, Noah J | 520125 | Pharmacy Tech Oncology |
| Volk, Tyler Jacob | 520111 | Clin Pharmacist |
| Vollmer-Johnson, Ca | 520121 | Pharmacy Clin Spec |
| Webster, Parker | 520111 | Clin Pharmacist |
| Weekes-Plante, Katl | 520111 | Clin Pharmacist |
| Wickwire, Curtis C | 520111 | Clin Pharmacist |
| Woodman, Garret F | 520111 | Clin Pharmacist |
| Zakrzewski, Casey Ja | 850611 | PGY2 Pharmacy Resident |
| Zion, Lauren Elizabe | 520121 | Pharmacy Clin Spec |

4UU

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☑ Nevada | ☑ New Pharmacy | ☐ Retail/Community | ☐ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☑ Hospital (# beds 8 ) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☐ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: |
| | ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☐ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | | | ☑ Hospital |
| | * Current license #: PH | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☑ Saturday | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☑ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☑ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

## Section 1: General Information

Pharmacy Name: DE Craig Ranch, LLC dba Dignity Health - St. Rose Dominican Centennial Campus

Physical Address: 6675 North Durango Drive

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 346-586-0200 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 713-637-1305 Contact Email: pharmacy@emerus.com

Website: https://strosenh.org/

Nevada Business License # (if applicable) NV20151526657

Supervising/Managing Pharmacist Name (NRS 639.220): Amber Houghland

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18986

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Amber Houghland | NV Pharmacist Registration #: 18986 |
| Name: Ashley Juan | NV Pharmacist Registration #: 20392 |
| Name: Chi May Do | NV Pharmacist Registration #: 20876 |
| Name: Eric Schaefer | NV Pharmacist Registration #: 23922 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: N/A | Credentials: | %: |
| Name: N/A | Credentials: | %: |
| Name: N/A | Credentials: | %: |
| Name: N/A | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): DE JV, LLC

Corporation/Organization Name: DE Craig Ranch, LLC

Mailing Address: 8686 New Trails Drive, Suite 100

City: The Woodlands State: TX Zip: 77381

Telephone: 281-292-2450 Email: vanessa.smith@emerus.com

Contact Person Name: Vanessa Saenz Smith

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the President (title) for DE Craig Ranch, LLC dba Dignity Health - St. Rose Dominican Centennial (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Vanessa Saenz Smith

Print Name of Authorized Person

Vanessa S Smith

Original signature of Authorized Person (copies or stamps not accepted)

12-17-2024

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Vanessa Saenz Smith hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for DE Craig Ranch, LLC dba Dignity Health - St. Rose Dominican Centennial (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17 day of December, 2024

Notary Public

RUTH K. VARGAS
My Notary ID # 124542094
Expires August 27, 2027

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Amber Houghland Pharmacist Registration #: 18986

Pharmacy Name: DE Craig Ranch, LLC dba Dignity Health - St. Rose Dominican Centennial Campus

**Initial each statement below to indicate you have read and agree with the following:**

AH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ✔ | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| Pending | Nevada | 06/20/2023 | 23-168 |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amber Houghland
Original signature of Managing Pharmacist (copies or stamps not accepted)

12/10/24
Date

12/11/2024

To: Nevada Board of Pharmacy

I am submitting my application for managing pharmacist of Dignity St. Rose Dominican Centennial Campus.

I have a pending investigation, Investigative Case 23-168 that was dated 06/20/2023. I have included both the letter from the Nevada Board of Pharmacy along with my written response back to the board. There was a misunderstanding from Summerlin Hospital about a pharmacy key to a pharmacy technician.

I had contacted Dena McClish (Investigator with the Nevada State Board of Pharmacy) on 04/02/2024 and she stated that the attorney is backed up and I would be notified about the case whenever it was reviewed. I have still yet to be notified.

I appeared via Zoom in front of the Board on 5/30/2024 where I was approved a waiver that granted myself to manage two (2) hospitals, Dignity Health – St. Rose Dominican North Las Vegas Campus (License: IB03706) and Dignity Health – St. Rose West Flamingo Campus (License: IB03728).

If you have any questions, please feel free to reach out to me.

Thank you,

Amber Houghland

[redacted]

# Nevada State Board of Pharmacy

1140 N TOWN CENTER DR • SUITE 300 • LAS VEGAS, NEVADA 89144

1-800-364-2081 • FAX (702) 486-7903 • www.bop.nv.gov


**CONFIDENTIAL**

06/20/2023

RPh Amber K Houghland
[redacted]

**Re: Nevada Board of Pharmacy Investigative Case 23-168**

Dear RPh Houghland,

The Nevada State Board of Pharmacy (Board) was given information indicating that you violated pharmacy security policies and regulations. Specifically, it was reported that you provided the key to the CentRx Pharmacy in Summerlin Hospital to technician, Gail Missler, for purposes of entering the pharmacy early to process prescriptions prior to a pharmacist being present. The Board has a case open to investigate the matter. I am writing to request that you respond to the allegation(s) and provide information relevant to the Board's investigation.

1) Please provide a brief explanation as to how and why Ms. Missler or other technician(s) were granted independent access to the pharmacy.

2) Provide an approximate date range and number of times that Ms. Missler or any other technician was granted access to the pharmacy without a pharmacist being present.

3) Please clearly indicate if you were aware that these actions were in violation of Hospital and/or Pharmacy policies and procedures as well as Nevada Pharmacy regulations.

4) Please provide a brief summary of any corrective actions implemented.

Please provide the information referenced above and a written response to the foregoing allegation(s) within 14 calendar days of this request. Include with your response any records or other information you believe will help the Board make a determination in this case. **Any written statement must include your handwritten signature attesting that it is true and accurate.**

Please feel free to contact me with any questions. I can be reached at (702) 486-6420, Ext. 154.

Respectfully,

*Dena McClish*


Dena McClish, Investigator, Nevada State Board of Pharmacy
1140 N Town Center Dr Ste 300, Las Vegas, NV 89144
Office: 702-486-6420 ext 154 Fax: 702-486-7903
Email: dmcclish@pharmacy.nv.gov

6/30/2023

**Nevada Board of Pharmacy Investigative Case 23-168**

Dena McClish,

First, I'd like to thank you for the opportunity to discuss the specifics of this investigation as there are inaccuracies in the investigation conducted by Summerlin Hospital. While a key was provided to Ms. Missler, the purposes are not accurately depicted. Below you will find responses to each bullet point included in your letter.

1) A key was provided to Ms. Missler for the sole purpose of providing a backup key to pharmacists covering my time off who do not bring a key with them, which happened on multiple occurrences. At no time were any technicians granted independent access into the pharmacy.
2) There were no instances where any technician was granted access to the pharmacy without a pharmacist being present.
3) I am aware that granting access to the pharmacy, with no pharmacist present, is a violation of Hospital, Pharmacy and Nevada Pharmacy regulations. The key was only used as a back up for when a pharmacist covering my time off did not have their key with them.
4) Corrective actions include removing the key from Ms. Missler and transferring it to the Inpatient Assistant Director. Prior to the hospital taking oversight of the pharmacy there was not a location/department to hold a back up key. I was also issued a "Final Written Warning" based on the results of Summerlin Hospital's investigation, which as I mentioned previously has inaccuracies. The basis of their findings seems to rely on clock in times. As a salaried pharmacist, I have never clocked into any time management system. It is also worth noting that in my 8+ years with this company I have never received any disciplinary actions and have always had clean inventories.

Again, thank you for the opportunity to discuss the particulars of this situation.

Thank you,

Amber Houghland

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vanessa Saenz Smith

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-17-2024

Date

| Board Use Only | Date Received: 1114/25 | Amount: $500CC |
|---|---|---|

**Nevada State Board of Pharmacy**
**Attn: Licensing Department**
**985 Damonte Ranch Pkwy, Ste. 206**
**Reno, NV 89512**

**November 22, 2024**

**Re: Managing Pharmacist Waiver Request: Dignity Health – St. Rose Dominican Centennial Campus**

Dear Nevada State Board of Pharmacy Licensing Department:

We are writing regarding NRS 639.220.3.(a), which states that a person may not act as managing pharmacist for more than one licensed pharmacy. A waiver may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds.

We are requesting a waiver to allow Amber Houghland (License: 18986) the ability to manage three (3) hospitals:

- Dignity Health – St. Rose Dominican North Las Vegas Campus (License: IB03706)
- Dignity Health – St. Rose Dominican West Flamingo Campus (License: IB03728)
- Dignity Health – St. Rose Dominican Centennial Campus (***Application Pending*** – Anticipated Opening May 20th, 2025)

Previously, the Board approved a waiver that granted Amber Houghland (License: 18986) and Ashley Juan (License: 20392) the ability to manage two (2) hospitals each.

Each of our hospitals has eight (8) licensed inpatient beds, meeting the fewer than 100-bed requirement for the waiver. Approval of our waiver request would allow our hospitals to appoint managing pharmacists as follows:

- Dignity Health – St. Rose Dominican North Las Vegas Campus (License: IB03706)
  - Amber Houghland
- Dignity Health – St. Rose Dominican West Flamingo Campus (License: IB03728)
  - Amber Houghland
- Dignity Health – St. Rose Dominican Centennial Campus (***Application Pending***)
  - Amber Houghland
- Dignity Health – St. Rose Dominican Blue Diamond (License: IB03727)
  - Ashley Juan
- Dignity Health – St. Rose Dominican Saraha (License: IB03804)
  - Ashley Juan

Please let us know if there are any questions. We appreciate the Board's consideration of our request for approval of a waiver related to NRS 639.220.3.(a) for the Dignity Health – St. Rose Dominican hospitals listed above.

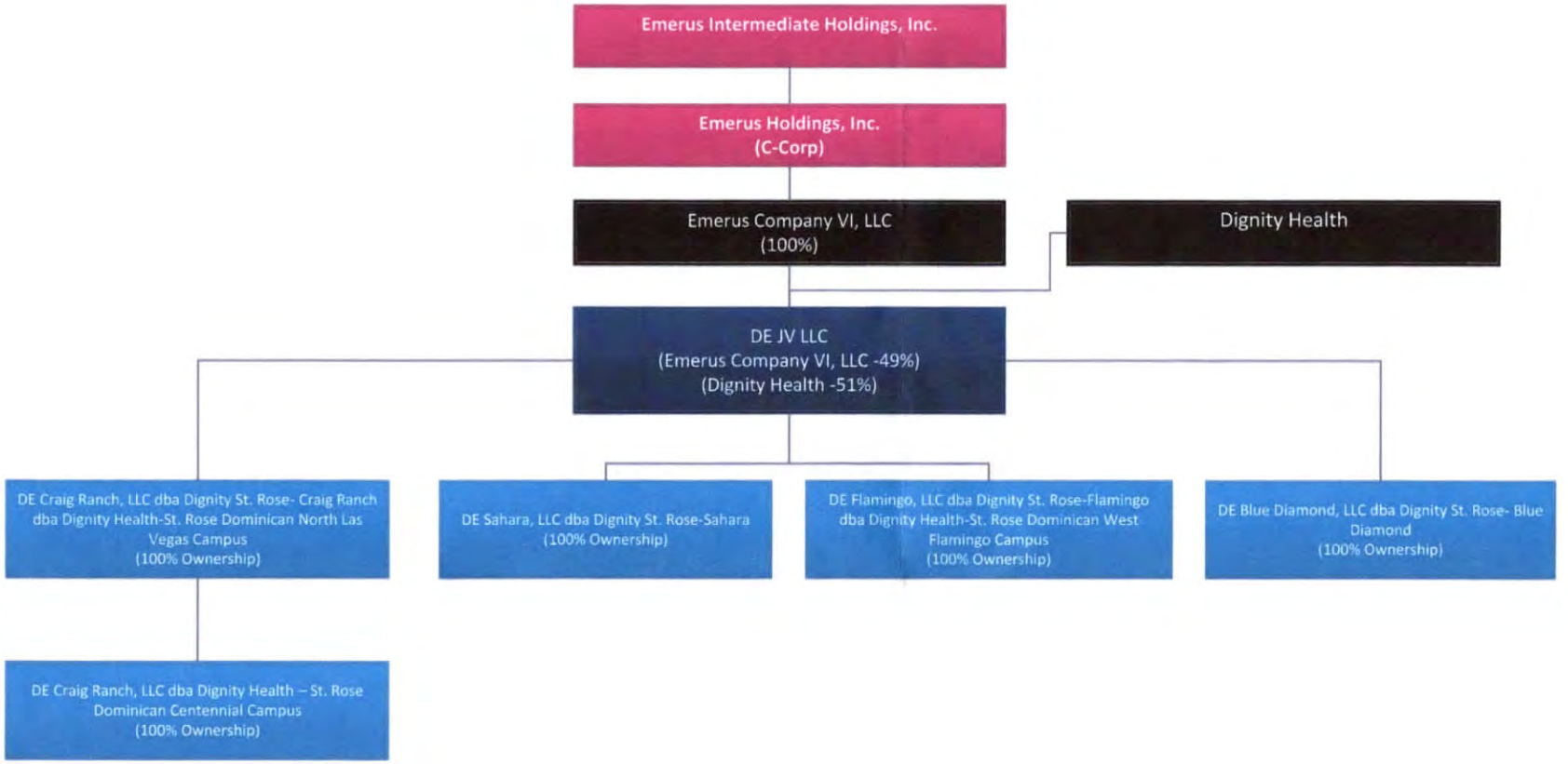
Respectfully,

Eric George Schaefer, PharmD, MHSA, HDDP
Emerus System Pharmacy Program Manager
Eric.Schaefer@emerus.com
Office: (346) 586-0200

Amber Houghland, PharmD
Clinical Staff Pharmacist
Amber.Houghland@emerus.com

| NEVADA – Las Vegas Market | | | |
|---|---|---|---|
| **DE JV, LLC** | | | |
| FEIN: | 32-0496548 | State of Organization: | Nevada |
| State Business ID: | NV20161215683 | State Entity Number: | E0165642016-6 |
| Mailing Address: | 8686 New Trails Drive, Suite 100, The Woodlands, TX 77381 | | |
| Telephone: | (281) 292-2450 | | |
| Contact Name: | Lucienne Lacy | Contact E-Mail: | Lucienne.Lacey@emerus.com |
| Registered Agent: | Corporation Service Company | Jurisdiction: | Delaware |
| Address: | 112 North Curry Street, Carson City, NV 89703 | | |
| Ownership: | Emerus Company VI, LLC (49%); Dignity Health (51%) | | |
| Officer(s)/Director(s): | Vanessa Smith | President / Director | |
| | Brian Kleven | Secretary / Director | |
| | Yolanda Brewer | Director | |
| | Linda Tautz | Director | |
| → | **DE CRAIG RANCH, LLC** | | |
| | ***dba Dignity Health - St. Rose Dominican Centennial Campus*** | | |
| | ***dba Dignity Health - St. Rose Dominican North Las Vegas Campus*** | | |
| FEIN: | 36-4827272 | State of Organization: | Nevada |
| State Business ID: | NV20151526657 | State Entity Number: | E0424382015-7 |
| Mailing Address: | 8686 New Trails Drive, Suite 100, The Woodlands, TX 77381 | | |
| Telephone: | (281) 292-2450 | | |
| Contact Name: | Vanessa Smith | Contact E-Mail: | Vanessa.Smith@emerus.com |
| Registered Agent: | Corporation Service Company | Jurisdiction: | Delaware |
| Address: | 112 North Curry Street, Carson City, NV 89703 | | |
| Ownership: | DE JV, LLC (100%) | | |
| Officer(s)/Director(s): | Vanessa Smith | President / Director | |
| | Brian Kleven | Secretary / Director | |
| | Yolanda Brewer | Director | |
| | Linda Tautz | Director | |

*Reviewed: 12/2/2024 (egs)*




v. 05.25.24

Active JVs- Nevada

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **DE CRAIG RANCH, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/03/2015, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/27/2024.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202411275220750
You may verify this certificate online at https://www.nvsilverflume.gov/home

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler DE Craig Ranch, LLC dba Dignity Health - St. Rose Dominican Centennial Campus

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6675 North Durango Drive

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 346-586-0200 Website https://strosenh.org/

Licensing Company Email pharmacy@emerus.com

**Section 2: Personal Information**

First Amber Middle Kristin Last Houghland

Alias(es, nicknames, name changes, etc.) Amber Kristin Benjamin

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone 775-762-4263 Email Amber.Houghland@emerus.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Pacific University | | 08/08-05/12 | |
| **Address** | **City** | **State** | **Zip** |
| 222 SE 8th Ave. | Hillsboro | OR | 97123 |
| Diploma/Degree obtained, if any | | | |
| Pharm.D. | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Nevada, Reno | | 08/01-05/05 | |
| **Address** | **City** | **State** | **Zip** |
| 1664 N. Virginia St. | Reno | NV | 89557 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science: Animal Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Centennial High School | | 08/99-06/01 | |
| **Address** | **City** | **State** | **Zip** |
| 10200 W. Centennial Pkwy | Las Vegas | NV | 89149 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Mojave High School | | 08/97-06/99 | |
| **Address** | **City** | **State** | **Zip** |
| 5302 N. Goldfield St. | North Las Vegas | NV | 89031 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/17-present | [redacted] | Las Vegas | NV | [redacted] |
| 01/16-03/17 | | North Las Vegas | NV | |
| 02/15-01/16 | | Las Vegas | NV | |
| 11/14-2/15 | | Bend | OR | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| CPS/Dignity Health- St. Rose (Emerus) | | | 04/24-present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1550 W. Craig Rd. | | North Las Vegas | NV | 89032 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Pharmacist | | 1,120 | |
| **Description of Duties** | | | | |
| Ordering medications for 2 Dignity St. Rose (Emerus) locations (North Las Vegas- Craig Ranch & West Flamingo); stock Omnicell machine for meds to be dispensed to patients in inpatient/ED; chart audits; CS compliance | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Valley Healthcare System/ CentRx Pharmacy Summerlin | | | 01/20-01/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 653 N. Town Center Dr., #100 | | Las Vegas | NV | 89144 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-470-2695 | Outpatient Pharmacy Manager | | 7,680 | |
| **Description of Duties** | | | | |
| Managed an outpatient retail pharmacy that was associated with Summerlin Hospital. Handled hospital discharged patients, hospital employees and retail customers within the community with dispensing medications. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AmeriSourceBergen/Pharmacy Healthcare Solutions | | | 03/18-01/20 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 653 N. Town Center Dr., #100 | | Las Vegas | NV | 89144 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-470-2695 | CentRx Pharmacy Director of Pharmacy | | 3,520 | |
| **Description of Duties** | | | | |
| Managed retail pharmacy and oversaw 3 other Las Vegas CentRx Pharmacies and 1 CentRx Pharmacy in Texas. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AmeriSourceBergen/Pharmacy Healthcare Solutions | | | 07/15-03/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 2075 E. Flamingo Rd. | | Las Vegas | NV | 89119 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-425-4939 | CentRx Pharmacy Desert Springs Pharmacy Manager | | 5,120 | |
| **Description of Duties** | | | | |
| Managed an outpatient retail pharmacy that was associated with Desert Springs Hospital. Dispensed medications to patient who were being discharged from the hospital as well as employees and other patients in the community. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 04/29/24 | 05/30/2024 | NV | Las Vegas | Clark County |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | Nevada Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Request for change of managing pharmacist | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

In regards to NRS 639.220.3.(a) which states that a person may not act as managing pharmacist for more one licensed pharmacy. A waiver may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds.

I appeared (via Zoom) in front of the Nevada Board of Pharmacy on May 30, 2024 to request a waiver to allow myself (License # 18986) the ability to manage 2 hospitals pharmacies– Dignity Health – St. Rose Dominican North Las Vegas Campus (License # IB03706) and Dignity Health – St. Rose Dominican West Flamingo Campus (License # IB03728). Each hospital has 8 licensed inpatient beds, meeting the fewer than 100 bed requirement for the waiver.

The Nevada Board of Pharmacy granted the waiver on May 30, 2024 allowing myself to manage both locations.

Original Signature (electronic, copies or stamps not accepted)

12/10/24
Date

I, Amber Houghland, **certify that as the designated representative for**

DE Craig Ranch, LLC dba Dignity Health - St. Rose Dominican Centennial Campus,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. AKH I am at least 21 years of age;
3. AKH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AKH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AKH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AKH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AKH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amber Houghland

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/10/24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Amber Houghland

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/10/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Amber Houghland, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

12/11/24

**Date**

Subscribed and Sworn to before me this 11th day of December 2024

**Notary Public Signature**

OMAR A. FLORES
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 23-7668-01
MY APPT. EXPIRES OCT. 14, 2026

**(Seal)**

4VV

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application
### Non-Refundable $500.00 Fee

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☒ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☐ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: UNION HEALTH INC dba OMEGA SPECIALTY PHARMACY

Physical Address: 3250 N Tenaya Wy Ste 106

City: Las Vegas State: Nevada Zip: 89129

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-359-0985 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-744-9212 Contact Email: info.omegarx@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): WASEEM SARWAR

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20752

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: WASEEM SARWAR | NV Pharmacist Registration #: 20752 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: UNION HEALTH INC

Mailing Address: 9084 MARIGOLD CREEK STREET

City: LAS VEGAS State: NEVADA Zip: 89113

Telephone: 347-279-3085 Email: info.omegarx@gmail.com

Contact Person Name: WASEEM SARWAR

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

## Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the PRESIDENT (title) for OMEGA SPECIALTY PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

WASEEM SARWAR

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/10/25

Date

**Section 10: Affidavit for Pharmacies: MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, WASEEM SARWAR hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT (title) for OMEGA SPECIALTY PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11TH day of JAN, 2025

Notary Public

GAUVIA GOODLEIGH
Notary Public
State of Nevada
Appt. No. 21-6808-01
My Appt. Expires May 11, 2025

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: WASEEM SARWAR Pharmacist Registration #: 20752

Pharmacy Name: OMEGA SPECIALTY PHARMACY

**Initial each statement below to indicate you have read and agree with the following:**

WS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✔ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

01/10/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

01/10/2025

Date

| Board Use Only | Date Received: 1/16/25 | Amount: $500 CK 0218 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**UNION HEALTH INC**

**Nevada Business Identification # NV20232703156**
**Expiration Date: 02/28/2026**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/10/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202501105342752
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

## Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE President:

| Name | Country |
|---|---|
| WASEEM SARWAR | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 2585 S NELLIS BLVD STE 3 | Las Vegas | NV | 89121 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

X WASEEM SARWAR
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

| Title | Date |
|---|---|
| President | 01/10/2025 |

# LIST OF OFFICERS AND DIRECTORS

WASEEM SARWAR is the sole member of UNION HEALTH INC *dba* OMEGA PHARMACY INC, and he is the President / Authorized official of UNION HEALTH INC. He own 100% shares of the corporation.

**Contact Info:**


**WASEEM SARWAR**

Address: [redacted]

Las Vegas, NV [redacted]

Phone : [redacted]

Email: [redacted]

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: UNION HEALTH INC dba OMEGA SPECIALTY PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 3250 N Tenaya Wy Ste 106

City: LAS VEGAS State: NV Zip: 89129

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-359-0985 Website:

Licensing Company Email: info.omegarx@gmail.com

**Section 2: Personal Information**

First: WASEEM Middle: Last: SARWAR

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: LAS VEGAS State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| UNIVERSITY OF THE PUNJAB | | 01/2008-05/2013 | |
| **Address** | **City** | **State** | **Zip** |
| ALLAMA IQBAL CAMPUS, MALL ROAD | LAHORE | PUNJAB | 54000 |
| **Diploma/Degree obtained, if any** | | | |
| PHARM D | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| GOVT ISLAMIA COLLEGE | | 01/2005-12/2007 | |
| **Address** | **City** | **State** | **Zip** |
| NEAR KACHEHRI,LOWER MALL ROAD | LAHORE | PUNJAB | 54000 |
| **Diploma/Degree obtained, if any** | | | |
| HIGHER SECONDARY SCHOOL CERTIFICATE | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| DON BOSCO HIGH SCHOOL | | 01/1994 - 12/2005 | |
| **Address** | **City** | **State** | **Zip** |
| NEAR POLICE LINES, EMPRESS ROAD | LAHORE | PUNJAB | 54000 |
| **Diploma/Degree obtained, if any** | | | |
| SECONDARY SCHOOL CERTIFICATE | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/24-PRESENT | [redacted] | LAS VEGAS | NV | [redacted] |
| 11/22-03/24 | | LAS VEGAS | NV | |
| 10/21-10/22 | 1 | PAHRUMP | NV | |
| 06/18-09/21 | | SOUTH RICHMOND HILL | NY | |
| 03/18-05/18 | | SOUTH RICHMOND HILL | NY | |
| 06/15-02/18 | | SOUTH OZONE PARK | NY | |
| 04/14-04/15 | | WOOHHAVEN | NY | |
| 03/89-04/14 | | LAHORE, PAKISTAN | PUNJAB | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| PRIME CARE PHARMACY | 05/24-PRESENT |

| Business Address | City | State | Zip |
|---|---|---|---|
| 4445 S EASTERN AVE STE 2 | LAS VEGAS | NEVADA | 89119 |

| Phone | Title |
|---|---|
| 702-745-3500 | PHARMACIST - OWNER |

Description of Duties: SUPERVISE DAILY OPERATIONS OF THE PHARMACY

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| SAHARA PHARMACY | 12/12 - PRESENT |

| Business Address | City | State | Zip |
|---|---|---|---|
| 2585 S NELLIS BLVD STE 3 | LAS VEGAS | NV | 89121 |

| Phone | Title |
|---|---|
| (702) 912-0800 | PHARMACIST - OWNER |

Description of Duties: SUPERVISE DAILY OPERATIONS OF THE PHARMACY

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| PAHRUMP CARE PHARMACY | 08/21 - PRESENT |

| Business Address | City | State | Zip |
|---|---|---|---|
| 1500 E HIGHWAY 372, STE E | PAHRUMP | NV | 89048 |

| Phone | Title |
|---|---|
| (775) 727-3905 | PHARMACIST - OWNER |

Description of Duties: SUPERVISE DAILY OPERATIONS OF THE PHARMACY

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| RITE AID PHARMACY | 02/20 - 12/20 |

| Business Address | City | State | Zip |
|---|---|---|---|
| 840 WESTCHESTER AVE | BRONX | NY | 10459 |

| Phone | Title |
|---|---|
| (718) 378-4600 | PHARMACIST MANAGER |

Description of Duties: SUPERVISE DAILY OPERATIONS OF THE PHARMACY

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| MEERAJ PHARMACY | 01/18 - 02/20 |

| Business Address | City | State | Zip |
|---|---|---|---|
| 115-17 LIBERTY AVENUE | SOUTH RICHMOND HILL | NY | 11419 |

| Phone | Title |
|---|---|
| (718) 641-4400 | PHARMACIST |

Description of Duties: SUPERVISE DAILY OPERATIONS OF THE PHARMACY

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| MEERAJ PHARMACY | | | 06/15 - 01/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 115-17 LIBERTY AVENUE | | SOUTH RICHMOND HILL | NY | 11419 |
| **Phone** | **Title** | | | |
| (718) 641-4400 | PHARMACY INTERN | | | |
| **Description of Duties** | | | | |
| WORK UNDER THE SUPERVISION OF PHARMACIST AND ASSIST THE PHARMACIST IN CARRYING OUT THE DAILY ACTIVITIES OF THE PHARMACY. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| MS BASHIR PHARMACY | | | 07/13-06/15 | |
| **Business Address** | | **City** | **State** | **Zip** |
| SHOP NO 1& 2, STREET 13, WALTON ROAD | | LAHORE | PUNJAB | 54000 |
| **Phone** | **Title** | | | |
| 03214061992 | PHARMACIST | | | |
| **Description of Duties** | | | | |
| SUPERVISE DAILY OPERATIONS OF THE PHARMACY | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/10/25

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of CLARK

I, WASEEM SARWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

01/10/2025

**Date**

Subscribed and Sworn to before me this 10TH day of JAN 2025.

**Notary Public Signature**

GAUVIA GOODLEIGH
Notary Public
State of Nevada
Appt. No. 21-6808-01
My Appt. Expires May 11, 2025

**(Seal)**

4WW

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application
### Non-Refundable $500.00 Fee

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☒ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☒ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: BP8618324 |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) | ☐ Other: | ☒ Non-sterile Compounding |
| | | | ☒ Sterile Compounding |
| | | | ☒ Mail-Order Service |
| | * Current license #: PH_____ | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Everwell Specialty Pharmacy, LLC

Physical Address: 6506 N Davis Hwy

City: Pensacola State: FL Zip: 32504

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 850-473-9190 Toll Free # (NAC 639.708, NRS 639.23286): 855-507-2560

Fax: 850-473-9935 Contact Email: licensing@everwellrx.com

Website: www.everwellrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kelly Halverson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): Pending

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Kelly Halverson | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | ✓ | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: Revelation Pharmacy LLC

Business Name: Revelation Pharmacy LLC

Business Address: 9777 Pyramid Ct Ste230

City: Englewood State: CO Zip: 80112

Telephone: 303-547-5659 Email: wskinner@revpharmacorp.com

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

**Statement of Responsibility**

1. I am the Pharmacist in Charge (title) for Everwell Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kelly Halverson

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/24/24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Kelly Halverson hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Everwell Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24 day of September, 20 24

Heather Gainey
Notary Public

HEATHER GAINEY
Notary Public - State of Florida
Commission # HH 320298
My Comm. Expires Oct 10, 2026
Bonded through National Notary Assn.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kelly Halverson

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/24/24

Date

| Board Use Only | Date Received: 10/15/24 | Amount: $500-ck |
|---|---|---|

## Candy Nally

**From:** Shayne Haqq <shaqq@revelationpharma.com>
**Sent:** Tuesday, November 19, 2024 8:17 AM
**To:** Candy Nally
**Subject:** Fw: Out-of-State Pharmacy Application

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Resending this email. Please let me know when you have received.

Thank you,

**Shayne Haqq**
Licensing Coordinator
[redacted]

REVELATION PHARMA
www.revelationpharma.com

WARNING: CONFIDENTIALITY NOTICE - The documents in this correspondence may contain confidential health information that is privileged and legally protected from disclosure by federal law, the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are notified that any review, disclosure, copying, distribution, or the taking of any other action relevant to the contents of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately at info@revelationpharma.com

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**From:** Shayne Haqq <shaqq@revelationpharma.com>
**Sent:** Thursday, November 7, 2024 2:01 PM
**To:** Candy Nally <cnally@pharmacy.nv.gov>
**Subject:** Re: Out-of-State Pharmacy Application

Hi,

To clarify, I believe you referring to pg. 3 Section 3. If that is correct the answers should all be NO's. I have attached the disciplinary history that Everwell has, along with the VPP inspection.

Toll Free #: 855-507-2560

If you need anything please let me know.

Thank you, Explanation of Disciplinary Actions BOP 2023.pdf VPP Inspection Report 2024.pdf

---

**From:** Candy Nally <cnally@pharmacy.nv.gov>
**Sent:** Thursday, November 7, 2024 12:44 PM
**To:** Licensing Department <licensing@revelationpharma.com>
**Subject:** FW: Out-of-State Pharmacy Application

CAUTION: This email originated from outside of our organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Everwell Specialty Pharmacy, LLC

We are in receipt of your pharmacy application. The required following documents were not included.

You have answered "yes" to one or more of the questions on page 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

**Required toll-free telephone number.**

**NRS 639.23286 Pharmacy located outside Nevada: Substitution of drug; toll-free telephone service.** A pharmacy located outside Nevada that provides mail order service to a resident of Nevada:

1. May substitute a drug if the substitution is made in accordance with the provisions of the laws and regulations of the state or country in which the pharmacy is located.
2. Shall provide a toll-free telephone service for its customers to a pharmacist who has access to the records of the customers from Nevada. The telephone service must be available for not less than 5 days per week and for at least 40 hours per week. The telephone number must be disclosed on the label attached to each container of drugs dispensed to a resident of Nevada.

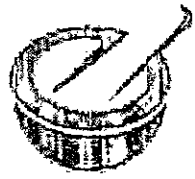
Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located.

Once received, we can continue the process of reviewing the application.

If you have any questions, please feel free to contact us.

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
cnally@pharmacy.nv.gov

**This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.**



EVERWELL
SPECIALTY PHARMACY

May 25, 2023

To whom it may concern,

We are writing to inform you of a recent disciplinary action against our licensed pharmacy, Everwell Specialty Pharmacy, LLC ("***Everwell***") by the Colorado Department of Regulatory Affairs ("***DORA***").

On May 1, 2023, Everwell was sent a proposed Letter of Admonition ("***LOA***") by DORA. DORA alleged that Everwell failed to notify DORA within thirty (30) days of a reportable action in another state, in violation of DORA Rule 9.00.10(b) ("***Rule***"). Everwell had provided DORA with notice of the other action within thirty days, but DORA determined this notice was insufficient to satisfy the Rule and issued the proposed LOA. The LOA is attached herein as **Exhibit A**.

Pursuant to the LOA, and in compliance with C.R.S. 12-20-404(4), Everwell was given the option to either accept the LOA or vacate the LOA to initiate formal disciplinary proceedings within twenty (20) days after receipt of the letter – twenty (20) days after May 1, 2023. After consideration, Everwell has decided to accept the proposed LOA and is formally reporting it, in accordance with its obligations, by this letter.

We understand that this may raise concerns about Everwell's ability to maintain the highest standard of professionalism and ethical conduct as a licensed pharmacy. However, we want to assure you that Everwell has taken additional measures to ensure its continued compliance, including additional education and training, and is committed to learning from this experience. We are confident that Everwell will continue to provide high-quality care and service to its patients and will uphold the integrity of the pharmacy profession.

We appreciate your attention to this matter and are available to address any concerns or questions you may have.

Sincerely,

Everwell Specialty Pharmacy, LLC

By: _____

Name: Brandon Conti, Pharm D

Title: Pharmacist in Charge

Date: 5/25/23

**EXHIBIT A**

COLORADO
Department of
Regulatory Agencies

May 1, 2023

Everwell Specialty Pharmacy
Attn: Pharmacist Manager
6506 N Davis Hwy
Pensacola, FL 32504-6957

Also sent via email to: info@everwellrx.com

Re: License Number: OSP.0005997
Case Number: 2023-1940

Dear: Pharmacist Manager,

The State Board of Pharmacy ("Board") has concluded its inquiry into the aforementioned matter. It was the Board's decision not to commence with formal proceedings against your professional license. However, the Board did determine disciplinary action in the form of this letter of admonition is warranted, pursuant to section 12-280-127(6), C.R.S.

Failing to notify the Board within 30 days of any disciplinary action against you in another state is a violation of Rule 9.00.10(b).

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act requirements and obligations for the practice of pharmacy or as a pharmacy technician in Colorado.

In accordance with section 12-20-404(4), C.R.S., the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Dmitry Kunin, Program Director, at the address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with section 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional pharmacist or pharmacy technician.

If you have further questions or concerns, please visit our website at dpo.colorado.gov or you can contact our office at dora_pharmacyboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Senior Program Director
Colorado Pharmacy Board

cc: Michael R. Alexander, Respondent Attorney, malexander@bf-law.com

Please complete a short survey at https://www.surveymonkey.com/r/B5JR27T regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within LETTER OF ADMONITION upon all parties herein by electronic means or by depositing copies of same in the United States mail, first-class postage prepaid, at Denver, Colorado, this 1st day of May, 2023, addressed as follows:

Everwell Specialty Pharmacy
Attn: Pharmacist Manager
6506 N Davis Hwy
Pensacola, FL 32504-6957

Via Email to: info@everwellrx.com

Michael R. Alexander
Brown & Fortunato
905 S Fillmore St Ste 400
Amarillo, TX 79101-3541

Via Email to: malexander@bf-law.com

Andrea L. De Luca
Board Staff

Your license number is PH 19748.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|---|---|---|
| SEPTEMBER 9, 2023 | PH 19748 | 142518 |

THE PHARMACY NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & IIICommunity Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2025

EVERWELL SPECIALTY PHARMACY, LLC
Everwell Specialty Pharmacy
6506 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32504

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for License Authentication.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|---|---|---|
| SEPTEMBER 9, 2023 | PH 19748 | 142518 |

THE PHARMACY NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

EVERWELL SPECIALTY PHARMACY, LLC
Everwell Specialty

Expiration Date: FEBRUARY 28, 2025

REGISTRANT SIGNATURE

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BP8618324 | 08-31-2025 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY-COLLECTOR | 09-01-2022 |

EVERWELL SPECIALTY PHARMACY, LLC
EVERWELL SPECIALTY PHARMACY
6506 N DAVIS HWY
PENSACOLA, FL 325046957

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   **Drug Enforcement Administration**
   **P.O. Box 2639**
   **Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Department of Health

# License Verification

Printer Friendly Version

## Everwell Specialty Pharmacy LLC

## License Number: PH33634

*Data As Of 2/22/2023*

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners | Subordinate Practitioners

| | |
|---|---|
| Profession | Pharmacy |
| License | PH33634 |
| License Status | CLEAR/ |
| Qualifications | Special Sterile Compounding |
| License Expiration Date | 2/28/2025 |
| License Original Issue Date | 10/26/2021 |
| Address of Record | 6506 N. Davis Hwy<br>PENSACOLA, FL 32504 |
| Discipline on File | No |
| Public Complaint | No |

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified



© 2023 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

**Everwell Specialty Pharmacy LLC**

**Owner:** Revelation Pharmacy LLC
Address: 9777 Pyramid Ct Ste 230 Englewood, CO 80112
**Percentage:** 100%

**Officers:**

Name: Shawn Hodges Title: CEO

Address: 9777 Pyramid Ct Ste 230, Englewood, CO 80112 [redacted] Email:

shodges@revelationpharma.com

Name: William Skinner Title: CFO

Address: 9777 Pyramid Ct Ste 230, Englewood, CO 80112[redacted] Email:

wskinner@revelationpharma.com

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Everwell Specialty Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH19748

Physical Address: 6506 N Davis Hwy

City: Pensacola State: FL Zip: 32504

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 850-473-9190 Website: www.everwellrx.com

Licensing Company Email: licensing@everwellrx.com

**Section 2: Personal Information**

First: Kelly Middle: Anne Last: Halverson

Alias(es, nick [redacted] maiden name Hancock

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] N 20th Ave

City: Pensacola State: FL Zip: 32503

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| South University School of Pharmacy | | | 05/2009 - 05/2012 | |
| Address | City | | State | Zip |
| 709 Mall Blvd | Savannah | | GA | 31406 |
| Diploma/Degree obtained, if any | | | | |
| PharmD | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Pensacola State College | | | 2003 - 2009 | |
| Address | City | | State | Zip |
| 1000 College Blvd | Pensacola | | FL | 32504 |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Pace High School | | | 2000 - 2004 | |
| Address | City | | State | Zip |
| 4065 Norris Rd | Pace | | FL | 32571 |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | |
|---|---|---|---|---|
| 01/2018 - Current | [redacted] | Pensacola | FL | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 08/2017 - 01/2018 | | Pensacola | FL | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 03/2015 - 03/2017 | | Mandeville | LA | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 09/2014 - 03/2015 | | Milton | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | | |
|---|---|---|---|---|
| Business Name: Enerwell Specialty Pharmacy | | | From - To (MM/YY – MM/YY): 11/2018 - current | |
| Business Address: 6506 N Davis Hwy | City: Pensacola | State: FL | Zip: 32504 | |
| Phone: 850-473-9190 | Title: Pharmacist | | | |
| Description of Duties: dispense & check prescriptions, educate patients ensures rules & regulations are followed, supervise technicians | | | | |

| | | | |
|---|---|---|---|
| Business Name: CVS Pharmacy | | From - To (MM/YY – MM/YY): 11/2016 - 9/2018 | |
| Business Address: 3888 US-90 | City: Pace | State: FL | Zip: 32571 |
| Phone | Title: Pharmacist | | |
| Description of Duties: same as above | | | |

| | | | |
|---|---|---|---|
| Business Name: Target Pharmacy | | From - To (MM/YY – MM/YY): 9/2014 - 11/2016 | |
| Business Address: 4711 Bayou Blvd | City: Pensacola | State: FL | Zip: 32503 |
| Phone: 850-494-9077 | Title: Pharmacist | | |
| Description of Duties: same as above | | | |

| | | | |
|---|---|---|---|
| Business Name | | From - To (MM/YY – MM/YY) | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | From - To (MM/YY – MM/YY) | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kelly Halverson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/24/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Escambia

I, Kelly Halverson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9/24/24

**Date**

Subscribed and Sworn to before me this 24 day of September.

Heather Gainey

**Notary Public Signature**

HEATHER GAINEY
Notary Public - State of Florida
Commission # HH 320298
My Comm. Expires Oct 10, 2026
Bonded through National Notary Assn.

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: Everwell Specialty Pharmacy LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH19748

Physical Address: 6506 N Davis Hwy

City: Pensacola State: Fl Zip: 32504

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 850-473-9190 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 850-473-9935 Contact Email: licensing@everwellrx.com

Website: www.everwellrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kelly Halverson

Supervising/Managing Pharmacist NV Pharmacist Registration #: _____

Name of Designated Person(s) as defined by revised USP-797 guidelines: Kelly Halverson

Email of Designated Person(s): kelly@everwellrx.com

Telephone of Designated Person(s): 850-473-9190

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ☑ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☑ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 4/24

6. What is the frequency of the recertification for the ISO classified areas? EVERY 6 MONTHS

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☑ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☑ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? _____

10. Will you be performing sterile hazardous drug compounding? WE ARE NOT CURRENTLY ☑ Yes ☐ No

If you marked "**Yes**", you must also complete **section 3.** BUT OUR LAB IS ISO COMPLIANT

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

See ATTACHED.

12. What laboratory performs your sterility or endotoxin testing?

Name: Pharmetric

Address: 11080 28th ST N SUITE #210

City: St. Petersburg, FL State: FL Zip: 33716

Telephone: 727-209-5778

13. What is your procedure for visual inspection of compounded sterile products?

-ONCE the batch is compounded, a RPh performs visual inspection using WHITE/BLACK BOARD + is checked again by RPh during final verification.

14. How often do you perform glove fingertip and medial fill testing?

Every 3 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

See ATTACHED

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

See ATTACHED

17. Who performs the sterile compounding process at your facility?

WE HAVE 3 sterile technicians monitored by PHV VO + BRANDON CONTI

18. Who is responsible and accountable for the sterile compounding process at your facility?

DP = PICAROIEN ANDREWS, CPhT

Pharmacists - PHV VO + BRANDON CONTI

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We VALIDATE our COLD SHIPPING PACKOUT TWICE YEARLY.

| Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility? BSC externally vented | | |
| 2. Are you complying with all USP 800 guidelines? | ☑ Yes | ☐ No |
| 3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process? | ☑ Yes | ☐ No |
| 4. Is your BSC or CACI vented 100% to the outside? | ☑ Yes | ☐ No |
| 5. Do you have a negative pressure buffer room at your facility? | ☑ Yes | ☐ No |
| 6. Will you be compounding with antineoplastic HDs or HD API? | ☑ Yes | ☐ No |
| 7. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ☑ Yes | ☐ No |
| 8. Will you be utilizing a closed system transfer device? | ☐ Yes | ☑ No |
| 9. If yes, list the name of the device: NOT currently compounding HAZ Drugs | | |

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Each patient is offered counseling of proper handling and disposal of hazardous drugs. In the prescription bag, there is a PIL covering this as well. Inside Everwell, we have a take-back bin for patients to properly dispose of these medications.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

See ATTACHED

**Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)**

1. List the specific Category 3 sterile products that your facility compounds:

See ATTACHED

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every 3 months

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ☑ Yes ☐ No

4. What is the frequency for completing volumetric active air sampling?

weekly

| | |
|---|---|
| 5. What is the frequency for completing surface sampling? We complete surface sampling weekly and take a surface sample of the DCA after each batch. | |
| 6. What is the frequency for using sporicidal agents? We use Peridox daily | |
| 7. Is an endotoxin test performed for all products compounded from one or more nonsterile component? | ☑ Yes ☐ No |
| 8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method? | ☑ Yes ☐ No |

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BRANDON CONTI

Name of Person who Completed the Form

PIC

Title

Signature (copies or stamps not accepted)

10/1/24

Date

| Board Use Only | Date Received: 10/15/24 Date Approved: _____ Approved By: _____ |
|---|---|

**Describe your initial and ongoing training for all personnel performing sterile compounding?**

All sterile staff are required to complete "Sole Source Academy" courses through Wolters Kluwer which are USP 797 focused ACPE accredited courses and pass a media fill and fingertip test before entering the cleanroom. The staff member will also attend a Live course for Sterile Compounding and Aseptic Technique to obtain a Certificate. The Sole Source courses are required on an annual basis and media fills/fingertip are preformed every 3 months with skill assessments.

**Describe the cleaning procedure for your primary and secondary engineering controls. Including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation agents used?**

PEC Procedures

We use sterile water for cleaning, followed by sterile 70% isopropyl alcohol for disinfectant, then sterile Peridox as our sporicidal/deactivation and left to dwell for 10 mins. All cleaning steps are performed using a sterile, low-lint wipe inside the PEC and are allowed to dry before moving to the next step. Sterile 70% IPA is applied immediately to PEC/DCA before initiating compounding. During the compounding process sterile IPA is applied to all work surfaces at least every 30 minutes using a sterile low-lint wipes or when visibly soiled. We clean from back to front, with overlapping stokes, replacing the low-lint wipe with each part of the hood.

SEC Procedures

We clean with Peridox daily and follow with 70% isopropyl. Daily cleaning areas are all work surfaces, floors, counters, stools, pass throughs, high touch areas and equipment. Weekly cleans also use Peridox and isopropyl and are used on ceilings and walls and all daily cleaning areas. Cleaning is done from farthest away from the entry door and cleaned towards the entry. There are designated mops and mop heads for ceilings/walls and floors. Low lint mops are used for each. Monthly cleans cover weekly clean areas and also all racks/bins/etc.

Sterile Preparations compounded at Everwell:

Sermorelin 9mg/6ml INJ solution CAT. 3

Sermorelin 15mg/6ml INJ solution CAT. 3

Methylocobalamin 1000mcg/ml INJ solution CAT. 3

Nicotinamide Adenine Dinucleotide 200mg/ml INJ solution

Papaverine/phentolamine 30mg/1mg/ml INJ solution

Papaverine/phentolamine/alprostadil 15mg/0.5mg/5mcg/ml INJ solution

Papaverine/phentolamine/alprostadil 30mg/1mg/10mcg/ml INJ solution

Papaverine/phentolamine/alprostadil 30mg/2mg/20mcg/ml INJ solution

Methionine/inositol/choline/levocarnitine 12.5mg/50mg/50mg/100mg/ml INJ solution CAT 3

Semaglutide 1mg/ml INJ solution *While on FDA Shortage List CAT 3

Semaglutide 2.4mg/ml INJ solution *While on FDA Shortage List CAT 3

Tirzepatide 12.5mg/ml INJ solution *While on FDA Shortage List CAT 3

Tirzepatide 25mg/ml INJ solution *While on FDA Shortage List CAT 3

Ethanol 70% INJ solution

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

| | | | |
|---|---|---|---|
| **Business e-Profile ID:** | 765119 | | **Inspection Information** |
| **Legal Business Name:** | Everwell Specialty Pharmacy, LLC | **Conference Call Date:** | 4/12/2024 |
| **Doing Business As (DBA):** | Everwell Specialty Pharmacy | **Start Time: 24-hour format (13:00)** | 8:30 |
| **Address:** | 6506 North Davis Hwy | **End Time: 24-hour format (13:00)** | 9:44 |
| **City:** | Pensacola | **Onsite Inspection Date(s):** | 4/17/2024, 4/18/2024 |
| **State:** | Florida | **Start Time(s): 24-hour format (13:00)** | 8:20, 8:45 |
| **Zip Code:** | 32504 | **End Time(s): 24-hour format (13:00)** | 17:45, 15:20 |
| **Telephone number:** | 850-473-9190 | **Inspector Name(s):** | Cheri Atwood, RPh |
| **Toll free number:** | 855-507-2560 | **Inspection performed by (NABP, State, etc):** | NABP |
| **Fax number:** | 850-473-9935 | **Observer Name/Affiliation (if applicable):** | N/A |
| **Website:** | www.everwellrx.com | **Observer Name/Affiliation (if applicable):** | N/A |

**Focused Information**

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

**General Pharmacy-** 39.00, 47.04, 47.05, 47.10, 65.02, 83.00
**Nonsterile -** 3.0, 3.2, 3.3, 4.0, 10.0, 25.0, 56.0
**Sterile-** 2.0, 35.0, 37.0. 38.0, 40.0, 40.6, 40.7, 41.0 -41.2, 43.0, 43.8, 53.0, 53.2, 56.0-56.2, 56.7, 75.0, 75.3, 75.5, 75.8, 75.9, 76.0, 76.3, 76.5, 78.2, 84.0, 85.0, 86.0
**Hazardous-** 13.14.02-13.14.08, 13.15, 13.18, 67.0, 67.01, 69.00, 73.03

Additional information on NABP's Inspection website.

**NABP Disclaimer:** NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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| Pharmacy Hours of Operation | Check if 24/7 ☐ | | |
|---|---|---|---|
| | Open | | Closed |
| | Start Time: (24-hour format) | End Time: (24-hour format) | (X) |
| Sunday | | | X |
| Monday | 8:00 | 18:00 | |
| Tuesday | 8:00 | 18:00 | |
| Wednesday | 8:00 | 18:00 | |
| Thursday | 8:00 | 18:00 | |
| Friday | 8:00 | 18:00 | |
| Saturday | 8:00 | 12:00 | Storefront is not open but phone calls are answered. |

| Key Pharmacy Personnel | Name | Contact (e-mail) | e-Profile ID |
|---|---|---|---|
| Pharmacist in Charge | Brandon Conti | brandon@everwellrx.com | 967058 |
| Nonsterile Designated person(s) | Picardien Andrews | pandrews@everwellrx.com | 941249 |
| Sterile Designated person(s) | Picardien Andrews | pandrews@everwellrx.com | 941249 |
| Hazardous Designated person(s) | Picardien Andrews | pandrews@everwellrx.com | 941249 |

| Personnel Present at Time of Inspection | Name | Title | License or registration available and current (Y/N) |
|---|---|---|---|
| 1 | Brandon Conti | PIC | Y |
| 2 | Picardien Andrews | DP | Y |
| 3 | Sydney O'Donnell | Pharmacist | Y |
| 4 | Phu Vo | Pharmacist | Y |
| 5 | Kelly Halverson | Pharmacist | Y |
| 6 | Lennon Land | Pharmacist | Y |
| 7 | Alanna Bush | Pharmacy Technician | Y |
| 8 | Rena Butler | Pharmacy Technician | Y |
| 9 | Shaelynn Chaffee-Dalton | Pharmacy Technician | Y |
| 10 | Heather Dilgard | Pharmacy Technician | Y |

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.
In addition, 1 pharmacist, 14 pharmacy technicians, 1 administrative assistant and 3 shipping clerks were present.

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**Business Licensure Information for State of Residence and Federal**

**(board of pharmacy, state controlled substance, DEA, FDA, etc)**

| License/Registration Agency | Business Name on License/Registration | Registration/License Type | Registration/License Number & Expiration Date |
|---|---|---|---|
| Drug Enforcement Administration | Everwell Specialty Pharmacy | Pharmacy | BP8618324 Exp: 08/31/2025 |
| Florida Department of Health | Everwell Specialty Pharmacy | Sterile Compounding | PH33634 Exp: 2/28/2025 |
| Florida Department of Health | Everwell Specialty Pharmacy | Pharmacy | PH19748 Exp: 2/28/2025 |
| | | | |
| | | | |
| | | | |

Inspector Notes: List states in which Non-Resident licenses are held. Licenses are held in AL, AK, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MI, MS, MO, MT, NE, NH, NM, NY, NC, ND, OH, OK, OR, RI, SC, SD, TN, UT, VT, WA, WV, WI, WY and Washington D.C. Everwell Specialty Pharmacy is a retail pharmacy that dispenses mostly compounded prescriptions. Sterile and nonsterile (hazardous and non-hazardous) compounding is performed. The pharmacy does not utilize platforms for the purchase of drugs and no ReliOn insulin was discovered. The pharmacy compounds semaglutide.

**Documents collected as part of the inspection.**
***To obtain a copy of these documents please contact the facility directly. They are not included in the final report.***

| Document Name | Description |
|---|---|
| Doc01_Gen17.00;Doc02_NS20.2 | COAs for each repackager; COAs for each repackager |
| Doc03_Haz3.00 | List of Hazardous Drugs |
| Doc04_70.0and69.0 | Semaglutide CR/MFR |
| Photo01_CPD20.3 | Photo Tablet Press |
| Photo02_ST49.0 Photo03_ST49.0 | Photos API Semaglutide (2 photos) |

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| | Type(s) of practice Type "X" for all that apply | | Type(s) of practice Type "X" for all that apply |
|---|---|---|---|
| Traditional retail | X | Central Fill/Processing/Shared Services | X |
| Open to the Public | X | Nuclear Pharmacy | |
| Closed Door | | Specialty Pharmacy | |
| Drive-through window | | White bagging/ clear bagging | |
| Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below* | X | Outsourcing Facility | |
| Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below* | X | FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler) | |
| Local Delivery (if out of state describe in note) | | Wholesale Distributor | |
| Veterinary Pharmacy (occasionally dispenses prescriptions for animals) | X | Provide prescription drugs for "Office Use" (eg distributes) | |
| Institutional (hospital or correctional facility) | | Handles Medical Marijuana | |
| Long-Term Care (nursing home, residential care) | | Nonsterile Compounding | X |
| Investigational Drugs, Clinical Trials/Research | | Nonsterile Hazardous Drug Compounding | X |
| Telepharmacy | | Sterile Compounding | X |
| Internet Pharmacy | | Sterile Hazardous Drug Compounding | X |

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| Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply | | Compounded Sterile Preparations (CSPs) Type "X" for all that apply | |
|---|---|---|---|
| CNSPs with controlled substance(s) | X | CSPs with controlled substance(s) | X |
| CNSPs with vitamins or nutritional supplements | X | CSPs with vitamins or nutritional supplements (includes total parenteral nutrition) | X |
| CNSPs sold to other pharmacies<br>- If so, list to whom<br>– instate, out of state, under common ownership/shared services –<br>central fill agreement; and state if patient specific or distributed | X | CSPs sold to other pharmacies<br>- If so, list to whom<br>- in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed | |
| **Patient specific** (compounded preparation labeled for an individually identified patient): | | **Patient specific** (compounded preparation labeled for an individually identified patient): | |
| CNSPs for animals | X | CSPs for animals | |
| CNSPs for human patients | X | CSPs for human patients | X |
| **Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific): | | **Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific): | |
| CNSPs for animals | | CSPs for animals | |
| CNSPs for human patients | | CSPs for human patients | |
| CNSPs to practitioners for office use | | CSPs to practitioners for office use | |
| CNSPs to hospitals, clinics, or surgery centers | | CSPs to hospitals, clinics, or surgery centers | |

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| Types of CNSPs: | | Categories of CSPs: | |
|---|---|---|---|
| Aqueous | X | Category 1 CSPs | |
| Nonaqueous | X | Category 2 CSPs | X |
| Specific types: | | Category 3 CSPs | X |
| Solid oral preparations | X | Types of CSPs: | |
| Liquid oral preparations | X | Allergenic extracts | |
| Otic preparations | X | Allergenic extracts in addition to prescription patient sets | |
| Rectal preparations | X | Immediate Use | |
| Vaginal preparations | X | Proprietary bag and vial systems | |
| Topical preparations: | X | Blood-derived or other biological material (eg autologous serum) | |
| Nasal and sinus preparations: | X | Sterile injections/ sterile infusions | X |
| Other (please list): | | Ophthalmic dosage forms | |
| | | Baths and soaks for live organs and tissues | |
| | | Implants/ Pellets | |
| | | Other (please list): | |

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| Facility Size in Square Feet *(can be approximated)* and Number of PECs | | Personnel | |
|---|---|---|---|
| Total Pharmacy size: | 15000 | Total Pharmacists: | 6 |
| Nonsterile Compounding Room size: | 2 rooms (110 and 200) | Number of Compounding Pharmacists: | 2 |
| Nonsterile Compounding powder hoods number: | 2 | Total Student Interns: | 0 |
| Nonsterile Hazardous Drugs (HD) Compounding Room size: | 3 rooms (165, 165, and 240) | Total Technicians: | 20 |
| Nonsterile HD Compounding CVE/BSC/CACI hoods number: | 4 | Number of Compounding Technicians: | 7 |
| Sterile Compounding Ante Room size: | 150 (1 CVE) | Of technicians, how many are nationally certified? | 7 |
| Sterile Compounding Clean/Buffer Room size: | 220 | Of technicians, how many are techs-in-training? | 0 |
| Sterile Compounding Number LAFW hoods/areas: | 1 | Total Other Unlicensed Personnel: | 3 shipping clerks and 1 administrative assistant |
| Sterile Compounding Number BSC hoods: | 0 | Ratio #Technician(s) : #Pharmacist(s) present at time of inspection: | 19:6 |
| Sterile Compounding Number CAI/CACI hoods: | 0 | If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs: | N/A |
| Negative Pressure Sterile HD Room size: | 220 (1 CVE) | | |
| Sterile HD Compounding Number of BSC hoods: | 0 | | |
| Sterile HD Compounding Number of CACI hoods: | 1 | | |

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| | |
|---|---|
| Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample) | N/A, No sample taken during this inspection. |
| Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason. | Viewed through window outside ante and buffer rooms. |

| | **Volume Dispensed** | | **Volume Distributed** |
|---|---|---|---|
| Total Prescriptions Dispensed/day: | 400 | Total Orders Distributed/day: | 0 |
| % Veterinary Prescriptions | 3% | % Veterinary Orders | 0% |
| % Controlled Substance Prescriptions | 15% | % Controlled Substance Orders | 0% |
| % Nonsterile Compounded Prescriptions | 20% | % Nonsterile Compounded Orders | 0% |
| % Sterile Compounded Prescriptions | 75% | % Sterile Compounded Orders | 0% |
| % Hazardous Drugs (HD) Prescriptions | 10% | % Hazardous Drugs (HD) Orders | 0% |

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**Definitions:** DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

**States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):**
Note: if not available, request information be sent to VPP and note that information was requested in grid.

| State | Volume Dispensed | Volume DISTRIBUTED | /day, week, month |
|---|---|---|---|
| Alabama (AL) | 0 | 0 | year 2023 |
| Alaska (AK) | 36 | 0 | year 2023 |
| Arizona (AZ) | 3256 | 0 | year 2023 |
| Arkansas (AR) | 12212 | 0 | year 2023 |
| California (CA) | | | |
| Colorado (CO) | 1616 | 0 | year 2023 |
| Connecticut (CT) | 1069 | 0 | year 2023 |
| Delaware (DE) | 171 | 0 | year 2023 |
| District of Columbia (DC) | 23 | 0 | year 2023 |
| Florida (FL) | 27947 | 0 | year 2023 |
| Georgia (GA) | 26559 | 0 | year 2023 |
| Hawaii (HI) | 18 | 0 | year 2023 |
| Idaho (ID) | 578 | 0 | year 2023 |
| Illinois (IL) | 1510 | 0 | year 2023 |
| Indiana (IN) | 654 | 0 | year 2023 |
| Iowa (IA) | 33 | 0 | year 2023 |
| Kansas (KS) | | | |
| Kentucky (KY) | 2422 | 0 | year 2023 |
| Louisiana (LA) | 0 | 0 | year 2023 |
| Maine (ME) | 0 | 0 | year 2023 |
| Maryland (MD) | | | |
| Massachusetts (MA) | 764 | 0 | year 2023 |
| Michigan (MI) | 74 | 0 | year 2023 |
| Minnesota (MN) | | | |
| Mississippi (MS) | 991 | 0 | year 2023 |
| Missouri (MO) | 953 | 0 | year 2023 |
| Montana (MT) | 50 | 0 | year 2023 |

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**States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):**
Note: if not available, request information be sent to VPP and note that information was requested in grid.

| State | Volume Dispensed | Volume DISTRIBUTED | /day, week, month |
|---|---|---|---|
| Nebraska (NE) | 44 | 0 | year 2023 |
| Nevada (NV) | | | |
| New Hampshire (NH) | 230 | 0 | year 2023 |
| New Jersey (NJ) | | | |
| New Mexico (NM) | 34 | 0 | year 2023 |
| New York (NY) | 14 | 0 | year 2023 |
| North Carolina (NC) | 2087 | 0 | year 2023 |
| North Dakota (ND) | 2310 | 0 | year 2023 |
| Ohio (OH) | 2218 | 0 | year 2023 |
| Oklahoma (OK) | 155 | 0 | year 2023 |
| Oregon (OR) | 53 | 0 | year 2023 |
| Pennsylvania (PA) | | | |
| Rhode Island (RI) | 125 | 0 | year 2023 |
| South Carolina (SC) | 1729 | 0 | year 2023 |
| South Dakota (SD) | 569 | 0 | year 2023 |
| Tennessee (TN) | 4429 | 0 | year 2023 |
| Texas (TX) | | | |
| Utah (UT) | 234 | 0 | year 2023 |
| Vermont (VT) | 60 | 0 | year 2023 |
| Virginia (VA) | | | |
| Washington (WA) | 2154 | 0 | year 2023 |
| West Virginia (WV) | 1 | 0 | year 2023 |
| Wisconsin (WI) | 6 | 0 | year 2023 |
| Wyoming (WY) | 34 | 0 | year 2023 |
| Other: | | | |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## General Pharmacy Inspection

**The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy
**e-Profile ID:** 765119
**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Notes |
|---|---|---|---|
| | **General Pharmacy** | | |
| 1.00 | Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.* | Yes | |
| 2.00 | Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.* | Yes | 40+ hours |
| 3.00 | Are there any other businesses located at this address? *If yes, note type of business and name.* | Yes | A physician's office and Revelation Pharma has an OTC supplement central storage fulfillment. |
| 4.00 | Does the pharmacy have any other websites? *Provide list of other names/URLs.* | No | |
| 4.01 | Does the pharmacy hold .pharmacy verification? | Yes | |
| 5.00 | Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.* | Yes | .pharmacy website links. |
| 6.00 | Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)? | No | |
| 7.00 | Are patients able to order or refill prescriptions through the website? *If yes, describe.* | Yes | Text into the website for a refill and a refill request form is available on the website. |
| 8.00 | Are photographs allowed during the inspection (**no PHI**)? | Yes | |
| 9.00 | List of additional personnel **interviewed as part of the inspection, including name and title:** | | Picardien Andrews, Designated Person; Phu Vo and Kelly Halverson, pharmacists |

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**e-Profile ID:** 765119
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| | | Observation | Notes |
|---|---|---|---|
| | **Types of Practice Additional Questions**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 10.00 | If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.* | Yes | 10% Florida and other states 15% other states |
| 11.00 | Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.* | No | |
| 12.00 | Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)? | No | |
| 13.00 | If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.* | No | |
| 14.00 | If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.* | No | |

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**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy
**e-Profile ID:** 765119
**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Notes |
|---|---|---|---|
| | **General Operations and Licensure**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 15.00 | Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.* | Yes | |
| 16.00 | Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.* | Yes | The Florida Board of Pharmacy conducted an inspection on April 10-11, 2024. Per PIC, the pharmacy was informed that the Board adopted the USP revisions March 1, 2024, but had not been aware of the adoption until the inspection. |
| 17.00 | Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.* | Yes | See Doc01_Gen17.00 for deficiencies. In process of correcting deficiencies. |
| 18.00 | Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.* | No | |
| 19.00 | Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.* | No | |
| 20.00 | Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.* | No | |
| 21.00 | Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.* | No | |
| 22.00 | Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.* | No | |

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**e-Profile ID:** 765119
**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Notes |
|---|---|---|---|
| 23.00 | Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.* | No | |
| 24.00 | Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.* | Yes | Closeout from last FDA inspection was 4/22/2019. |
| 25.00 | Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.* | Yes | PCAB for nonsterile compounding from 9/20/2022 through 9/19/2025. |
| 26.00 | Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.* | No | URAC Mail Order Accreditation is no longer maintained as the pharmacy did not become a specialty pharmacy. |
| 27.00 | Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.* | No | |
| 28.00 | Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?* | Yes | Records are maintained for 10 years. |
| 28.01 | Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?* | Yes | |
| 28.02 | Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Hard copy and electronic records are maintained. A new computer system has been implemented and the records will all be electronically maintained. |
| 28.03 | Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Electronically |
| 28.04 | Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Prescription may be voided but not deleted. |

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**e-Profile ID:** 765119
**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Notes |
|---|---|---|---|
| 28.05 | If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable? | N/A | |
| 29.00 | Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.* | Yes | The system is programmed to ship only to states licensed. Corporate Government Affairs team advises and the PIC for each state follows the revisions for those states and informs staff. |
| | **Personnel** **If any part of a question is no, enter "No" and explain the observation.** | | |
| 30.00 | Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.* | Yes | Current licenses are posted on the wall. |
| 31.00 | Is there a process for periodic verification of validity of licenses? *Describe the process.* | Yes | The PIC verifies annually on the Board website. |
| 32.00 | If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?* | No | |
| 33.00 | Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.* | Yes | Ratio during inspection was 19:6. Maximum staff working at one time would be 26. |
| | **Facility and Security** **If any part of a question is no, enter "No" and explain the observation.** | | |
| 34.00 | Does the pharmacy have a working security/alarm system in place? *If yes, describe.* | Yes | Smith Security provides monitored alarm that includes cameras, motion detectors and key fob security. |
| 35.00 | Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.* | N/A | There are no schedule II controlled substances on site. |
| 36.00 | Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.* | Yes | A pharmacist will stay on site until the pharmacy is secured. |

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# National Association of Boards of Pharmacy®
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**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy
**e-Profile ID:** 765119
**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Notes |
|---|---|---|---|
| 37.00 | Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.* | Yes | |
| 37.01 | Is the working area well lit and free of tripping hazards? *If no, document with photo.* | Yes | |
| 37.02 | Is there a sink with hot and cold running water? | Yes | |
| 37.03 | If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.* | N/A | No destruction on site. |
| 37.04 | Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.* | Yes | Inmar |
| 37.05 | Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.* | Yes | Stericycle collects quarterly. |
| 38.00 | Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.* | Yes | Patient counseling area in the lobby and there is a three quarters enclosed nook if more privacy is desired. |
| 39.00 | Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.* | No | Siemens continuously monitors temperature and humidity. The PIC is alerted by text of an excursion. The temperature was 67 degrees. Range is 59 -86 degrees F. |
| 39.01 | Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process* | Yes | Siemens continuously monitors temperature and humidity. The PIC is alerted by text of an excursion. |
| 39.02 | Are excursion action plans in place including evaluating excursion effects on drug product integrity? | Yes | |

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| 40.00 | Are the refrigerator and freezer restricted to drug products only (no food)? | Yes | |
| 41.00 | Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?* | Yes | Siemens continuously monitors the refrigerators. All pharmacists are alerted by text of a refrigerator excursion. The range is 36-46 degrees F. The records are maintained for 10 years. |
| 41.01 | Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.* | Yes | There are 9 refrigerators and the readings were 40.6, 39.8, 40.8, 40.7, 39.8, 40.6, 39.6, 38.9 and 38.8 degrees F. |
| 42.00 | Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?* | Yes | Siemens continuously monitors the freezer. All pharmacists are alerted by text of a freezer excursion. The range is -13 to 14 degrees F. The records are maintained for 10 years. |
| 42.01 | Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.* | Yes | Freezer temperature was -5.6 degrees F. |
| 43.00 | Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.* | Yes | Diesel powered generator is on site. Redundant refrigerators are present. |
| 44.00 | Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.* | Yes | HVAC contract provides emergency service. |
| 45.00 | Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised? | Yes | |
| 46.00 | Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.* | No | |
| 46.01 | If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products? | N/A | |

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| | **Product Receipt and Inventory**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 47.00 | Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.* | No | Corporate Team (Revelation Pharma) establishes vendors. |
| 47.01 | Does the pharmacy purchase all prescription drugs directly from the manufacturer? | No | |
| 47.02 | Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.* | Yes | Central fill agreement with another Revelation Pharma pharmacy but currently with implementation of new software, this is not occurring. |
| 47.03 | Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.* | Yes | McKesson and SmartSource |
| 47.04 | Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?* | No | |
| 47.05 | Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes. Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)* | Unknown | |
| 47.06 | Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.* | Yes | Verified on the Florida DOH website. |
| 47.07 | Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.* | Yes | Verified on FDA website. |
| 47.08 | Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.* | Yes | Quarantine and investigate. |

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| 47.09 | Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.* | No | None to date. |
| 47.10 | Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.* | Unknown | |
| 47.11 | Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting? | Yes | |
| 48.00 | Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?* | N/A | The pharmacy has no schedule II controlled substances. |
| 49.00 | Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?* | N/A | The pharmacy has no schedule II controlled substances. |
| 50.00 | Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.* | N/A | |
| 51.00 | Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in? | Yes | |
| 52.00 | Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.* | Yes | |

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| | | Observation | Notes |
|---|---|---|---|
| 53.00 | Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).* | Yes | Central fill agreement with another Revelation Pharma pharmacy but currently with implementation of new software, this is not occurring. Pharmacy Specialists of Central Florida in Altamonte Springs, FL is the location under common ownership and the Florida license number is PH15908. Everwell obtains mostly RDTs from this pharmacy and occasionally a compound containing an API that Everwell does not stock. |
| 54.00 | Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).* | Yes | Perpetual inventory and cameras are utilized. |
| 54.01 | Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.* | Yes | Corporate, Board of Pharmacy and DEA would be notified. |
| 55.00 | Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)? | N/A | |
| 56.00 | Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.* | N/A | |
| 57.00 | Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).* | Yes | The last annual inventory was conducted on 5/1/2023. |
| 57.01 | Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)? | Yes | |
| 58.00 | Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook. | N/A | Pseudoephedrine is only sold as a prescription. |
| 58.01 | Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.* | N/A | |

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|---|---|---|---|
| 59.00 | Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.* | No | |
| 59.01 | Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.* | N/A | |
| 60.00 | Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?* | Yes | |
| 60.01 | Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.* | Yes | |
| 60.02 | How often is active-stock examined for drugs past the expiration date? | | Monthly |
| 61.00 | Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?* | No | |
| 62.00 | Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?* | No | |
| 63.00 | Does the pharmacy return to stock prescription drugs that were filled but never picked up? | Yes | |
| 63.01 | If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted? | Yes | |

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| | | Observation | Notes |
|---|---|---|---|
| | **Prescription Processing**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 64.00 | **Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?* | Yes | A pharmacy technician or a pharmacist enter. The information is updated with each patient encounter. |
| 64.01 | If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?* | Yes | The drugs begin with VET in the system and software asks if human or animal, species and owner name. |
| 65.00 | **Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.* | Yes | |
| 65.01 | Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.* | Yes | The prescriber would be contacted to verify and local authorities would be contacted if were deemed fraudulent. |
| 65.02 | Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?* | Unknown | The pharmacy utilizes Ageless RX, per PIC, corporate has vetted this company before the pharmacies were allowed to utilize these prescribers. |
| 65.03 | Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.* | Yes | Controlled and non-controlled substance prescriptions are received. |
| 65.04 | If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations? | Yes | |
| 66.00 | **Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.* | Yes | The patient data and prescription is entered, DUR performed, PV1 (pharmacist verification 1), filling and final verification by a pharmacist are the steps in the process. |

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| 67.00 | **DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?* | Yes | PV1 |
| 67.01 | Does the DUR include:<br>• drug-drug interaction (Prescription and OTC),<br>• drug-allergy interaction,<br>• therapeutic duplication,<br>• under- or over-utilization (including clinical abuse/misuse),<br>• disease state or condition contraindication,<br>• Incorrect dosage or duration of therapy, and<br>• gender or age related contraindications.<br>*Indicate if there are other parameters routinely included in the DUR.* | Yes | |
| 67.02 | In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.* | Yes | Weight may be obtained. |
| 67.03 | Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates? | Yes | |
| 67.04 | Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.* | Yes | The system is programmed to report daily as required by each state. |
| 67.05 | Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.* | Yes | |
| 67.06 | Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.* | Yes | The DUR is documented in the computer by the pharmacist's log in. |

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| 67.07 | Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.*** | Yes | MediSpan |
| 67.08 | If the DUR is manual, is there a system to document:<br>• How manual DUR is performed<br>• Specific issues that were identified<br>• Pharmacist that considered the identified issues and gave the okay to proceed | Yes | |
| 67.09 | If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.* | No | Plumb's Veterinary Drug Handbook |
| 68.00 | Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.* | Yes | The patient data and prescription is entered, DUR performed, PV1(pharmacist verification 1), filling and final verification by a pharmacist are the steps in the process. |
| 69.00 | Are filled prescriptions appropriately labeled? *Describe.* | Yes | Follow state and federal regulations. |
| 70.00 | **Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.* | Yes | Pharmetika |
| 70.01 | Does the pharmacy destroy PHI including labeled prescription vials? | Yes | Shred It |
| 71.00 | **Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport? | Yes | |
| 72.00 | **Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.*** | Yes | Since implementation of the new computer software on March 25, 2024, central fill processes have ceased. Processes will begin again when possible. |

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| 72.01 | If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.* | Yes | Pharmacy Specialists of Central Florida in Altamonte Springs, FL is the location under common ownership and the Florida license number is PH15908. |
| 72.02 | If yes, is that location in a different state than this facility? *If so, explain.* | No | |
| 72.03 | If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing? | Yes | |
| 73.00 | **Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.* | No | |
| 73.01 | Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?* | N/A | |
| 74.00 | **Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.* | No | |
| 74.01 | If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.* | N/A | |
| 74.02 | Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?* | N/A | |
| | **Patient Counseling and Communication**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 75.00 | Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")? | No | |
| 75.01 | Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".* | Yes | Any employee may make the offer. |
| 76.00 | Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")? | No | |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## General Pharmacy Inspection

**The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy
**e-Profile ID:** 765119
**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Notes |
|---|---|---|---|
| 76.01 | Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".* | Yes | Any employee may make the offer. |
| 77.00 | Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")? | Yes | |
| 77.01 | Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".* | No | No offer is made as the patient would be counseled. |
| 78.00 | Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.* | Yes | Counseling is offered during a phone conversation that is conducted with all prescriptions that are delivered. |
| 79.00 | Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.* | N/A | USPS is not utilized. |
| 80.00 | Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.* | Yes | Printed and sent with medication. |
| 81.00 | Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.* | Yes | Printed and sent with medication. |

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| 82.00 | Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).* | N/A | No REMS program medications are dispensed. |
| 83.00 | Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.* | No | If the patients picks up at the pharmacy, counseling is documented. |
| 84.00 | Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).* | Yes | A pharmacist is on call for emergencies 24/7. |
| 85.00 | Are processes in place to handle a drug recall? | Yes | |
| 86.00 | Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program? | Yes | |
| 86.01 | Does the take-back program include controlled substances? | Yes | |
| 86.02 | Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.* | Yes | DEA classified as Retail Pharmacy-Collector |

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| | | Observation | Notes |
|---|---|---|---|
| | **Quality Assurance/Quality Improvement Program**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 87.00 | Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.* | Yes | Nancy Fingerhut, Quality Assurance Manager and the PIC |
| 87.01 | Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.* | Yes | Electronic |
| 87.02 | "Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to):<br>1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions;<br>2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse.<br>3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy. | Yes | |
| 87.03 | There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.* | Yes | |
| 88.00 | **Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.* | Yes | Electronic |

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| 88.01 | Documentation includes all the pertinent data about the prescription involved including personnel involved at each step. | Yes | |
| 88.02 | Documentation includes documenting the type of QRE details and how/who discovered the QRE. | Yes | |
| 88.03 | Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time. | Yes | |
| 88.04 | Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient. | Yes | |
| 89.00 | **QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).* | Yes | PIC and DP analyze monthly. |
| 89.01 | The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients. | Yes | |
| 89.02 | For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients. | N/A | |
| 90.00 | **Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support. | Yes | Quality meetings are documented quarterly. |
| 90.01 | The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients. | Yes | |

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|---|---|---|---|
| 90.02 | Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program. | Yes | |
| 91.00 | **Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.* | Yes | Alliance of Patient Medical Safety |
| 91.01 | Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc? | Yes | |
| 91.02 | Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor. | N/A | |
| 92.00 | **Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future. | Yes | |
| 93.00 | **Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time. | Yes | |
| 94.00 | **Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program. | Yes | |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program Inspection Form

## Nonsterile Compounding Inspection for USP <795>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Standard Operating Procedures for Compounded Nonsterile Preparations (CNSPs)** | | **Please note NABP did not review each SOP for alignment on USP <795>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.** | |
| 1.0 | Does the pharmacy have standard operating procedures (SOPs) on all aspects of the compounding operation that cover the minimum topic requirements in USP <795> standards?<br>***If no, document "missing" in Inspector Notes***<br>***If yes, document the name, number, and version of each SOP in the Inspector Notes.*** | Yes | | 11 |
| 1.1 | **Buildings and Facilities:** The pharmacy has an SOP for the compounding facility.<br>***Inspector note: Per USP <795>, there is a written SOP for "the method of designation" for the area designated specifically for nonsterile compounding and processes for maintaining, cleaning, and sanitizing the compounding area and equipment.*** | | 4.1.5, 4.15.12 | 4.1, 5, 11 |
| 1.2 | **Personnel Training and Evaluation:** The pharmacy has an SOP describing the training program, the frequency of training, and the process for evaluating the competency of personnel.<br>***Inspector note: Per USP <795>, "Facility SOPs must describe procedures for monitoring and observing of compounding activities and personnel."*** | | 1.5.4, 1.4.5 | 2, 11 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 1.3 | **Personal Hygiene and Garbing:** The pharmacy has an SOP regarding personal hygiene, glove, and garbing requirements consistent with compounding activities. ***Inspector note: Per USP <795>, "Garbing requirements and frequency of changing garb must be determined by the facility and documented in the facility's SOPs."*** | [redacted] | 4.2.5 | 3.3, 11 |
| 1.4 | **Components:** The pharmacy has an SOP describing selection, handling, storage, and inventory control of all components used in compounding. ***Inspector note: Per USP <795>, "The compounding facility must have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP."*** | | 2.4.9, 2.6.0 | 6.2, 11 |
| 1.5 | **Temperature Monitoring:** The pharmacy has an SOP regarding temperature monitoring and handling of excursions. ***Inspector note: Per USP <795>, "The compounding facility must adhere to SOPs to detect and reduce the risk of temperature excursions within the storage area(s)."*** | | 2.8.3, 2.7.2 | 4.2, 11 |
| 1.6 | **Equipment**: The pharmacy has an SOP for assessment of need for closed system processing devices (based on the types of CNSPs prepared). ***Inspector note: Per USP <795>, "Weighing, measuring, or otherwise manipulating components that could generate airborne chemical particles (e.g., active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags. The process evaluation must be carried out in accordance with the facility's SOPs, and the assessment must be documented."*** | | 4.1.5, 3.23.0 | 6.1, 11 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 1.7 | **Safety Data Sheet (SDS)/Spill Management:** The pharmacy has an SOP describing spill management and disposal.<br>***Inspector note: Per USP <795>, "The management and documentation of nonhazardous component spills and disposal must be described in the facility's SOPs."*** | [redacted] | 6.56, 6.1.4 | 6.2.5, 11 |
| 1.8 | **Master Formulation Records (MFR):** The pharmacy has an SOP on the process for MFR creation and content.<br>***Inspector note: Per USP <795>, "Any changes or alterations to a Master Formulation Record are approved and documented in accordance with the facility's written SOP."*** | | 2.3.2.1 | 7.1, 11 |
| 1.9 | **Labeling:** The pharmacy has an SOP on the processes for labeling, label verification (confirming against the prescription or medication order, the MFR, and the compounding record (CR)) in order to prevent errors and CNSP mix-ups and required displayed information.<br>***Inspector note: Per USP <795>, "Labeling procedures must be followed as described in the facility's SOPs to prevent labeling errors and CNSP mix-ups."*** | | 2.5.0 | 9, 11 |
| 1.10 | **Quality Assurance (QA)/Quality Control (QC) Program:** The pharmacy has an SOP regarding its QA and QC program, including roles of the designated person(s), trainers, compounding personnel; adherence to procedures; and prevention and detection of errors and quality issues.<br>***Inspector note: Per USP <795>, "QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with this chapter, and laws and regulations of the applicable regulatory jurisdiction."*** | | 2.14.19.0 | 11, 12<br>USP <1163> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 1.11 | **QA/QC Program Complaint Handling and Adverse Event Reporting:** The pharmacy has an SOP for evaluation of complaints and adverse events, including investigations and corrective actions.<br>***Inspector note: Per USP <795>, the pharmacy, "must develop and implement SOPs for complaint handling." SOPs are to include any state or federal requirements for reporting to government agencies (example adverse event reporting). Further, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease compounding until problems have been identified and corrected."*** | [redacted] | 2.14.19.0 | 1.1.3, 11, 12.1, 12.2, 12.3 |
| 1.12 | **Packaging:** The pharmacy has an SOP describing packaging CNSPs.<br>***Inspector note: Per USP <795>, "SOPs must describe packaging of CNSPs."*** | | 15.1 | 11, 13.1 |
| 1.13 | **Transporting:** The pharmacy has an SOP describing transporting CNSPs.<br>***Inspector note: Per USP <795>, there must be "written SOPs to describe the mode of transportation, any special handling instructions, and whether temperature monitoring devices are needed."***<br>***If the pharmacy does not transport CNSPs, inspector should answer statement as N/A.*** | | 2.7.2 | 11, 13.2 |

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| 1.14 | **Recalls:** The pharmacy has an SOP describing minimum requirements for recalls.<br>***Inspector note: Per USP, "The facility must have procedures in place to:***<br>***- Determine when recalls must be initiated, which should include procedures to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, strength, purity, or other quality attributes)***<br>***- Recall any unused dispensed CNSPs and quarantine any stock remaining in the pharmacy***<br>***- Investigate if other lots are affected and recall if necessary***<br>***An SOP for recall of dispensed CNSPs must contain:***<br>***- Procedures to determine the severity of the problem and the urgency for implementation and completion of the recall***<br>***- Procedures to determine the distribution of any affected CNSP, including the data and quantity of distribution***<br>***- Procedures to identify patients who have received the CNSP***<br>***- Procedures for disposal and documentation of the recalled CNSP (and)***<br>***- Procedures to investigate and document the reason for recall."*** | [redacted] | 2.9.3 | 12.1 |
| | **Designated Person(s) and Personnel Training Program**<br>**Inspector must complete the <795> Records Review module to complete this section.** | | | |
| 2.0 | Does the pharmacy have a designated person(s) who meets the requirements in USP <795> standards?<br>***Inspector note: Per USP, "The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CNSPs."***<br>***If no, go to compliance statements.*** | Yes | | 1.1.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 2.1 | The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them. | Yes | | 1.1.4, 12 |
| 2.2 | The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented.<br>***Inspector note: Per USP, "The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program... The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed."*** | Yes | PIC reviews SOPs annually. | 1.1.4, 12 |
| 2.3 | The designated person(s) is responsible for overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs. | Yes | | 1.1.4, 2 |
| 2.4 | The designated person(s) is responsible for selecting components used by the pharmacy. | Yes | | 1.1.4, 6.2.1 |
| 2.5 | The designated person(s) is responsible for monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed. | Yes | | 1.1.4 |
| 2.6 | The designated person(s) is responsible for ensuring SOPs are fully implemented and following up if problems, deviations, or errors are identified. | Yes | | 1.1.4, 11 |

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| 2.7 | The designated person(s) is responsible for establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs. | Yes | | 1.1.4 |
| 3.0 | Has the pharmacy created and implemented a training program that is in compliance with USP <795> standards?<br>***Inspector note: Per USP, "Training and competency of personnel must be documented."***<br>***Inspector is to review a minimum of five personnel records and document their observations (see <795> Records Review module).***<br>***If no, go to compliance statements.*** | No | | 2, 14 |
| 3.1 | All personnel who compound CNSPs have been initially trained and qualified before being allowed to independently compound (eg, perform their job functions).<br>***Inspector note: Per USP, compounding personnel are defined as "Personnel trained to compound or oversee compounding of preparations."***<br>***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.*** | Yes | | 2, 14 |
| 3.2 | All personnel who have direct oversight, perform in-process checks, final verification of a CNSP, and/or dispense a CNSP have been initially trained and qualified (according to SOPs) being allowed to independently perform their job functions.<br>***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.*** | No | The PIC training for nonsterile compounding has been completed in the past (certificates) but there is not documentation of annual training each year. | 2, 14 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 3.3 | All compounding personnel, including those who have direct oversight of compounding personnel, have completed an initial training and at least every 12 months thereafter.<br>***Inspector note: Per USP, "Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs must undergo training as required by the facility's SOPs."***<br>***If questions 2.0-2.12 in the records review tab for compounding personnel or personnel who have direct oversight over compounding personnel are answered "no" or "missing," this statement should be answered no. For details, see the Records Review module.*** | No | PIC training was not complete. | 2, 14 |
| 4.0 | Does the designated person(s) have a documented (periodic) evaluation of their direct observations for compounding activities and documentation of any deficiencies in the record?<br>***Inspector note: Per USP, this is a recommendation, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."***<br>***Inspector should complete the <795> Records Review module question 3.0.*** | No | | 2, 14 |
| | **Compounding Personal Hygiene and Garbing** | | | |
| 5.0 | Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 3 |
| 5.1 | Compounding personnel are required to report to the designated person(s)conditions that may contaminate the compounding preparation area.<br>***Inspector note: Per USP <795>, examples of conditions that have a higher risk of contaminating the CNSP include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.*** | Yes | | |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program Inspection Form

## Nonsterile Compounding Inspection for USP <795>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 5.2 | The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in the compounding areas before their conditions have resolved. | Yes | | 3 |
| 5.3 | Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area.<br>***Inspector note: Inspector should also observe compounding area to identify any items stored that do not belong (ie, dirty garments, jackets, or electronics).*** | Yes | | 3.1 |
| 5.4 | If personnel do not remove an item, the designated person has determined that the quality of the environment and CNSPs are not adversely affected by the accommodation. | Yes | | 3.1 |
| 6.0 | Do personnel perform hand hygiene, wear required garb and gloves, and follow requirements in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 3.3 |
| 6.1 | All personnel entering the compounding area complete hand hygiene procedures. | Yes | | 3.2<br>Box 1 |
| 6.2 | Garb is used for all compounding activities.<br>***Inspector note: Per USP <795>, gloves are mandatory garb for all compounding activities.*** | Yes | | 3.2, 3.3<br>Box 1 |
| 6.3 | Pharmacy uses SDS to determine other garb requirements for the components and compounding activity. | Yes | | 3.3 |

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| 6.4 | Additional garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed for protection of the personnel/CNSPs. ***If no, please list the garb worn for the type of component and compounding activity.*** | Yes | | 3.3 |
| 6.5 | The garb purchased by the pharmacy is appropriate for the type of compounding being performed. | Yes | | 3.3 |
| 6.6 | Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc). | Yes | | 3.3 |
| 6.7 | Gowns that are reused do not leave the compounding area. | Yes | | 3.3 |
| 6.8 | Visibly soiled garb or garb with tears or punctures are changed immediately (are not reused). | Yes | | 3.3 |
| 6.9 | Soiled garb is disposed of or sent for laundering. | Yes | | 3.3 |
| 6.10 | Shoe covers, hair and facial hair covers, face masks, and head covers are not reused once personnel have left the compounding area. | Yes | | 3.3 |
| 7.0 | Are non-disposable garb such as goggles cleaned then sanitized with 70% isopropyl alcohol before re-use? | Yes | Each compounding technician has their own goggles. | 3.3 |
| | **Buildings and Facilities** | | | |
| 8.0 | Does the compounding area meet the facility requirements in compliance with USP <795> standards? ***If no, go to compliance statements.*** | Yes | | 4.1 |
| 8.1 | The pharmacy has a designated compounding space for nonsterile compounding. | Yes | | 4.1 |

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|---|---|---|---|---|
| 8.2 | The compounding area is well lit. | Yes | | 4.1 |
| 8.3 | The compounding area is clean and sanitary. | Yes | | 4.1 |
| 8.4 | The compounding area is orderly (eg, clutter free, no tripping hazards). | Yes | | 4.1 |
| 8.5 | The compounding area is in a good state of repair. | Yes | | 4.1 |
| 8.6 | The compounding area is designed for orderly placement of equipment and materials to prevent mix- ups among components, containers, labels, in-process materials, and finished CNSPs. | Yes | | 4.1 |
| 8.7 | The compounding area is not being used for other activities at the same time that it is used for compounding. | Yes | | 4.1 |
| 8.8 | The compounding area is designed, arranged, and used in a manner that minimizes cross contamination from non-compounding areas. | Yes | | 4.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 9.0 | Is the compounding area free of carpet? | Yes | | 4.1 |
| 10.0 | Does the pharmacy's storage area (for CNSPs, components, equipment, and containers) meet requirements in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | No | Range for the drug storage area is 59-86 degrees F. | 4.2 |
| 10.1 | The pharmacy records the temperature of the compounding storage area on days when the pharmacy is open.<br>***Inspector note: Per USP, "Compounding personnel must monitor temperatures in the storage area(s) either manually at least once daily on days that the facility is open, or continuously with a temperature recording device to ensure the temperature remains within the appropriate range for the CNSPs and components."***<br>***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.*** | Yes | | 4.2 |
| 10.2 | The pharmacy's temperature monitoring records are readily retrievable.<br>***Inspector note: Per USP, "The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable."*** | Yes | | 4.2 |
| 10.3 | Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer.<br>***Inspector note: Per USP, "All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer." USP reports that these devices may be verified against a calibrated device.***<br>***Monitoring devices are typically calibrated or replaced.*** | Yes | | 4.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 10.4 | Pharmacy has a process to evaluate temperature excursions.<br>***Inspector note: Per USP, "When it is known that a CNSP or component has been exposed to temperatures either below or above the storage temperature limits for the CNSP or component, personnel must determine whether the CNSP or component integrity or quality has been compromised and if so, the CNSP or component must be discarded."*** | Yes | | 4.2 |
| 10.5 | CNSPs, components, equipment, and containers are stored off the floor. | Yes | | 4.2 |
| 10.6 | CNSPs, components, equipment, and containers are stored in a manner that permits inspection and cleaning of the storage area(s). | Yes | | 4.2 |
| 10.7 | CNSPs, components, equipment, and containers are stored in a clean environment (free of dirt, dust, and debris, and rodent/pest/insect free) to prevent contamination. | Yes | | 4.2 |
| 11.0 | What is the current temperature of the nonsterile compounding storage area?<br>***Record in the Inspector Notes.*** | [redacted] | 67 degrees F | 4.2 |
| 12.0 | Are plumbing fixtures, water sources, and cleanliness of sink in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 4.3 |
| 12.1 | The pharmacy staff can easily access a sink within or nearby the nonsterile compounding area. | Yes | | 4.3 |
| 12.2 | There is hot and cold running water available at the sink within or nearby the nonsterile compounding area. | Yes | | 4.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 12.3 | The sink is emptied of all items unrelated to compounding and before being used to clean any equipment used in nonsterile compounding. | Yes | | 4.3 |
| 12.4 | The sink is cleaned when visibly soiled (before being used to clean equipment used in nonsterile compounding). | Yes | | 4.3 |
| 12.5 | The plumbing system is free of any defects that may contribute to contamination of CNSPs. | Yes | | 4.3 |
| 13.0 | Is purified water, distilled water, or reverse osmosis water used for rinsing equipment and utensils used in nonsterile compounding?<br>***Inspector note: This is a USP recommendation.*** | Yes | | 4.3<br>USP <1231> |
| | **Cleaning and Sanitizing** | | | |
| 14.0 | What agent(s) are used for cleaning and sanitizing the nonsterile compounding area?<br>***Inspector note: Per USP <795>, "agents must be selected and used with consideration of compatibilities, effectiveness, and minimal potential to leave residues."***<br>***List the agents in the Inspector Notes.*** | [redacted] | Isopropyl Alcohol 70%, PeridoxRTU, and PreEmpt RTU | 5 |
| 15.0 | Does the pharmacy perform cleaning and sanitizing activities on all surfaces at the minimum frequency per Table 1 and documented in a log or other record in compliance with USP <795> standards?<br>***Review compounding cleaning logs.***<br>***If no, go to compliance statements.*** | Yes | Cleaning agents are listed in the cleaning logs. | 5<br>Table 1 |
| 15.1 | All work surfaces are cleaned and sanitized at the **beginning of each shift** on days when compounding occurs. | Yes | | 5<br>Table 1 |
| 15.2 | All work surfaces are cleaned and sanitized at the **end of each shift** on days when compounding occurs. | Yes | | 5<br>Table 1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 15.3 | All work surfaces are cleaned and sanitized **between compounding CNSPs with different components**. | Yes | | 5<br>Table 1 |
| 15.4 | Floors are cleaned and sanitized daily on days when compounding occurs. | Yes | | 5<br>Table 1 |
| 15.5 | Walls and ceilings are cleaned and sanitized when visibly soiled.<br>***Inspector note: No specific frequency is specified by USP. View compounding area walls and ceilings. If inspector observes soiled walls or ceilings, inspector should answer statement as no.*** | Yes | Walls, ceilings and shelving are cleaned monthly with Peridox. | 5<br>Table 1 |
| 15.6 | All work surfaces, floors, walls, ceilings and storage shelving are cleaned and sanitized when surface contamination (eg, splashes) or spills are known or suspected. | Yes | | 5<br>Table 1 |
| 15.7 | Storage shelving is cleaned and sanitized at least every three months. | Yes | Shelving is cleaned monthly. | 5<br>Table 1 |
| 16.0 | Are floors in the compounding area easily cleanable, non-porous, and non-particle generating?<br>***Inspector note: This is a USP recommendation. Per USP, "Surfaces should be resistant to damage by cleaning and sanitizing agents."*** | Yes | | 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Equipment and Components** | | | |
| 17.0 | Does the pharmacy use a closed-system processing device (eg, CVE, BSC, and single-use containment glove bags)?<br>***Inspector note: Per USP, examples of closed-system processing devices include: containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags.***<br>***If yes, list the type(s) in the Inspector Notes.*** | Yes | CVE | 6.1 |
| 18.0 | Does the pharmacy select, store, clean, and maintain equipment in compliance with USP <795> standards?<br>***Inspector note: Per USP <795>, "Equipment surfaces that contact components are not reactive, additive, or sorptive, and must not alter the quality of CNSPs."***<br>***Review certification reports, calibration records, and cleaning logs.***<br>***If no, go to compliance statements.*** | Yes | | 6.1 |
| 18.1 | Equipment and supplies are readily available at the pharmacy for the types of CNSPs prepared.<br>***Inspector note: For example, if the pharmacy compounds with API as a component, which must be weighed, a scale or balance would be expected.*** | Yes | | 6.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 18.2 | Pharmacy has evaluated and documented the nonsterile compounding pharmacy activities for weighing, measuring, and otherwise manipulating for an assessment of risk.<br>***Inspector note: Per USP, "components that could generate airborne chemical particles (eg, active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs."***<br>***If no, inspector should describe observations.*** | Yes | | 6.1 |
| 18.3 | The equipment and devices used for compounding CNSPs are clean and stored in a manner and frequency that minimizes the risk of contamination.<br>***Inspector note: Per USP <795>, "After compounding, the equipment must be cleaned to prevent cross contamination of the next preparation." Additionally, per Table 2:***<br>***- CVE/BSC are cleaned and sanitized at the beginning and end of each shift when compounding occurs, after spills, and when surface contamination (e.g., from splashes) is known or suspected;***<br>***- CVE/BSC horizontal surfaces are cleaned and sanitized between compounding of different components;***<br>***- Under the work surface of a BSC is cleaned and sanitized at least monthly; and***<br>***- Other devices and equipment used in compounding are cleaned before initial use, in between compounding CNSPs with different components, and following manufacturer recommendations.***<br>***If no, inspector should describe observations.*** | Yes | | 6.1<br>Table 2 |
| 18.4 | Equipment and devices used in compounding or testing of CNSPs are inspected prior to use (to ensure they are in good working order).<br>***Inspector note: For example, the pharmacy may need to tare a scale and/or balance prior to use.*** | Yes | | 6.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 18.5 | Equipment and devices are verified for accuracy as recommended by the manufacturer (at the frequency recommended by the manufacturer or at least every 12 months, whichever is more frequent).<br>***If the pharmacy does not compound CNSPs that require equipment or devices that must be calibrated for accuracy (such as ones needed for weighing or measuring), the inspector should answer this statement as N/A.*** | Yes | | 6.1 |
| 18.6 | If a CVE or BSC is used by the pharmacy, it is certified at least every 12 months, according to the manufacturer specifications or regulations of the applicable regulatory jurisdiction.<br>***If the pharmacy does not have the record or documentation of the certification and maintenance of the CVE/BSC, the inspector should answer this statement as no. If the pharmacy does not have a CVE or BSC, the inspector should answer this statement as N/A.*** | Yes | | 6.1 |
| 19.0 | Does the pharmacy compounding CNSPs use APIs? | Yes | PCCA, Medisca, Letco, Fagron, Darmerica, Biopeptek and Willow Birch | 6.2 |
| 20.0 | Does the pharmacy select APIs that comply with the requirements in USP <795> standards?<br>***Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.***<br>***If no, go to compliance statements.*** | Yes | | 6.2.1 |
| 20.1 | APIs comply with criteria in the USP-NF monograph, if one exists.<br>***If the pharmacy does not compound any CSPs that have an available USP monograph, the inspector should answer this statement as N/A.*** | Yes | | 6.2.1 |

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|---|---|---|---|---|
| 20.2 | All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality. ***Inspector note: Per USP, the API should be checked to ensure it is pharmaceutical grade and meets the requirements in the chemical monograph. COA will report an assay has been performed and will include water content (so any corrections/calculations can be performed).*** | Yes | See Doc02_NS20.2 | 6.2.1 |
| 20.3 | All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Food, Drug, and Cosmetic Act, Section 503A, requirement as well. If the API comes from a repackager, the pharmacy must be able to confirm the manufacturer of the API was registered as an Establishment with FDA.*** | Yes | | 6.2.1 |
| 21.0 | When formulations indicate the inclusion of water, is purified water or better quality (eg, sterile water for irrigation) used in compliance with USP <795> standards? | Yes | | 6.2.1 |
| 22.0 | What type(s) of water is used for compounding CNSP? ***List the type(s) in the Inspector Notes.*** | [redacted] | Sterile Water for Irrigation | 6.2.1 |
| 23.0 | Do the pharmacy's component receipt processes comply with the requirements in USP <795> standards? ***If no, go to compliance statements.*** | Yes | | 6.2.2 |

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| 23.1 | For non-conventionally manufactured components, the COA is reviewed upon receipt. ***Inspector note: Per USP, "the COA must be reviewed to ensure that the component has met the acceptance criteria in an appropriate USP–NF monograph, if one exists." Pharmacy's review should be documented. Alternatively, the pharmacy can demonstrate how it's been reviewed (for example, there are notes to show a water content calculation back to 100% based on the specific COA). Inspector can verify the COA is retrievable.*** | Yes | | 6.2.2 |
| 23.2 | The pharmacy documents specific information according to the facility's SOP, including: receipt date, quantity received, supplier name, lot number, expiration date, and the results of any testing performed (whether performed in-house or through a third-party). | Yes | | 6.2.2, 14 |
| 23.3 | For all components that lack a vendor expiration date, the pharmacy clearly and indelibly marks on each packaging system received the date the component must no longer be used by the pharmacy. ***Inspector note: Per USP, "Packaging systems of components (i.e., API and added substances) that lack a vendor's expiration date must not be used by the compounding facility after 3 years from the date of receipt. A shorter expiration date must be assigned according to Pharmaceutical Compounding—Sterile Preparations 797 , 9.3.2 Component receipt if the same component container is also used in sterile compounding or if the ingredient is known to be susceptible to degradation."*** | Yes | | 6.2.2 |
| 23.4 | Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. | Yes | | 6.2.2 |

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| 23.5 | Any other lots of that (rejected) component from that vendor are examined to determine whether other lots have the same defect. | Yes | | 6.2.2 |
| 24.0 | Does the pharmacy re-inspect all components before use and handle them in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 6.2.3, 6.2.4 |
| 24.1 | Compounding personnel visually re-inspect each component, including packaging system (any evidence of container breakage, looseness of cap or closure) and deviation from the expected appearance or texture of the contents (that might have changed during storage). | Yes | | 6.2.3 |
| 24.2 | Compounding personnel ascertain before use that components are the correct identity based on labeling, that they have been stored under required conditions, and there is no evidence of deterioration or other aspects of unacceptable quality before use of component. | Yes | | 6.2.3 |
| 24.3 | Components where correct identity, strength, purity, and quality cannot be confirmed (eg, containers with damaged or incomplete labeling), are immediately rejected and if not immediately discarded, labeled as rejected and segregated from active stock. | Yes | | 6.2.3 |
| 24.4 | Compounding personnel handle all components following facility SOPs, manufacturer's instructions/labeling, and laws/regulations of the applicable regulatory jurisdiction. | Yes | | 1.1.3, 6.2.4 |
| 24.5 | All components are handled in a manner that minimizes the risk of contamination, mix-ups, and deterioration. | Yes | | 6.2.4 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program Inspection Form

## Nonsterile Compounding Inspection for USP <795>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 25.0 | When components are removed from the original container and not used in compounding (eg, excess after weighing), are they discarded and not returned to the original container (to minimize risk of contamination of the original component container)? ***Inspector note: This is a USP recommendation.*** | No | | 6.2.4 |
| 26.0 | Does the pharmacy maintain a chemical hazard, spill management, and disposal information program in compliance with USP <795> standards? ***If no, go to compliance statements.*** | Yes | | 6.2.5 |
| 26.1 | Pharmacy staff have access to safety data sheets (SDS). | Yes | | 6.2.5 |
| 26.2 | Pharmacy staff have documented, annual training for those who might have to clean up a spill. | Yes | | 6.2.5, 14 |
| 26.3 | The pharmacy has a readily accessible spill kit in the compounding area. | Yes | | 6.2.5 |
| 26.4 | The pharmacy has a process to manage and document any nonhazardous spills and disposal. | Yes | | 6.2.5 |
| 26.5 | Waste of any component is disposed of in accordance with laws and regulations of the applicable regulatory jurisdiction. | Yes | | 1.1.3, 6.2.5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Master Formulation Records (MFR) and Compounding Records (CR)**<br>**Inspector should review a minimum of five (5) MFRs and five (5) CRs.** | | | |
| 27.0 | Is an MFR created for each unique formulation of a CNSP in compliance with USP <795> standards?<br>***Inspector note: Per USP, an MFR is a detailed record of procedures that describes how the CNSP is to be prepared.***<br>***If no, go to compliance statements.*** | Yes | | 7.1 |
| 27.1 | An MFR is created for each unique formulation. | Yes | | 7.1<br>Box2 |
| 27.2 | Any changes or alterations to the MFR are approved and documented. | Yes | | 7.1 |
| 27.3 | Does the designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR?<br>***Inspector note: Per USP, "When establishing a BUD for a CNSP, compounders must consider parameters that may affect quality, including but not limited to the following:***<br>***- Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities)***<br>***- Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions)***<br>***- Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP***<br>***- Potential for microbial proliferation in the CNSP (and)***<br>***- Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation."*** | Yes | | 7.1, 10.2<br>Table 4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 28.0 | Does the pharmacy's MFRs contain all requirements in compliance with USP <795> standards?<br>***If no, go to compliance statements. Additionally, collect a copy of the MFR and include as an attachment.*** | Yes | | 7.1 |
| 28.1 | MFR includes the name, strength or activity, and dosage form of the CNSP. | Yes | | 7.1 |
| 28.2 | MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (eg, particle size, salt form, purity grade, solubility). | Yes | | 7.1 |
| 28.3 | MFR includes the type of container–closure system(s). | Yes | | 7.1 |
| 28.4 | MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps.<br>***Inspector note: Per USP, the MFR will also include, "Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)." MFRs will include the detailed instructions necessary for an experienced compounder. Some examples of other details to ensure repeatability include, but are not limited to: speed duration, settings on equipment, and specific order of mixing (if applicable).***<br>***Inspector should review several MFRs for completeness of instructions.*** | Yes | | 7.1 |
| 28.5 | MFR has a physical description of the final CNSP. | Yes | | 7.1 |
| 28.6 | MFR includes the assigned beyond-use date (BUD) and storage requirements. | Yes | | 7.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 28.7 | MFR contains the reference source to support the assigned BUD. | Yes | | 7.1 |
| 28.8 | Labeling requirements (eg, shake well) are described on the MFR. | Yes | | 7.1 |
| 28.9 | If applicable, the MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs. | Yes | | 7.1 |
| 28.10 | An MFR has QC procedures (eg, pH testing, visual inspection) and expected results. | Yes | | 7.1 |
| 29.0 | Does the pharmacy complete a Compounding Record (CR) for all CNSPs in compliance with USP <795> standards?<br>***If no, go to compliance statements. Additionally, collect a copy of the MFR and the CR (no PHI or PII is to be collected).*** | Yes | | 7.2, 14 |
| 29.1 | A CR is completed for each CNSP prepared. | Yes | | 7.2, 14 |
| 29.2 | The CR includes the name, strength or activity, and dosage form of the CNSP. | Yes | | 7.2, 14 |
| 29.3 | The CR includes the date (or date and time) the CNSP was prepared. | Yes | | 7.2, 14 |
| 29.4 | The CR includes the assigned internal identification number (eg, prescription, order, or lot number). | Yes | | 7.2, 14 |
| 29.5 | The CR has a method to identify the individuals involved in the compounding process of the CNSP. | Yes | | 7.2, 14 |
| 29.6 | The CR has a method to identify the individual who completed the review and verified the final CNSP. | Yes | | 7.2, 14 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 29.7 | The CR includes: name, vendor or manufacturer, lot number, and expiration date of each component. | Yes | | 7.2, 14 |
| 29.8 | The CR includes the weight or measurement of each component. | Yes | | 7.2, 14 |
| 29.9 | The CR identifies the total quantity compounded. | Yes | | 7.2, 14 |
| 29.10 | The CR lists the assigned BUD and storage requirements. | Yes | | 7.2, 14 |
| 29.11 | If applicable, the CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API. | Yes | | 7.2, 14 |
| 29.12 | The CR has a physical description of the final CNSP. | Yes | | 7.2, 14 |
| 29.13 | The CR includes the results of quality control procedures (eg, pH testing, visual inspection). | Yes | | 7.2, 14 |
| 29.14 | The CR contains a MFR reference for the CNSP. | Yes | | 7.2, 14 |
| 29.15 | Each CR is reviewed for completeness before the CNSP is released. | Yes | | 7.2, 8 |
| 29.16 | The CR shows traceability of all components in the case of a recall or known quality issue. | Yes | | 7.2, 12.1, 14 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 30.0 | Are there procedures for in-process checks performed by a pharmacist?<br>***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes. These checks indicate that appropriate procedures for measuring/mixing are followed for each step, including pharmacist verification of steps performed by non-pharmacists and visual inspection of preparation.***<br>***Inspector should describe their observations in the Inspector Notes .*** | Yes | Components are bar code scanned. Integrated scales provide weights, liquid measurements and final compounded products are captured by photo that is attached to the lot. T3 and T4 triturations are sent for potency testing before utilized in compounding and calculations based on potency. Photos are taken of PH adjustments and other quality processes. The pharmacist performs final verification which includes calculations verification and visual inspection. | 2, 7.2, 8 |
| | **Labeling** | | | |
| 31.0 | Are the pharmacy's labels for CNSPs in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 9 |
| 31.1 | Information on the label is prominently and legibly displayed.<br>***Inspector note: Per USP, labeling includes other accompanying materials along with the CSP, which is defined as "All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container."*** | Yes | | 9 |
| 31.2 | The labeling meets any state or federal regulatory requirements. | Yes | | 1.1.3, 9 |
| 31.3 | The label on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number). | Yes | | 9 |
| 31.4 | The label on the immediate container includes the active ingredients and their amount(s), activity(ies), or concentration(s). | Yes | | 9 |
| 31.5 | The label on the immediate container includes the storage conditions, if other than controlled room temperature. | Yes | | 9 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 31.6 | The label on the immediate container includes the BUD.<br>***If no, please describe whether the pharmacy instead used the term "expiration date" or similar language or if this information was not included on the label.*** | Yes | | 9 |
| 31.7 | The label on the immediate container includes the dosage form. | Yes | | 9 |
| 31.8 | The label on the immediate container includes the total amount or volume, if it is not obvious from the container. | Yes | | 9 |
| 32.0 | Does the labeling on the dispensed CNSP include the route of administration?<br>***Inspector note: This is a USP recommendation.*** | Yes | | 9 |
| 33.0 | Does the labeling contain information identifying the CNSP as a compounded preparation?<br>***Inspector note: Per USP, this is a recommendation.*** | Yes | | 9<br>USP <7> |
| 34.0 | Does the labeling on the dispensed CNSP display any applicable special handling instructions or warning statements?<br>***Inspector note: This is a USP recommendation.*** | Yes | | 9 |
| 35.0 | Does the labeling on the dispensed CNSP display the name of the compounding facility and contact information if the CNSP was to be sent outside of the facility or health care system?<br>***Inspector note: This is a USP recommendation.***<br>***If the pharmacy only compounds CNSPs for patient use onsite (eg, a health care facility), inspector should answer this question as N/A .*** | Yes | | 9 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Establishing Beyond Use Dating (BUDs)** | | | |
| 36.0 | Is each CNSP assigned and labeled with a BUD in compliance with USP <795> standards? ***Inspector note: Per USP, the BUD is defined as, "The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded." This is not the same term as "expiration date." If no, go to compliance statements.*** | Yes | | 10<br>USP <7> |
| 36.1 | CNSP label has a BUD that specifies the date, or the hour and date, beyond which the preparation cannot be used and must be discarded. | Yes | | 10.1 |
| 36.2 | CNSP labels do not list an "expiration date" or equivalent language. | Yes | | 10.1 |
| 36.3 | BUDs are assigned from the date (and time) of preparation. | Yes | | 10.1 |
| 36.4 | BUDs are assigned based on dispensing in tight, light resistant containers/overpacks. ***Inspector note: Per USP, the Table 4 maximum limits for BUD are, "based on the ability of the CNSP to maintain chemical and physical stability and to suppress microbial growth. These BUDs represent the limit for CNSPs that are packaged in tight, light-resistant containers unless conditions in 10.4 CNSPs Requiring Shorter BUDs or 10.5 Extending BUDs for CNSPs apply."*** | Yes | | 10.3 |
| 36.5 | The BUD assigned to the CNSP does not exceed the shortest remaining expiration date of any of the commercially available starting components. | Yes | | 10.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 37.0 | Does the pharmacy ensure the assigned BUD does not exceed the shortest BUD of any individual compounded components?<br>***Inspector note: Per USP, "For CNSPs prepared from one or more compounded components, the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CNSP exceeds the BUD assigned to compounded components (e.g., pH-altering solutions). If the assigned BUD of the final CNSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CNSP must not be negatively impacted." Another example of these "acceptable instances" (similar to pH-altering components mentioned above) inspectors may see are stock solutions (and other formulas within a formula) such as methocel 1%.***<br>***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.*** | Yes | | 10.4 |
| 38.0 | Does the designated person(s) evaluate a CNSP formulation to establish the maximum BUD?<br>***If no, who establishes the maximum BUD for a MFR?*** | Yes | DP and PIC | 7.1, 10.2, 10.3 |
| 39.0 | Does the pharmacy compound CNSPs with a USP monograph? | Yes | | 10.5 |
| 40.0 | Does the pharmacy compound CNSPs following the USP monograph precisely?<br>***If no, go to compliance statements.*** | Yes | | 10.5 |
| 40.1 | Pharmacy staff have access to the USP monograph for reference. | Yes | | 10.5 |
| 40.2 | CNSPs are prepared in accordance with the USP monographs.<br>***If no, inspector to collect a copy of the compounding record, label; and describe what specific steps of the monograph were not followed.*** | Yes | | 10.5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 40.3 | Components used by the compounder match those listed in the monograph.<br>***If no, describe the source of the component in monograph and the source that the pharmacy used.*** | Yes | | 10.5 |
| 40.4 | The maximum BUD specified in the USP monograph is not exceeded.<br>***If no, identify the drug, monograph-stated BUD, and the BUD used by the pharmacy.*** | Yes | | 10.5 |
| 41.0 | Does the pharmacy compound CNSPs that are not available from a USP monograph? | Yes | | 10.4 |
| 42.0 | Does the pharmacy adhere to the BUD (maximum) limits established in Table 4 for CNSPs in compliance with USP <795> standards?<br>***Inspector note: This question is for the CNSPs compounded that are <u>not</u> following a USP monograph or those CNSPs where extending BUD requirements were applied (where pharmacy has completed or has access to CNSP-Specific Stability Information). Per USP, the pharmacy is not required to measure water activity ($A_w$) for a CNSP.***<br>***If no, go to compliance statements.***<br>***If <u>all</u> CNSPs compounded at the pharmacy are following a USP monograph or the pharmacy is following a stability study that used a stability-indicating assay analytical method for the API, CNSP formulation, and material of composition of the container closure system, then the inspector should answer this question as N/A.*** | Yes | | 10.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 42.1 | **Non-preserved, Aqueous Dosage Forms**: The non-preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 14 days with refrigerated storage temperature.<br>***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.***<br>***If pharmacy does not compound non-preserved aqueous dosage forms, inspector should answer statement as N/A.***<br>***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.*** | Yes | | 10.4<br>Table 4<br>USP <659> |
| 42.2 | **Preserved, Aqueous Dosage Forms:** The preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 35 days with controlled room temperature or refrigerated storage temperature.<br>***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.***<br>***If pharmacy does not compound preserved aqueous dosage forms, inspector should answer statement as N/A.***<br>***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.*** | Yes | The pharmacy has adjusted their BUDs to USP 795 standards. The Florida Board of Pharmacy adopted the USP revisions on March 1, 2024. | 10.4<br>Table 4<br>USP <659> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 42.3 | **Nonaqueous, Oral Liquid Dosage Forms:** The nonaqueous, oral liquid dosage form CNSP is labeled with a BUD that does not exceed 90 days with controlled room temperature or refrigerated storage temperature.<br>***Inspector note: Per USP <795>, Nonaqueous oral liquid dosage forms are ones that have a $A_w$ < 0.6. Some examples of oral liquids that are nonaqueous include: oil-based oral solution or suspension.***<br>***If pharmacy does not compound nonaqueous dosage forms, inspector should answer statement as N/A.***<br>***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.*** | Yes | The pharmacy has adjusted their BUDs to USP 795 standards. The Florida Board of Pharmacy adopted the USP revisions on March 1, 2024. | 10.4<br>Table 4<br>USP <659> |
| 42.4 | **Nonaqueous Dosage Forms:** The nonaqueous dosage form CNSP is labeled with a BUD that does not exceed 180 days with controlled room temperature or refrigerated storage temperature.<br>***Inspector note: Per USP <795>, Nonaqueous (Solid) dosage forms are ones that have a $A_w$ < 0.6. Some examples include capsules, tablets, granules, powders, nonaqueous topicals, suppositories, and troches or lozenges.***<br>***If pharmacy does not compound other nonaqueous solid dosage forms, inspector should answer statement as N/A.***<br>***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.*** | Yes | | 10.4<br>Table 4<br>USP <659> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 43.0 | Does the pharmacy label any CNSPs with BUDs that extend beyond the maximum limits in Table 4 USP <795>? | No | | 10.5 Table 4 |
| 44.0 | Does the pharmacy follow the requirements for labeling a CNSP with a BUD that exceeds Table 4 in compliance with USP <795> standards? ***If no, go to compliance statements.*** | N/A | BUDs did not exceed Table 4 at the time of inspection. | 10.5 |
| 44.1 | The labeled BUD for an aqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.*** | N/A | | 10.5 |
| 44.2 | The labeled BUD for a nonaqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.*** | N/A | | 10.5 |
| 44.3 | Pharmacy is following the results of their own stability study. ***If the pharmacy only follows cited stability studies (does not conduct their own stability studies) for extending BUDs, answer this question as N/A. If pharmacy is following a bracketed study, inspector may mark this statement as yes if concentrations of CNSPs are at or within the concentrations specified within the study. If pharmacy is following a bracketed study and is using a concentration outside the study, answer this question as a no and describe observations.*** | N/A | | 10.5 |

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## Nonsterile Compounding Inspection for USP <795>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 44.4 | The pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs.<br>***Per USP, any stability study that meets the requirements of a stability-indicating assay method can be used (whether it is published or unpublished, such as a study provided by a chemical supplier) to extend BUDs up to 180 days for a CNSP.***<br>***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***<br>***If no, please describe the inspector observations.*** | N/A | | 10.5 |
| 44.5 | The cited stability study (which uses a stability-indicating analytical method for extending BUDs) describes the API(s), CNSP formulation, and material composition of the container closure used.<br>***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***<br>***If no, please describe the inspector observations.*** | N/A | | 10.5 |
| 44.6 | If the cited stability study (which uses a stability-indicating analytical method for extending BUDs) is bracketed, the pharmacy's CNSP formulation is at or within the low and high concentration of each active ingredient within the stability study.<br>***If no, describe the concentrations cited in the stability study and the concentration of the CNSP compounded by the pharmacy.***<br>***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** | N/A | | 10.5 |

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## Nonsterile Compounding Inspection for USP <795>

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**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 44.7 | Aqueous CNSPs whose labeled BUDs are extended beyond Table 4, have:<br>- been tested for antimicrobial effectiveness at least once for each formulation in the type of (with the same material composition of the) container closure system that will be used;<br>- received study results from an FDA-registered facility (for the same CNSP formulation using the same material composition of the container closure system); or<br>- a study published from peer-reviewed literature (for the same CNSP formulation using the same material composition of the container closure system).<br>***Inspector note: Pharmacy may rely on a bracketed study from the above options as long as the bracketed study information includes the low and high concentration of each active ingredient in the formulation. Per USP, this is "to establish preservative effectiveness across various strengths of the same formulation (e.g., bracketing). The concentration of all other ingredients (including preservatives) must fall within the bracketed range.*** | N/A | | 10.5 |
| | **Quality Assurance (QA), Quality Control (QC), and Quality Management (QM)**<br>Inspector to review at least one complaint, one adverse event, and one recall (if applicable). | | | |
| 45.0 | Does the pharmacy have a QA/QC program to ensure that CNSPs are prepared per the requirements in USP <795> standards and any applicable regulatory requirements?<br>***If no, go to compliance statements.*** | Yes | | 1.1.3, 12 |
| 45.1 | The pharmacy has a formal QA/QC program with documented activities.<br>***Inspector note: Per USP, "A facility's QA and QC programs must be formally established and documented in the facility's SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with the requirements in this chapter (<795>) and the laws and regulations of the applicable regulatory jurisdiction."*** | Yes | | 12 |
| 45.2 | The QA/QC programs address adherence to procedures. | Yes | | 12 |

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## Nonsterile Compounding Inspection for USP <795>

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 45.3 | The QA/QC programs address prevention and detection of errors and other quality problems. | Yes | | 12 |
| 45.4 | The QA/QC programs address evaluation of complaints and adverse events. ***Review at least one complaint and one adverse event. If there are no complaints or adverse events, review the process that the pharmacy would follow in the event of a complaint or adverse event.*** | Yes | | 12 |
| 45.5 | The QA/QC programs address appropriate investigations and corrective actions. | Yes | | 12 |
| 46.0 | Has the pharmacy received any complaints related to CNSPs within the past year? | No | | 12 |
| 47.0 | Does the pharmacy follow complaint handling requirements in compliance with USP <795> standards? ***If no, go to compliance statements.*** | Yes | | 12.2 |
| 47.1 | The pharmacy has a complete written or electronic record of each complaint made. ***Inspector note: Per USP, "The record must contain the name of the complainant or other unique identifier, the date the complaint was received, the nature of the complaint, and the response to the complaint. In addition, to the extent that the information is known, the following should be recorded: the name and strength of the CNSP and the assigned internal identification number (e.g., prescription, order, or lot number). The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained."*** | Yes | | 12.2 |
| 47.2 | Complaints are reviewed in accordance with SOPs by the designated person for the QA program. | Yes | | 12.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 47.3 | Complaints are reviewed to determine whether it indicates a potential quality problem with the CNSP. | Yes | | 12.2 |
| 47.4 | Complaints are fully investigated. | Yes | | 12.2 |
| 47.5 | Complaint investigations consider whether the quality problem extends to other CNSPs. | Yes | | 12.2 |
| 47.6 | Corrective action, if necessary, is implemented for all potentially affected CNSPs.<br>***Inspector note: Per USP, the pharmacy is to, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease nonsterile compounding processes until all underlying problems have been identified and corrected."*** | Yes | | 12, 14 |
| 47.7 | A CNSP that is returned in connection with a complaint is quarantined until it is destroyed after the completion of the investigation and in accordance with the laws and regulations of the applicable regulatory jurisdiction. | Yes | | 1.1.3, 12.2 |
| 48.0 | Has the pharmacy initiated any recalls of CNSPs within the past two years?<br>***Inspector note: Per USP <795> requires all records to be readily retrievable for two years, including recalls; However, the state/jurisdictional regulator may require records to be kept for a longer period of time.***<br>***Review most recent recall and describe in the Inspector Notes.***<br>***If the pharmacy has not had any recalls within the past two years, inspector should answer the question as No.*** | No | | 12.1, 14 |
| 49.0 | Does the pharmacy follow recall and adverse event procedures for CNSPs in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 12.1, 12.2, 12.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 49.1 | The pharmacy has procedures to determine when recalls must be initiated. | Yes | | 12.1 |
| 49.2 | The pharmacy documented the implementation of the recall. | Yes | | 12.1 |
| 49.3 | Pharmacy reports recalled CNSPs to the appropriate regulatory bodies (as required by laws and regulations of the applicable regulatory jurisdiction). | Yes | | 1.1.3, 12.1 |
| 49.4 | Investigations into an adverse event that reveals a quality problem with a CNSP that is likely to affect other patients are reported to both patients and their prescribers. | Yes | | 12.3 |
| 50.0 | Does the pharmacy procedures include a step to immediately notify the prescriber of a failure of specifications with potential to cause harm (eg, strength, purity, or other quality attributes)? ***Inspector note: This is a USP recommendation.*** | Yes | | 12.1 |
| | **CNSP Packaging** | | | |
| 51.0 | Does the pharmacy's packaging processes and materials meet the requirements in USP <795>? ***If no, go to compliance statements.*** | Yes | | 13.1 |
| 51.1 | The packaging materials protect CNSPs from damage, leakage, contamination, and degradation. | Yes | | 13.1 |
| 51.2 | The packaging materials used protects personnel from exposure (from the packaged CNSP). | Yes | | 13.1 |
| 52.0 | The packaging materials selected by the pharmacy maintain the physical and chemical integrity and stability needed for CNSPs (eg, protect from light). | Yes | | 13.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Compounding Personnel Observations -** *Inspector must observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. It is acceptable for pharmacy staff to perform mock compounding activities (with two creams or other drugs) as long as all observations can be viewed.* | | | |
| 53.0 | **Personal Preparation Observation:** Before entering the compounding area, do personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | |
| 53.1 | Personnel removed all outer garments (eg, hats, scarves, bandanas, vests, coats, and jackets). | Yes | | 3.1 |
| 53.2 | Personnel removed all items that are not easily cleanable and that might interfere with garbing. | Yes | | 3.1 |
| 53.3 | Personnel removed all hand, wrist, and other exposed jewelry, including piercings, that could interfere with the effectiveness of garbing and hand hygiene (eg, watches, rings that may tear gloves). | Yes | | 3.1 |
| 53.4 | Personnel removed earbuds or headphones. | Yes | | 3.1 |
| 53.5 | Any accommodations permitted by the designated person(s) should be documented.<br>***Inspector note: Per USP <795>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.*** | N/A | | 3.1 |
| 54.0 | **Hand Hygiene Observation:** Were personnel who enter the compounding area to compound observed performing the appropriate hand washing procedures in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 3.2, Box 1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 54.1 | All personnel who enter the compounding area to compound performed hand hygiene. | Yes | | 3.2<br>Box 1 |
| 54.2 | Personnel wash hands with soap and water for at least 30 seconds. | Yes | | 3.2 |
| 54.3 | Personnel dry their hands completely with disposable towels or wipers. | Yes | | 3.2 |
| 54.4 | Personnel do not solely rely on the use of alcohol hand sanitizers. | Yes | | 3.2 |
| 55.0 | ***Garbing Observation:*** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <795> standards?<br>***If no, go to compliance statements.*** | Yes | | 3.3<br>Box 1 |
| 55.1 | All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs). | Yes | | 3.3<br>Box 1 |
| 55.2 | All personnel who perform compounding activities don gloves.<br>***Inspector note: Per USP, "Gloves must be worn for all compounding activities."*** | Yes | | 3.2, 3.3<br>Box 1 |
| 55.3 | Gloves are inspected periodically for holes, punctures, or tears and replaced immediately if a defect is detected. | Yes | | 3.3<br>Box 1 |
| 56.0 | Are gloves wiped or replaced before beginning compounding a CNSP with a different component or when other objects were touched (eg, pens, keyboards) to minimize risk of cross contamination with other CNSPs?<br>***Inspector note: This is a USP recommendation.*** | No | | 3.3 |
| 57.0 | List the name(s) of the CNSPs observed by the inspector as part of live compounding demonstration. | [redacted] | Bi-Est (Estriol: Estradiol) 80:20 Versa Cream 0.2mg/gm | |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 58.0 | **Compounding Observation:** Are compounding personnel using appropriate nonsterile compounding techniques for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.*** | Yes | | 2 Box 3 |
| 58.1 | The compounding personnel enter the nonsterile compounding area in accordance with the SOPs. | Yes | | 3.1, 4.1 |
| 58.2 | The compounding personnel started with a clean compounding area for CNSPs. | Yes | | 4.1, 4.3, 5 Table 1 |
| 58.3 | The compounding personnel selected the correct MFR for the CNSP to be prepared. | Yes | | 7, 7.1 Box 2 |
| 58.4 | The compounding personnel performed hand hygiene. ***Inspector note: Per USP <795>, Box 1, personnel are to: wash hands with soap and water for at least 30 seconds, dry hands completely with disposable towels or wipers, and then don gloves.*** | Yes | | 3.2 Box 1 |
| 58.5 | The compounding personnel are appropriately garbed for the type of CNSP prepared. | Yes | | 3.3 |
| 58.6 | The compounding personnel obtained the proper ingredients (APIs and/or components). ***Inspector note: All ingredients must be within date and match what is listed in the MFR. If the ingredient is an API, the COA must have already been reviewed and approved for use.*** | Yes | | 6.2 (6.2.1 - 6.2.5) |
| 58.7 | The compounding personnel gathered all necessary materials, equipment, and supplies necessary and/or specified in the MFR and is in good working order prior to use for the CNSP. ***Inspector note: All items must be clean prior to use. If equipment requires calibration and/or certification, compounder must ensure the equipment or device is within proper specifications (eg, tare scales and/or balances).*** | Yes | | 6.1 Table 2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 58.8 | The compounding personnel have knowledge of and access to any SDS. | Yes | | 6.2 |
| 58.9 | The compounding personnel only compound one CNSP at a time (to proactively prevent mix-ups, errors, and cross contamination). | Yes | | 1.1.3 |
| 58.10 | The compounding personnel compound the CNSP according to the MFR.<br>***If no, inspector needs to describe in detail their observations in the Inspector Notes and collect a copy of the MFR and CR (no PHI or PII to be collected).*** | Yes | | 7.1, 7.2<br>Box 2 |
| 58.11 | The compounding personnel document any required steps listed in the MFR on the CR.<br>***Inspector note: This would include any weights, volume, and any in-process checks needed.*** | Yes | | 7.2, 14<br>Box 3 |
| 58.12 | Documentation in the CR is legible.<br>***If no, collect copy of record that is illegible. Redact any PHI on record.*** | Yes | | 14 |
| 58.13 | The compounding personnel verify the correct BUD in accordance with the MFR requirements in USP <795>. | Yes | | 10<br>Table 3, Table 4 |
| 58.14 | The compounding personnel performed any quality control steps specified in the MFR.<br>***Inspector note: Examples of this include, but are not limited to: testing of pH for a suspension, weighing of capsules, and visual inspection against product description specifications.***<br>***If no, describe observations in Inspector Notes.*** | Yes | | 7.2, 8, 8.1, 12<br>Box 3 |
| 58.15 | The compounding personnel placed the CNSP into the proper container closure system. | Yes | | 8.1<br>Box 2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 58.16 | The compounding personnel labeled the CNSP.<br>***Inspector note: Storage requirements must be included on the label if refrigerated or frozen (so patient can identify the storage temperature requirements).*** | Yes | | 9 |
| 58.17 | The compounding personnel completed any documentation on the CR.<br>***If no, describe observations of what was missing or omitted in Inspector Notes.*** | Yes | | 7.2, 8, 14<br>Box 3 |
| 58.18 | The compounding personnel cleaned and sanitized the compounding area before the next CNSP (with differing ingredients) is prepared. | Yes | | 5 |
| 59.0 | **Final CNSP check observation**: Does the visual inspection of the CNSP by the pharmacist confirm all USP <795> requirements?<br>***Observe a pharmacist check several CNSP prescriptions. List the name of CNSPs release inspection observed in the Inspector Notes.***<br>***If no, go to compliance statements.*** | Yes | Naltrexone Susp 3mg/ml, ABHR(Lorazepam, Diphenhydramine, Haloperidol and Metoclopramide) Lidoderm 1-25-2-10mg/gm, Bi-Est(80:20) Versacream 0.2mg/gm and Testosterone Versa 15mg/gm | 8, 8.1, 9 |
| 59.1 | CNSP was visually inspected to determine the physical appearance of the CNSP is as expected (eg, color, texture, physical uniformity), including any special characteristics listed in the MFR (eg, emulsions must be checked for phase separation). | Yes | | 8, 8.1 |
| 59.2 | Visual inspection included checking for container closure integrity (eg, leakage, cracks, improper seals). | Yes | The pharmacist calculated weights/volumes of all components at final check along with visual inspection. | 8, 8.1 |
| 59.3 | CNSP label was verified against the prescription or medication order. | Yes | | 8, 8.1, 9 |
| 59.4 | CNSP label was verified against the MFR. | Yes | | 8, 8.1, 9 |
| 59.5 | CNSP label was verified against the CR. | Yes | | 8, 8.1, 9 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 59.6 | If a CNSP will not be released or dispensed on the day the preparation was made, a visual inspection was conducted immediately before it is released or dispensed to make sure the CNSP did not develop any defects during storage. | Yes | | 8, 8.1 |
| 59.7 | All checks and inspection that are performed are properly documented. | Yes | | 8.1, 14 |
| 59.8 | CNSP that do not meet requirements, are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal | Yes | | 8.1 |
| 60.0 | Inspect several different finished compounded nonsterile preparations. Are all the finished compounded preparations free from any evidence of signs of contamination?<br>***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately.***<br>***Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, particulates, dirt/debris/(suspected) mold within container closure); number of preparations affected (eg, two of the five containers on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.*** | Yes | | 12 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 61.0 | **Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and sanitizing activities in the compounding area in compliance with USP <795> standards?<br>***Document observations while pharmacy staff are performing live compounding activities in Inspector Notes.***<br>***If no, go to compliance statements.*** | Yes | | 5 |
| 61.1 | Pharmacy staff starts with a clean and sanitized work surface prior to compounding a CNSP. | Yes | | 5<br>Table 1 |
| 61.2 | Pharmacy staff perform cleaning and sanitizing between compounding CNSPs with different components.<br>***Inspector note: Per USP, "If cleaning and sanitizing are performed as separate steps, cleaning must be performed first."*** | Yes | | 5<br>Table 1 |
| 61.3 | Pharmacy staff ensure equipment and devices used in compounding activities are clean and sanitized after use (to prevent cross contamination of the next preparation). | Yes | | 6.1<br>Table 2 |
| 61.4 | Pharmacy staff perform cleaning and sanitizing on work surfaces when visibly soiled, after spills, and/or when surface contamination is known or suspected. | Yes | | 5<br>Table 1 |

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## Nonsterile <795> Employee File Records Review

Select the PIC, designated person, a staff pharmacist that checks compounded preparations, and two to three compounding pharmacy technicians. *Do not record the employee name, list only their title or position.
From the drop-down List:
*Mark as "Yes" if the document is present in the records and the competency evaluation was conducted in compliance with USP <795> requirements.
*Mark as "No" if the document is present in the records but is not in compliance with USP <795> requirements.
*Mark as "Missing" if any part of the record is missing and explain in Notes column.
*Mark as "N/A" if the training does not apply (eg, long-term employee may not have initial training available). Document further in the Notes column.

| | | Employee Records #1 | Employee Records #2 | Employee Records #3 | Employee Records #4 | Employee Records #5 | |
|---|---|---|---|---|---|---|---|
| | **Employee Title** | **DP** | **Pharmacy Technician** | **Pharmacy technician** | **Pharmacy Technician** | **Pharmacist** | **Notes** |
| 1.0 | The training program provides initial training, evaluation, and documentation on the core competencies listed below: | | | | | | The 3 technicians' annual training is not due. The technicians all complete Critical Point training annually. The annual for this pharmacist is not yet due. |
| 1.1 | Compounding personnel are trained on facility SOPs. | Yes | Yes | Yes | Yes | Yes | |
| 1.2 | Compounding personnel are trained on USP <795> standards. | Yes | Yes | Yes | Yes | Yes | |
| 1.3 | The training record for hand hygiene is complete. | N/A | Yes | Yes | Yes | Yes | Recently added Nov 1, 2023 |
| 1.4 | The training record for garbing is complete. | N/A | Yes | Yes | Yes | Yes | Recently added Nov 1 2023 |
| 1.5 | The training record for cleaning and sanitizing is complete. | Yes | Yes | Yes | Yes | Yes | |
| 1.6 | The training record for handling and transporting components and CNSPs is complete. | Yes | Yes | Yes | Yes | Yes | |

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| | Employee Title | DP | Pharmacy Technician | Pharmacy technician | Pharmacy Technician | Pharmacist | Notes |
|---|---|---|---|---|---|---|---|
| 1.7 | The training record for measuring and mixing is complete. | Yes | Yes | Yes | Yes | Yes | |
| 1.8 | The training record for proper use of equipment is complete. | Yes | Yes | Yes | Yes | Yes | |
| 1.9 | The training record for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete. | Yes | Yes | Yes | Yes | Yes | |
| 1.10 | The training record for interpreting a Certification of Analysis (COA) is complete. | Yes | Yes | Yes | Yes | Yes | |
| 1.11 | The training record for how to read/interpret a Safety Data Sheet (SDS) is complete. | Yes | Yes | Yes | Yes | Yes | |
| 1.12 | The training record for spill management is complete. | Yes | Yes | Yes | Yes | Yes | |
| 2.0 | The annual competency assessment was evaluated and documented on the following topics: | | | | | | |
| 2.1 | Compounding personnel are re-trained on facility SOPs. | Yes | N/A | N/A | N/A | N/A | The initial training for this pharmacist with revision of USP 795 has been completed. This pharmacist has not yet reached annual. |
| 2.2 | Compounding personnel are re-trained on USP <795> standards. | Yes | N/A | N/A | N/A | N/A | |
| 2.3 | The annual competency assessment for hand hygiene is complete. | Yes | N/A | N/A | N/A | No | |
| 2.4 | The annual competency assessment for garbing is complete. | Yes | N/A | N/A | N/A | N/A | |

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| | Employee Title | DP | Pharmacy Technician | Pharmacy technician | Pharmacy Technician | Pharmacist | Notes |
|---|---|---|---|---|---|---|---|
| 2.5 | The annual competency assessment for cleaning and sanitizing is complete. | Yes | N/A | N/A | N/A | N/A | |
| 2.6 | The annual competency assessment for handling and transporting components and CNSPs is complete. | Yes | N/A | N/A | N/A | N/A | |
| 2.7 | The annual competency assessment for measuring and mixing is complete. | Yes | N/A | N/A | N/A | N/A | |
| 2.8 | The annual competency assessment for proper use of equipment is complete. | Yes | N/A | N/A | N/A | N/A | |
| 2.9 | The annual competency assessment for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete. | Yes | N/A | N/A | N/A | N/A | |
| 2.10 | The annual competency assessment for interpreting a COA is complete. | Yes | N/A | N/A | N/A | N/A | |
| 2.11 | The annual competency assessment for how to read/interpret a SDS is complete. | Yes | N/A | N/A | No | N/A | |
| 2.12 | The annual competency assessment for spill management is complete. | Yes | N/A | N/A | N/A | N/A | |
| 3.0 | The designated person(s) has documented a (periodic) evaluation of their direct observations for compounding activities and documented any deficiencies in the record. *Inspector note: if there are not observations documented, the inspector should answer this question as N/A. Per USP, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."* | N/A | N/A | N/A | N/A | N/A | |

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| Glossary & References | USP <795> |
|---|---|
| Active Pharmaceutical Ingredient (API) | Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the structure and function of the body. Also referred to as a bulk drug substance. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s). |
| Added Substance | An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with inactive ingredient, excipient, and pharmaceutical ingredient. |
| Administration | The preparation of a nonsterile pharmacologic or other therapeutic agent for ingesting, inserting, applying, or otherwise providing a nonsterile medication in its final form to a single patient. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing. |
| Alcohol-based hand rub | An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants. |
| Assigned trainer | One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CNSPs. |
| Beyond-use date (BUD) | The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded. |
| Biological Safety Cabinet (BSC) | A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1). |
| Bulk drug substance | See the entry for Active Pharmaceutical Ingredient. |
| Certificate of analysis (COA) | A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material. |
| Cleaning | The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products. |
| Cleaning agent | An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces. |
| Closed-system processing device | A device designed to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples include CVEs, BSCs, or single-use containment glove bags. |

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| Glossary & References | USP <795> |
|---|---|
| Component | Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product. |
| Compounded nonsterile preparation (CNSP) | A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance. |
| Compounding | The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation. |
| Compounding area | An area that is specifically designated for nonsterile compounding. |
| Compounding personnel | Personnel trained to compound or oversee compounding of preparations. |
| Compounding record (CR) | Documents the compounding of each CNSP. |
| Container closure system | Packaging system components that together contain and protect the dosage form. This includes primary packaging system components and secondary packaging system components if the latter are intended to provide additional protection. |
| Containment glove bag | A single-use disposable glove bag that is capable of containing airborne chemical particles. |
| Containment ventilated enclosure (CVE) | A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through high-efficiency particulate air (HEPA) filtration and to prevent their release into the work environment. |
| Conventionally manufactured product | A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions. |
| Designated person(s) | One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs. |
| FDA | US Food and Drug Administration |
| Formulation | The specific qualitative and quantitative composition of the final CNSP. |
| Hazardous Drug (HD) | Any drug identified by at least one of the following criteria: carcinogenicity, teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low dose in humans or animals; genotoxicity or new drugs that mimic existing HDs in structure or toxicity. See <800>. |
| Label | The part of the labeling on the immediate container. |
| Labeling | All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container. |

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| Glossary & References | USP <795> |
|---|---|
| Master formulation record (MFR) | A detailed record of procedures that describes how the CNSP is to be prepared. |
| Monograph | A quality documentary standard within USP–NF that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria. |
| Oversight | The review, monitoring, and supervision of actions taken by personnel; bearing responsibility for those actions; and being available if and when needed for consultation, even if not physically present. |
| Preservative | A substance added to inhibit microbial growth. |
| Purified water | The minimal quality of source water for the production of Purified Water is drinking water whose attributes are prescribed by the US Environmental Protection Agency (EPA), the European Union, Japan, or the World Health Organization (WHO). This source water may be purified using unit operations that include deionization, distillation, ion exchange, reverse osmosis, filtration, or other suitable purification procedures. (See <1231>, 3.1.1 Purified Water.) |
| Quality Assurance (QA) | A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards. |
| Quality Control (QC) | The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met for the CNSP. |
| Reconstitution | The process of adding a diluent to a conventionally manufactured product to prepare a solution or suspension. |
| Release inspection and testing | Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics. |
| Sanitizing agent | An agent for reducing, on inanimate surfaces, the number of microorganisms (eg, 70% isopropyl alcohol). |
| SDS | Safety data sheet. |
| SOP | Standard operating procedure. |
| Specification | The tests, analytical methods, and acceptance criteria to which any components, CNSP, container closure system, equipment, or other material used in the compounding of CNSPs must conform to be considered acceptable for its intended use. |
| Stability | The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD. |
| Verify | To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use. |
| Water activity ($a_w$) | A measure of the fraction of total water that is unbound and freely available to participate in chemical, biochemical, or physicochemical reactions or provide an environment that can support microbial growth. Note that $a_w$ is not water content. |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Standard Operating Procedures (SOPs) for Compounded Sterile Preparations (CSPs)** | | **Please note NABP did not review each SOP for alignment on USP <797>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.** | |
| 1.0 | Does the pharmacy have a designated person(s) who meets the requirements in compliance with USP <797> standards?<br>***Inspector note: Per USP, "The compounding facility must designate one or more individuals (ie, the designated person(s)) to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CSPs and for performing other functions."***<br>***If no, go to compliance statements.*** | Yes | The pharmacy has been following the former <797> standards. FL adopted the updated standards on March 1, 2024. | 1.1.3, 2 |
| 1.1 | The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them. | Yes | | 18 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 1.2 | The designated person(s) is responsible and accountable for the performance and operation of the facility.<br>***Per USP, "The designated person(s) is responsible for ensuring that each area related to CSP preparation meets the classified air quality standard appropriate for the activities conducted in that area. The designated person(s) must also ensure that the ISO Class 5 areas are located, operated, maintained, monitored, and certified to have appropriate air quality."*** | Yes | | 2, 4.2, 4.5 |
| 1.3 | The designated person(s) is responsible for personnel performing sterile compounding or other related functions (eg, quality checks and prescription dispensing of compounded preparations). | Yes | | 2, 17 |
| 1.4 | The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented. | Yes | | 2, 17 |
| 1.5 | The designated person(s) ensures that SOP revisions are implemented. | Yes | | 2, 17 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 1.6 | The designated person(s) communicates all SOP revisions to all impacted personnel.<br>***Inspector note: USP <797> recommends that personnel should also document acknowledgment and communication of SOP changes and revisions.*** | Yes | | 2, 17 |
| 1.7 | The designated person(s) ensures that personnel demonstrate competency in performing every procedure that relates to their job function. | Yes | | 2, 17 |
| 1.8 | The designated person(s) ensures that corrective actions are taken if problems, deviations, out-of-range results, failures, or errors are identified.<br>***Inspector note: Per USP, "Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective."*** | Yes | | 2, 5, 12 |
| 2.0 | Has the pharmacy developed and implemented SOPs that describe sterile compounding processes and other support activities in compliance with USP <797> standards?<br>***Inspector note: In order for this to be answered yes, all topics must be addressed if applicable to their business practices.***<br>***If no, document "missing" in Inspector Notes***<br>***If yes, document the name, number, and version of each SOP in the Inspector Notes.*** | No | BUDs, training and surface sampling are not in compliance with the current USP <797> | 17 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 2.1 | **Scope of Practice:** Types of CSPs that are prepared (eg, immediate use, allergenic extracts, Category 1, Category 2, Category 3). Roles and responsibilities of the designated person(s). | [redacted] | 2.1 | 1.5 |
| 2.2 | **Personnel Training and Evaluation:** Description of initial and ongoing training and competency for the designated person(s), compounding personnel, personnel with direct oversight of compounding personnel, and personnel who only perform restocking or cleaning, and disinfecting duties outside of the primary engineering control (PEC). Description of media-fill testing procedures, hand hygiene and garbing competency, and aseptic manipulation competency. Training and competency assessment of personnel on all sterilization methods and equipment used by the facility. Frequency of training is defined. | | 2,8 Media Fill Competency Form 2.9 | 2, 2.2, 10 Box 1, Box 2, Table 2, Table 3 |
| 2.3 | **Personal Hygiene and Garbing:** Description of the required garb, manner of storage, and order of garbing, including disinfection procedures for reusing goggles, respirators, and other reusable equipment. ***Inspector note: Per USP, the RABS (or pharmaceutical isolator) sleeve and glove changes should (not required) be changed per the manufacturer's recommendations and defined in the facility's SOPs.*** | | 2.9 | 3, 3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 2.4 | **Facility Design and Engineering Controls:** Description of design requirements to maintain air quality standards and procedures for evaluating, maintaining, and certifying the areas used for compounding. | [redacted] | 3.1.6.3 | 4, 4.2 |
| 2.5 | **Certification and Recertification:** Description of sampling sites and procedures. | | 1.4, 6.6 | 5, 5.1 |
| 2.6 | **Microbiological Air and Surface Monitoring:** Description of the pharmacy's microbiological air and surface monitoring program which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (eg, surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that will trigger corrective actions and documentation requirements. | | 6.2, 6.4, 6.1 | 6, 6.1, 6.2, 6.3 |
| 2.7 | **Cleaning, Disinfection, and Application of Sporicidal Disinfectants and Sterile 70% IPA:** Description of procedures for cleaning, disinfecting, and applying sporicidal disinfectants and include the frequency, methods, locations of cleaning, and documentation requirements. | | 1.6 | 7, 7.2<br>Box 7, Box 8 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 2.8 | **Equipment:** Description of procedures for the calibration, maintenance, cleaning, use of the equipment, and documentation requirements. | [redacted] | 1.3, 2.2 | 9.1, 10, 20 |
| 2.9 | **Components:** Description of procedures that address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components, including all ingredients and container closures. | | 2.7, 4.2 | 9.3 |
| 2.10 | **Master Formulation and Compounding Records:** Description of procedures for developing and maintaining MFRs and required information, documentation, and record-keeping requirements for MFRs and CRs. | | 2.6 | 11.1, 11.2, 20 |
| 2.11 | **Release Inspections and Testing:** Description of release testing procedures (eg, visual inspections and/or sterility and endotoxin testing), out-of-specification procedures, corrective action procedures, and documentation requirements. | | 2.5, 5.4 | 12, 18, 20 |
| 2.12 | **Labeling:** Procedures for labeling and label verification (confirming against the prescription or medication order, the MFR, and the CR) in order to prevent errors, CSP mix-ups, and required displayed information. | | 2.4 | 13 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 2.13 | **CSP handling, storage, packaging, shipping, and transport:** Processes and techniques for handling, storing, packaging, and transporting CSPs that include temperature monitoring, excursions, shipping containers, packaging requirements, and selected transportation modes. | [redacted] | 4.3 | 19 |
| 2.14 | **Documentation:** Record keeping requirements and procedures for documentation maintenance and storage.<br>***Inspector note: USP requires readily retrievable records for two years; however, it is acknowledged that state or accreditation organizations may require records for a longer period of time.*** | | 3.4 | 20 |
| 2.15 | **Sterilization and Depyrogenation:** Description of methods used for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected, as well as the methods for maintaining and cleaning the sterilizing and depyrogenation equipment.<br>***If not applicable to their business practices, inspector should answer statement as N/A.*** | | 2.14 | 10 |

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**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 2.16 | **Immediate Use CSPs:** Description of processes followed to meet all conditions of exemption from the requirements for Category 1, Category 2, and Category 3 CSPs. ***If not applicable to their business practices, inspector should answer statement as N/A.*** | [redacted] | N/A | 1.3 |
| 2.17 | **Blood/Biological Handling:** Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. ***If not applicable to their business practices, inspector should answer statement as N/A.*** | | N/A | 1.1.2 |
| 2.18 | **Allergenic Extracts:** Description of procedures for training, competency assessments, personnel hygiene and garbing, facility requirements, cleaning and disinfecting, beyond use dates (BUDs), labeling, storage, shipping and transporting, and documentation. ***If applicable to their business practices, please complete the Allergenic Extracts module.*** ***If not applicable to their business practices, inspector should answer statement as N/A.*** | | N/A | 21 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **CSPs - Immediate Use, Proprietary Vial/Bag Systems, and Blood-Derived** | | | 1 |
| 3.0 | Does the pharmacy prepare and dispense compounded sterile preparations for direct and immediate use?<br>***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.*** | N/A | | 1.3 |
| 4.0 | Does the pharmacy meet all conditions specified in USP <797> for CSPs compounded for direct and immediate use?<br>***Inspector note: Per USP <797>, all conditions must be met to qualify for exemptions of the requirements for Category 1, Category 2, and Category 3 CSPs.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.*** | N/A | | 1.3 |
| 4.1 | Aseptic techniques, processes, and procedures are followed.<br>***Inspector note: Per USP <797>, facility SOPs must describe procedures followed "to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs."*** | N/A | | 1.3 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 4.2 | Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. ***Review personnel records to verify.*** | N/A | | 1.3 |
| 4.3 | Preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs. ***Inspector note: Examples of this include approved labeling and/or published or unpublished stability and compatibility studies.*** | N/A | | 1.3 |
| 4.4 | Preparation involves not more than three (3) different sterile products (eg, ingredients and/or components in a single container). | N/A | | 1.3 |
| 4.5 | Unused components from a single-use container are discarded after the preparation for one individual patient is complete (ie, single-dose containers are not used for more than one patient). | N/A | | 1.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 4.6 | Administration begins within four hours of the start of the preparation, and if not, the preparation is discarded.<br>***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.*** | N/A | | 1.3 |
| 4.7 | Unless the person preparing the preparation is administering or witnessing administration, the preparation is labeled with names and amounts of all active ingredients, name or initials of preparer, and exact four-hour time period in which administration must begin.<br>***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.*** | N/A | | 1.3 |
| 5.0 | Does the pharmacy prepare proprietary bag and vial systems (ex. addEASE, ADD-Vantage, Mini Bag Plus, Vial2Bag) in compliance with USP <797> standards?<br>***Inspector note: Docking and activation of proprietary bag and vial systems for immediate administration to an individual patient is out of scope of USP <797> and may be performed outside of an ISO Class 5 environment.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not stock, prepare, and/or dispense any proprietary vial and bag systems, inspector should answer statement as N/A.*** | N/A | | 1.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 5.1 | Docking for *future activation* and administration is performed in an ISO Class 5 environment and in accordance with requirements of USP <797>, with the exception of BUD assignment. | N/A | | 1.4 |
| 5.2 | BUD assignment is not longer than specified in the manufacturer's labeling. | N/A | | 1.4 |
| 6.0 | Does the pharmacy meet the conditions specified in USP <797> for CSPs to be prepared per approved labeling?<br>***Inspector note: Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is considered outside the scope of the USP chapter.***<br>***If no, go to compliance statements.***<br>***If the pharmacy only <u>compounds</u> sterile preparations (eg, does <u>not</u> prepare sterile preparations that strictly adheres to the conventionally manufactured approved labeling for preparation), inspector should answer statement as N/A.*** | N/A | | 1.4 |
| 6.1 | The product is prepared as a single dose for an individual patient. | N/A | | 1.4 |
| 6.2 | The approved labeling includes information for the diluent, the resultant strength, the container closure system, and the storage time. | N/A | | 1.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 7.0 | Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)? | No | | 1.1.2 |
| 8.0 | For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination?<br>***Inspector note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter). Pharmacy should change garb. Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination.***<br>***If the pharmacy does not compound with blood products or other biological materials, inspector should answer statement as N/A. If the inspector answers the compliance question as "no", please describe your observations.*** | N/A | | 1.1.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Facility Design and Engineering Controls** | | | **4** |
| 9.0 | **Segregated Compounding Area (SCA):** Does the pharmacy use an SCA as an SEC in compliance with USP <797> standards for facility design and environmental control?<br>***Inspector note: Per USP, only Category 1 CSPs may be compounded in a SCA.***<br>***If no, go to compliance statements.***<br>***If pharmacy only uses a cleanroom suite for sterile compounding preparations, inspector should answer question as N/A.*** | N/A | | 4.1, 4.1.1, 4.1.2, 4.2.1<br>Table 5 |
| 9.1 | The facility is designed to afford a well-lighted and comfortable working environment. | N/A | | 4.2, 4.2.1 |
| 9.2 | Only Category 1 CSPS are prepared in a SCA.<br>***If pharmacy is compounding Category 2 or Category 3 CSPs in a SCA, inspector should answer this statement as no and collect photographs and copies of the MFR, CR, and provide a description of their observations in the Inspector Notes.*** | N/A | | 4.2.1, 4.2.3<br>Table 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 9.3 | The SCA is located away from unsealed windows, doors that connect to outdoors, and traffic flow.<br>***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."*** | N/A | | 4.2.1 |
| 9.4 | The SCA is located away from environmental control challenges and separate from areas not related to compounding (ie, restrooms, warehouses, food preparation areas). | N/A | | 4.2.1 |
| 9.5 | A visible perimeter establishes the boundaries of the SCA.<br>***Inspector note: Per USP, the SCA is defined as "a designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only." USP further defines a perimeter as "a visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA." The perimeter will be defined in the pharmacy's SOPs. Tape or an alternative method may be used to define this visible perimeter, since this is not a classified space.*** | N/A | | 4.2.1<br>Glossary |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 9.6 | Access to the SCA is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning.*** | N/A | | 4.2.1 |
| 9.7 | Free-standing humidifiers/dehumidifiers and air conditioners are not located within the perimeter of the SCA. | N/A | | 4.2 |
| 9.8 | Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the compounding area. ***Inspector note: Per USP, these items should be low-shedding, easily cleaned, and disinfected. This applies to items within the perimeter around the Primary Engineering Control (PEC).*** | N/A | | 4.5 |
| 9.9 | Shipping cartons or other corrugated or uncoated cardboard are not allowed in the SCA. | N/A | | 4.5 |
| 9.10 | The SCA and all surfaces (walls, floors, counters, equipment) are clean, uncluttered, and dedicated to compounding. | N/A | | 4.2.1, 4.3.2 |
| 9.11 | The sink is located inside the SCA or in close proximity and is located at least one meter away from the PEC. | N/A | | 4.4 |
| 9.12 | The area within one meter of the PEC is dedicated only for sterile compounding (eg, not storage, hand hygiene, donning and doffing garb, or other highly particle-generating activities, such as patient care). | N/A | | 4, 4.2.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 9.13 | If overhangs or ledges are present in the SCA, are they easily cleanable?<br>***If no, describe observations in Inspector Notes.*** | N/A | | 4.2.1, 4.3.2 |
| 10.0 | Are surfaces smooth, impervious, free from cracks and crevices, and non-shedding so they can be cleaned and disinfected?<br>***Inspector note: this is a recommendation by USP.***<br>***If no, describe in comments Inspector Notes (eg, peeling of Formica countertops)*** . | Yes | | 4.3.2 |
| 11.0 | Are surfaces resistant to damage from cleaning, sanitizing, and sporicidal agents used?<br>***Inspector note: this is a recommendation by USP.***<br>***If no, describe in comments inspector observations (ie observed rust on preparation cart or flaking of particle board on shelving).*** | Yes | | 4.2.1, 4.3.2 |
| 12.0 | **Cleanroom Suite:** Does the pharmacy use a Cleanroom Suite (ISO-classified anteroom and buffer room) as a SEC in compliance with USP <797> standards for facility design and environmental control?<br>***Inspector note: Per USP <797>, a cleanroom suite is required if compounding any Category 2 and Category 3 CSPs.***<br>***If no, go to compliance statements.***<br>***If pharmacy only uses an SCA for Category 1 CSPs, inspector should answer question as N/A.*** | Yes | | 4.1, 4.1.1, 4.1.2, 4.2.1, 4.3.1 Table 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 12.1 | Access to the cleanroom suite is restricted to authorized personnel.<br>***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning. Some examples pharmacies may use to demonstrate compliance with this statement (but are not specifically required by the chapter) include posting a sign or creating a badge access point for authorized personnel to enter the cleanroom suite.*** | Yes | | 4.2.1 |
| 12.2 | The facility is designed to afford a well-lit environment. | Yes | | 4.2, 4.2.1 |
| 12.3 | The facility provides a comfortable working environment (eg, temperature and humidity settings so appropriate garb can be donned). | Yes | | 4.2.1 |
| 12.4 | The anteroom and buffer room are separated from surrounding unclassified areas by fixed walls and doors. | Yes | | 4, 4.2.1 |
| 12.5 | Controls are in place to minimize the flow of lower-quality air into the more-controlled areas.<br>***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."*** | Yes | | 4.2.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 12.6 | Anterooms providing access to only positive pressure buffer rooms meet at least ISO Class 8 specifications.<br>***If the pharmacy has a negative pressure room, inspector should answer statement as N/A.*** | N/A | | 4.1.2, 4.2.1 |
| 12.7 | The anteroom provides access to a negative pressure room and meets at least ISO Class 7 specifications.<br>***If the pharmacy does not compound hazardous drugs, inspector should answer statement as N/A.*** | Yes | | 4.1.2, 4.2.1 |
| 12.8 | The buffer room, where the PEC is placed, meets ISO Class 7 or better air quality specifications.<br>***Inspector note: If the PEC is a pharmaceutical isolator, the buffer room must be at least ISO Class 8 air quality or better and an anteroom is not required.***<br>***Per USP <797>, a pharmaceutical isolator is defined as an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. A CAI or CACI is not a pharmaceutical isolator.*** | Yes | | 4.1.2, 4.2.1, 4.2.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 12.9 | Air supply to the anteroom and buffer room is introduced through HEPA filters in the ceiling. | Yes | | 4.2.1 |
| 12.10 | Air returns are located low on the wall.<br>***If the pharmacy has a visual smoke study (as described in the USP chapter and compliance statement below), inspector should answer statement as N/A.*** | N/A | One buffer room has low returns and one does not. The pharmacy has scheduled to have a BSC installed and the returns will be located to low on the wall at that time. | 4.2.1 |
| 12.11 | A visual smoke study demonstrates an absence of stagnant air where particles can accumulate and is repeated if any equipment/placement changes when air returns are not located low on the wall.<br>***Inspector note: Per USP, "the smoke study, along with environmental monitoring, must be repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (eg, HVAC alterations, chapter of HEPA filter units)."***<br>***If air returns are low on the wall, inspector should answer statement as N/A.*** | N/A | The pharmacy has both. The certification reports does include smoke studies. | 4.2.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 12.12 | The anteroom has a line of demarcation to separate the dirty side from the clean side or has two separate anterooms, a dirty anteroom and a clean anteroom. ***Describe observations for the type of line of demarcation in the Inspector Notes.*** | Yes | There is only one ante room with the line of demarcation to separate the clean side from the dirty side. | 4.2.1 |
| 12.13 | Personnel enter the dirty side/room first from the unclassified area and the clean side/room is located closest to the buffer room. | Yes | | 4.2.1 |
| 12.14 | All surfaces (ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets) are smooth, impervious, free from cracks and crevices, and non-shedding. | Yes | | 4.2.1, 4.3.1 |
| 12.15 | Junctures between ceilings and walls and between the walls and floors are sealed. | Yes | | 4.2.1, 4.3.1 |
| 12.16 | If the ceiling consists of inlaid panels, the panels are caulked to seal them to the support frame. ***If the ceiling does not consist of inlaid panels, inspector should answer statement as N/A.*** | N/A | | 4.2.1, 4.3.1 |
| 12.17 | Walls are constructed of, or covered with, a durable material (eg, epoxy paint, heavy gauge polymer) and integrity of surface maintained. | Yes | | 4.2.1, 4.3.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 12.18 | Walls, if paneled, are joined together and sealed to the support structure. ***If walls are not paneled, inspector should answer statement as N/A.*** | N/A | | 4.2.1, 4.3.1 |
| 12.19 | Floors include coving to the sidewall or the juncture between floor and wall is caulked. | Yes | | 4.2.1, 4.3.1 |
| 12.20 | If overhangs or ledges are present, they are easily cleanable. ***If there are no overhangs, ledges, utility pipes, windowsills, etc, inspector should answer statement as N/A.*** | N/A | | 4.2.1, 4.3.1 |
| 12.21 | Exterior lens surfaces of the ceiling light fixtures are smooth, mounted flush, and sealed. | Yes | | 4.2.1, 4.3.1 |
| 12.22 | All other penetrations through the ceiling or walls (eg, camera domes) are sealed. | Yes | | 4.2.1, 4.3.1 |
| 12.23 | The buffer room does not contain plumbed water sources (eg, sinks, eyewashes, showers, or floor drains). | Yes | | 4.4 |
| 12.24 | The anteroom does not contain floor drains. | Yes | | 4.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 13.0 | Are **PECs** used to prepare CSPs located in the appropriate space (eg, buffer room or SCA) for category types prepared in compliance with USP <797> standards?<br>***Inspector to review certification reports and observe compounding area(s) to evaluate.***<br>***If no, go to compliance statements.*** | Yes | | 4.2.1, 4.2.2, 4.2.3<br>Table 4, Table 5 |
| 13.1 | All compounded sterile preparations (that are not for immediate use) are compounded in a PEC. | Yes | | 1.3, 4, 4.1.2 |
| 13.2 | PEC is certified to maintain ISO 5 classification or better conditions during dynamic operating conditions.<br>***The inspector should only answer yes if the PEC has been certified within the past six months.*** | Yes | | 4.2.2, 4.2.3, 5 |
| 13.3 | The PEC is located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC.<br>***Review certification report.*** | Yes | | 4, 4.2.2, 4.2.3 |
| 13.4 | Placement of the PEC allows for cleaning around the PEC. | Yes | | 4.2.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
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| 13.5 | **Category 2 and Category 3**: PEC(s) are located in a cleanroom suite. ***If pharmacy only compounds Category 1 CSPs, inspector should answer this statement as N/A.*** | Yes | | 4.2.3 Table 5 |
| 14.0 | Does the pharmacy have any CAIs/CACIs used for sterile compounded preparations? ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.*** | Yes | | 4.2.3 Table 5 |
| 15.0 | Are **CAIs/CACIs** (RABS) used for compounding sterile preparations operated in compliance with manufacturer specifications **and** USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.*** | Yes | | 4.2.3 |
| 15.1 | The documented recovery time is followed after opening the CAI/CACI transfer chamber to maintain ISO Class 5 air quality. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.*** | Yes | | 4.2.3 |
| 15.2 | Staff ensures that adequate recovery time is allowed after closing the CAI/CACI during compounding operations. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.*** | Yes | | 4.2.3 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 15.3 | Sterile gloves are worn over the gloves attached to the CAI/CACI sleeve. ***Inspector note: Per USP, if using a RABS (ie, a CAI or CACI), disposable gloves should be (not required) worn inside the gloves attached to the RABS sleeves.*** | Yes | | 3.3 |
| 16.0 | Are there controls in place to minimize the influx of contaminants from materials (supplies and equipment) and personnel as they move from areas of lower quality to those of higher quality in compliance with USP <797> standards? ***Inspector note: An example of material movement from lower quality air to higher quality air includes movement from a non-classified area to an ISO Class 8 anteroom, ISO Class 8 anteroom to an ISO Class 7 buffer room, or from an ISO Class 7 buffer room to an ISO Class 5 PEC.*** ***If no, go to compliance statements.*** | Yes | | 4.5 |
| 16.1 | Before any item is introduced into the SEC, placed into the pass-through chamber, or brought into the SCA (providing that packaging integrity will not be compromised), it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% isopropyl alcohol (IPA) using low-lint wipers by personnel wearing gloves. | Yes | | 4.5 |

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|---|---|---|---|---|
| 16.2 | Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use. | Yes | | 4.5 |
| 17.0 | Does the pharmacy have the appropriate facility design and controls (including the fixtures, types of equipment, materials, and supplies that are stored) in the classified areas in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 4, 9.1, 19.1 |
| 17.1 | The sink used for hand hygiene, located outside of the anteroom, is placed in an appropriate area and clean space to minimize the risk of bringing contaminants into the anteroom.<br>***Inspector note: Inspector should evaluate the sink location in relation to the activities that occur where the sink is located as well as the distance between the sink and the entrance to the compounding suite/SCA. Examples that may not be considered appropriate include but are not limited to: sink is located in the bathroom, an adjacent suite or property, or in an employee breakroom where food is prepared.***<br>***If the sink is located in the anteroom, inspector should answer statement as N/A.*** | N/A | | 4.4 |

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|---|---|---|---|---|
| 17.2 | The sink used for hand hygiene, located inside of the anteroom, is placed in an appropriate area to minimize the risk of bringing contaminants into the buffer room.<br>***Inspector note: Inspector should evaluate the sink location in relation to the doors and compounding activities. For example, the sink is where compounders perform hand hygiene close to where garb is stored (where it can easily get wet/splashed).***<br>***If the sink is located outside the anteroom, inspector should answer statement as N/A.*** | Yes | | 4.4 |
| 17.3 | The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage). | Yes | Training | 4.2.1 |
| 17.4 | The inside and outside doors of a pass-through are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage). | Yes | Interlocking | 4.2.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 17.5 | Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. ***Inspector note: Per USP, items necessary for performing compounding activities are low-shedding and can be easily cleaned and disinfected. If no, describe the types of items that are observed. If appropriate, submit a photograph with inspection report.*** | Yes | | 4.5, 9.1 |
| 17.6 | Tacky mats are not used in the classified areas. ***Inspector note: Per USP <797>, "Tacky mats must not be placed within ISO-classified areas."*** | Yes | | 4.2.1 |
| 17.7 | Shipping cartons or other corrugated or uncoated cardboard are not permitted in the classified areas. | Yes | | 4.5 |
| 17.8 | Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels. | Yes | | 4.5 |
| 17.9 | Carts (including casters) are cleaned and disinfected prior to moving from the dirty side to the clean side of the anteroom. | Yes | | 4.5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 18.0 | Does the pharmacy's facility design for maintaining (eg, recording, monitoring, and controlling) temperature and humidity (eg, HVAC) comply with USP <797> standards?<br>***Inspector note: Compounded preparations that are finished and stored will be addressed in the general pharmacy module. Inspector should be aware that USP cleanroom temperature recommendations may not be harmonized with USP, FDA, or manufacturer/supplier temperature requirements for drug storage.***<br>***If no, go to compliance statements.*** | Yes | | 4.2, 19.1<br>USP <659> |
| 18.1 | The compounding area temperature and humidity is maintained by a heating, ventilation, and air conditioning (HVAC) system.<br>***If inspector finds a free-standing air conditioner, humidifier, or dehumidifier within the classified area or the SCA, the inspector should answer statement as "No." Additionally, inspector should describe what they observed, where the equipment was located, and collect/submit photographs.*** | Yes | | 4.2, 9.3.4, 19.1 |
| 18.2 | The pharmacy records the temperature of the cleanroom suite on days when sterile compounding occurs.<br>***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.*** | Yes | | 4.2, 9.3.4, 19.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 18.3 | The pharmacy records the humidity of the cleanroom suite on days when sterile compounding occurs.<br>***If pharmacy does not use a continuous recording system, describe the frequency of humidity recording in the notes.*** | Yes | | 4.2, 9.3.4, 19.1 |
| 18.4 | The pharmacy maintains records of temperature and humidity that are specific to the cleanroom suite.<br>***Temperature and humidity for drug storage areas will be documented in the general pharmacy module.***<br>***If the pharmacy only uses an SCA, inspector should answer statement as N/A.*** | Yes | | 4.2, 9.3.4, 19.1 |
| 18.5 | The pharmacy can readily retrieve temperature and humidity records.<br>***If the electronic monitoring system is only capable of providing text message alerts for excursions alone (eg, a report cannot be generated for ongoing temperature conditions), inspector should answer statement as "No."*** | Yes | | 4.2, 9.3.4, 19.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 18.6 | The pharmacy controls temperature and humidity to maintain appropriate working conditions if no overnight drug storage occurs and/or is following the most restrictive drug label.<br>***Inspector note: Per USP <797>, the cleanroom suite should be maintained at a temperature of 20°C or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. CRT is defined as 20°C-25°C per USP <659>.*** | Yes | | 4.2, 9.3.4, 19.1 |
| 18.7 | The placement of the HVAC unit does not cause cross contamination or interfere with the functioning of the classified area.<br>***Inspector note: Air streams from the HVAC system(s) can disrupt the unidirectional airflow of an open faced PEC such as a laminar airflow workbench (LAFW).*** | Yes | | 4, 4.2 |
| 18.8 | Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer.<br>***Inspector note: Monitoring devices are typically calibrated or replaced.*** | Yes | | 4.2, 9.3.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 18.9 | Humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer.<br>***Inspector note: Monitoring devices are typically calibrated or replaced.*** | Yes | | 4.2, 9.3.4 |
| 19.0 | Does the pharmacy store drugs in the cleanroom suite overnight and/or for long periods of time?<br>***Inspector note: Long periods of time is not defined as pre-compounding preparation right before compounding activities are commenced.*** | No | | 4.2, 9.3.4, 19.1 |
| 20.0 | If the pharmacy is storing drugs inside the cleanroom suite overnight and/or long periods of time, are any of the drugs stored unable to tolerate temperature excursions? | N/A | | 4.2, 9.3.4, 19.1 |
| 21.0 | What is the current temperature of the cleanroom suite/SCA?<br>***Record in the Inspector Notes.*** | | 68 degrees F | 4.2, 9.3.4, 19.1 |
| 22.0 | What is the current relative humidity percentage of the cleanroom suite/SCA?<br>***Record in the Inspector Notes.*** | | 45% | 4.2, 9.3.4, 19.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 23.0 | Is the humidity maintained at less than 60% relative humidity (RH) in the compounding area to minimize risk of microbial proliferation? | Yes | | 4.2, 9.3.4, 19.1 |
| 24.0 | Is differential positive pressure maintained in compliance with USP <797> standards?<br>***Inspector note: Per USP <797>, no pressure differential is required between the SCA and the surrounding area.***<br>***If no, go to compliance statements.***<br>***Inspector should view logs and current status (while observing compounding) to verify.***<br>***If the pharmacy uses an SCA for sterile compounding environment, inspector should answer statement as N/A.*** | Yes | | 4.2.1, 4.2.5, 5 |
| 24.1 | The facility design creates room separation to allow positive pressure differentials between spaces (rooms) for movement of air from higher quality air to lower quality air.<br>***Inspector should review a graphic of the airflow contained in the certification report.*** | Yes | | 4.2.1, 4.2.5, 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 24.2 | The facility has a system in place to continuously monitor pressure differentials (eg, magnehelic gauge).<br>***Per USP, pressure differentials need to be monitored continuously, but personnel are not specifically required to visually monitor pressure during compounding activities.*** | Yes | | 4.2.1, 4.2.5, 5 |
| 24.3 | The facility has a record system to record pressure differentials on days when compounding occurs.<br>***Inspector note: Per USP, the quantitative results from the pressure monitoring device must be reviewed and documented at least daily on the days when compounding is occurs.*** | Yes | | 4.2.1, 4.2.5, 5 |
| 24.4 | The differential positive pressure between unclassified and the first space in the compounding suite is at least 0.020 inch water column.<br>***Inspector note: Per USP, certifiers should confirm (this is a USP recommendation) positive pressure around doorways, pass-throughs and any opening in the cleanroom suite with smoke testing (to confirm positive pressure is maintained) with initial certification of the cleanroom suite.***<br>***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the general pharmacy area).*** | Yes | | 4.2.1, 4.2.5, 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 24.5 | The differential positive pressure between adjacent classified areas is at least 0.020 inch water column.<br>***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the ISO Class 7 buffer room).*** | Yes | | 4.2.1, 4.2.5, 5 |
| 24.6 | Pressure differential monitoring and quantitative results are reviewed and documented at least daily on days when compounding occurs. | Yes | | 4.2.1, 4.2.5, 5 |
| 25.0 | Does the pharmacy have a policy in place to cease compounding when the pharmacy is unable to maintain positive pressure differentials (outside of anticipated variations due to opening and closing of doors)? | Yes | | 4.2.1, 4.2.5, 5 |
| 26.0 | Are pressure differential monitoring procedures in place that include an alarm or alert when there is an excursion?<br>***Inspector note: USP <797> does not require there to be an alarm or an alert.*** | Yes | | 4.2.5 |
| 27.0 | Does the facility perform both sterile and nonsterile compounding? | Yes | | 4.2.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 28.0 | If the pharmacy performs nonsterile compounding and sterile compounding, are the designated areas separate and distinct from each other? | Yes | | 4.2.1 |
| 29.0 | If PECs are placed into the same room that are used for both sterile and nonsterile compounding, is the pharmacy in compliance with USP <797> standards?<br>***Inspector note: Per USP <797>, PECs used for both sterile and nonsterile compounding may be placed in the same room only if the PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not perform nonsterile compounding in the same room as sterile compounding, inspector should answer this question as N/A.*** | N/A | | 4.2.1, 4.2.6 |
| 29.1 | PECs used for nonsterile compounding are placed at least one meter away from PECs used for sterile compounding. | N/A | | 4.2.1 |
| 29.2 | Particle-generating activity must not be performed while sterile compounding is in process. | N/A | | 4.2.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 29.3 | PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification air quality during nonsterile compounding. | N/A | | 4.2.1 |
| 30.0 | Does the pharmacy prepare Category 2 and Category 3 CSPs from nonsterile components?<br>***Inspector note: Category 1 CSPs can be made from nonsterile components.***<br>***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.*** | Yes | | 4.2.1, 4.2.6 |
| 31.0 | Does the pharmacy's presterilization procedures comply with USP <797> standards?<br>***If no, go to compliance statements.***<br>***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.*** | Yes | | 4.2.6 |
| 31.1 | Presterilization procedures, such as weighing and mixing, are completed in an ISO Class 8 or better environment (eg, anteroom or buffer room).<br>***Inspector note: This statement only applies for Category 2 and Category 3.*** | Yes | | 4.2.6 |

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|---|---|---|---|---|
| 31.2 | Presterilization procedures, such as weighing and mixing, are performed in a single-use containment glove bag, CVE, BSC, or CACI to minimize the risk of airborne contamination.<br>***Inspector note: This statement only applies for Category 2 and Category 3. CVEs, BSCs, or CACIs used for presterilization procedures must be certified at least every six months.*** | Yes | | 4.2.6 |
| | **Certification and Environmental Monitoring**<br>Inspector to review past two (2) Certification reports for the SEC and all PECs. | | | 5 |
| 32.0 | Does the pharmacy ensure that each area related to CSP preparation is certified to meet the classified air quality standard appropriate for the activities conducted in that area in compliance with USP <797> standards?<br>***If no, go to compliance statements.***<br>***Inspector is to review current certification reports.*** | Yes | | 5 |
| 32.1 | The most recent PEC and SEC certification reports are available for review. | Yes | | 4.2, 5, 20 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 32.2 | Certification of all classified areas, including PECs, is performed at least every six months. | Yes | | 4.2.3, 5 |
| 32.3 | Certification of all classified areas, including PECs, is performed whenever a device is relocated or a major service to the facility is performed. ***Inspector note: Classified areas must be recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality.*** | Yes | | 5 |
| 32.4 | Certification reports are reviewed by the designated person(s). ***Inspector note: If the designated person(s) review is not documented, describe how it is ensured that the review occurred.*** | Yes | Reports are sent to the pharmacy by email. They are printed, reviewed and saved on the local server. | 4.2, 5 |
| 32.5 | All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, pharmaceutical isolators, IVLFZ, and robotic enclosures) have been certified within the last six months. ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.*** | Yes | | 4.2.3, 5 |

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|---|---|---|---|---|
| 32.6 | All PECs meet ISO Class 5 air quality requirements with (total, nonviable) particle counts documented within the report.<br>***Inspector note: Per ISO definition, ISO Class 5 areas are certified as having less than 3,520 particles per cubic meter of air under dynamic operating conditions.***<br>***If no, describe what occurred and the pharmacy's response to total airborne particle sampling results, data evaluation, and action level (eg, pharmacy took PEC out of service, pharmacy ordered new HEPA filter, PEC was repaired and re-certified).*** | Yes | | 4.1.1, 5.1 Table 4 |
| 32.7 | All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months.<br>***Inspector note: Per ISO definition, ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air under dynamic operating conditions and ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air under dynamic operating conditions.***<br>***If no, record the date of the last certification and include a copy of the certification report with the inspection report.*** | Yes | | 4.1.1, 4.1.2, 5.1 Table 4 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 32.8 | All SECs meet ISO Class 7 air quality requirements and ISO Class 8 air quality requirements where permitted, with particle counts documented within the report.<br>***If no, describe what occurred and the pharmacy's response (eg, pharmacy reduced BUD, pharmacy used an alternative facility, pharmacy followed mitigation strategies, and/or disaster planning processes).*** | Yes | | 4.1.1, 5.1 Table 4 |
| 33.0 | Does the certification report received by the pharmacy have all required elements documented for the pharmacy's designated person(s) to make an informed decision related to functionality of PEC and SEC environments in compliance with USP <797> standards?<br>***Inspector note: It is recommended that the designated person review the certification report in its entirety.***<br>***If no, go to compliance statements.*** | Yes | | 5, 20 |
| 33.1 | The certification report includes information about the equipment used for performing each test including last calibration date (or date when next calibration is due).<br>***Inspector note: Per USP, "total particle count testing must be performed under dynamic operating conditions using calibrated electronic equipment" and "all impaction air samplers must be serviced and calibrated as recommended by the manufacturer."*** | Yes | | 5.1, 6.1, 20 |

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| 33.2 | The certification report includes the name of the certifier.<br>***Inspector note: Per USP <797>, a qualified certifier may have received training and education from professional organizations such as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and Controlled Environment Testing Association (CETA). Both organizations provide certification (Registered Certification Professional – Sterile Compounding Facilities), education, and resources.*** | Yes | | 5 |
| 33.3 | The certification report describes the "dynamic conditions" including the number of personnel in the cleanroom suite.<br>***Inspector note: Compounders can perform mock compounding activities and/or performing media-fill while the certifier is conducting testing. Number of personnel present in the SEC must be documented.*** | Yes | | 5, 20 |
| 33.4 | **SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **air volume and room air exchange rate (ACPH)**.<br>***Inspector note: Per USP <797>, unclassified SCAs have no ACPH requirement.***<br>***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.*** | Yes | | 4.2.4, 5<br>Table 6 |

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|---|---|---|---|---|
| 33.5 | **SEC:** All of the following ACPH required elements were documented on the certification report: the ACPH from HVAC, the ACPH contributed from the PEC, and the total ACPH.<br>***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.*** | Yes | | 4.2.4, 5 |
| 33.6 | **The ISO Class 8 anteroom** is certified and documented as having a minimum of 20 ACPH with at least 15 ACPH of the total air change rate coming from HVAC through HEPA filters located in the ceiling.<br>***If the pharmacy has an ISO Class 7 anteroom, inspector should mark as N/A.*** | N/A | | 4.2.4, 5<br>Table 6 |
| 33.7 | **The ISO Class 7 buffer room and ISO Class 7 anteroom (if required)** is certified and documented as having a minimum of 30 ACPH with at least 15 ACPH of the total air change rate in a room coming from the HVAC through HEPA filters located in the ceiling.<br>***Inspector note: If the PEC is used to meet the minimum total ACPH requirements, the PEC must not be turned off, except for maintenance.*** | Yes | | 4.2.4, 5<br>Table 6 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 33.8 | **SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **room pressure differential** in doorways between adjacent rooms. | Yes | | 4.2.5, 5 |
| 33.9 | **SEC:** The differential pressure measured was at least 0.020 inch water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.<br>***Inspector note: No pressure differential is required between the SCA and the surrounding area.*** | Yes | | 4.2.1, 4.2.5, 5 |
| 33.10 | **SEC:** All SEC HEPA filters were leak tested (to confirm **HEPA filter integrity**). | Yes | | 5 |
| 33.11 | **SEC:** All SEC HEPA filters with leaks were repaired.<br>***If leaks were not repaired, describe what actions pharmacy took (eg, pharmacy implemented mitigation strategies such as reduced BUD or used alternative pharmacy location).***<br>***If no repairs were needed, inspector should answer statement as N/A.*** | N/A | | 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 33.12 | **PEC: (Dynamic airflow) Smoke pattern tests** are performed for each PEC during dynamic operating conditions to demonstrate unidirectional airflow and sweeping action over and away from the CSPs.<br>***Inspector note: Per USP, "HEPA-filtered air must be supplied by the PEC at a velocity sufficient to sweep particles away from critical sites and maintain unidirectional airflow during operations. Proper design, control, and use minimizes turbulence and creation of eddies or stagnant air in the PEC."***<br>***Describe if smoke pattern testing of PEC was documented thoroughly in the report or through video.*** | Yes | | 4.2.2, 4.2.3, 5 |
| 33.13 | **PEC: Dynamic airflow smoke pattern** confirms equipment and supplies necessary for performing compounding activities in the PEC do not disrupt unidirectional airflow.<br>***Inspector note: Per USP, "Proper placement of equipment in a PEC must be initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test must be repeated if equipment is placed in a different location."*** | Yes | | 4.2.2, 4.2.3, 4.5, 5, 9.1 |

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|---|---|---|---|---|
| 33.14 | **PEC: Total (nonviable) particle count** testing was performed under dynamic operating conditions using calibrated electronic equipment.<br>***Inspector note: Per USP, "Measurements of total airborne particles must be taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures...Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s), should be taken at representative locations that reflect the quality of air in the room(s)."*** | Yes | | 5, 5.1 |
| 33.15 | **PEC:** All PEC HEPA filters were leak tested (to confirm **HEPA filter integrity**).<br>***Inspector note: The certification report for each PEC should show air velocities within the PEC.*** | Yes | | 5 |
| 33.16 | **PEC:** All PEC HEPA filters with leaks identified were repaired.<br>***If leaks were not repaired, describe what actions pharmacy took (example: PEC taken out of service until HEPA filter could be replaced).***<br>***If no repairs were needed, inspector should answer statement as N/A.*** | N/A | | 5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 33.17 | **PEC-IVLFZ**: Pharmacy's integrated vertical laminar flow zone (IVLFZ) meets design, functional requirements, and certification requirements under USP <797>.<br>***Inspector note: Per USP <797>, "Strategic location of air returns in addition to full coverage of HEPA-filters above the work surface is required. Both static and dynamic smoke studies of air returns in addition to full coverage of HEPA-filtered air void of turbulence, dead air zones, and refluxing from the HEPA filters to and across the entire work area and to the air returns must be documented (eg, with video)."***<br>***If pharmacy does not use an IVLFZ, inspector should answer statement as N/A.*** | N/A | | 4.2.3 |
| 33.18 | If a **robotic enclosure is used as the PEC**, or placed within the PEC, a dynamic airflow smoke pattern test must be performed initially and at least every 6 months thereafter to ensure that:<br>1) it is properly integrated into the facility,<br>2) there is no turbulence or refluxing at any critical site(s),<br>3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and<br>4) all processes can be performed without introducing contamination to the direct compounding area(s).<br>***If pharmacy does not use a robotic enclosure, inspector should answer statement as N/A.*** | N/A | | 4.2.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 34.0 | Was smoke testing performed in SEC to confirm all particle generating equipment (eg, computers, printers, refrigerators, PECs) do not disrupt airflow? ***Inspector note: This question will be N/A unless the pharmacy is new, has recently completed construction, or equipment has been moved within SEC since last certification.*** | N/A | | 5 |
| 35.0 | Does the pharmacy have an established environmental monitoring (eg, microbiological air and surface monitoring) program in compliance with USP <797> standards? ***Inspector note: Per USP, "The goals of a microbiological air and surface monitoring program are to determine whether contamination is present at unacceptable levels and to assess whether proper personnel practices are being followed, cleaning and disinfecting agents are effective, and environmental quality is maintained."*** ***If no, go to compliance statements.*** | No | | 6, 6.1, 6.2 |
| 35.1 | Environmental monitoring program (eg, viable air and/or surface monitoring) is performed initially in the selected sampling sites to establish a baseline level of environmental quality for each classified area, ie, each ISO Class 5 PEC, each ISO Class 7, and ISO Class 8 room. | Yes | | 6, 6.1, 6.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 35.2 | Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in conjunction with the certification of new facilities and equipment. | Yes | | 6, 6.1, 6.2 |
| 35.3 | Environmental monitoring program (eg, viable air and/or surface monitoring) is performed after any servicing of facilities or equipment. | Yes | | 6, 6.1, 6.2 |
| 35.4 | Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified problems (eg, positive growth in sterility tests of sterile compounded preparation). | Yes | | 6, 6.1, 6.2 |
| 35.5 | Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified trends (eg, repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination). | Yes | | 6, 6.1, 6.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 35.6 | Results from the environmental monitoring program (eg, viable air and/or surface monitoring) are reviewed in response to changes that could impact the sterile compounding environment (eg, change in cleaning agents) and in conjunction with personnel data (ie, training records, visual observations, competency assessments) to assess the state of control and to identify potential risks of contamination.<br>***Inspector note: Per USP, the program is reviewed to "assess risks for contamination, potential routes of contamination, and the adequacy of cleaning and disinfecting agents and procedures. Regular review of the sampling data must be performed to detect trends and the results of the review must be documented."*** | Yes | | 6, 6.1, 6.2, 20 Table 4, Table 7, Table 8 |
| 35.7 | The pharmacy ensures that viable air and surface sampling is performed by a trained and competent individual who is familiar with the methods and procedures for air sampling and surface testing.<br>***If sampling is conducted by internal personnel, inspector should verify that documented training and competencies are located in the employee file.*** | Yes | A representative of manufacturer of the air sampler trained 5 employees in the process. Critical point contained training for surface sampling. | 6, 6.1, 6.2 |
| 35.8 | Environmental monitoring program (eg, viable air and/or surface monitoring) describes/identifies corrective actions to minimize the risk of CSP contamination and that these corrective actions are documented. | Yes | | 6, 20 |

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| | | Observation | Inspector Notes | USP Reference(s) |
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| 36.0 | Is surface sampling performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected (to obtain a sample that is representative of the typical compounding conditions at the pharmacy)? ***Inspector note: this is a USP recommendation.*** | Yes | This process has just begun. | 6.1, 6.3 |
| 37.0 | Does the pharmacy send out all air quality for viable airborne samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.*** | No | Air and surface preformed by certifiers every 6 months. | 6.2.2 |
| 38.0 | Does the pharmacy send out all surfaces for viable particle samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.*** | No | Air and surface preformed by certifiers every 6 months. | 6.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
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| 39.0 | For any samples that are sent to an external lab (third party), does the pharmacy receive a report from the third party confirming incubation parameters meet USP <797> requirements (eg, the correct temperature and the correct length of incubation time are documented in the report)?<br>***Inspector note: Incubation parameters are the same as seen in statements 40.6-40.7 and 41.4-41.5.***<br>***This question applies for any air or surface sample sent to an external lab. If no, describe observations.*** | Yes | | 6.2.2 |
| 40.0 | Are processes for sampling and monitoring **air quality for viable airborne** particles in compliance with USP <797> standards?<br>***Inspector note: Per USP <797>, facilities performing any Category 3 compounding must adhere to the increased environmental monitoring requirements for all classified areas where Category 3 CSPs are compounded and increased environmental monitoring requirements apply at all times regardless of whether Category 3 CSPs are being compounded on a given day.***<br>***Review six months of air sampling data to verify. If no, go to compliance statements.*** | No | The pharmacy has recently begun monthly air sampling, but did not see documentation since November 1, 2023. | 6.2, 6.2.1, 6.2.2, 6.2.3, 14.4.2 Box 5, Table 7 |

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| | | Observation | Inspector Notes | USP Reference(s) |
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| 40.1 | All classified areas are sampled using a volumetric active air sampling device (impaction air sampler).<br>***Inspector note: This sampling must be performed during dynamic operating conditions (to obtain a sample that is representative of the typical compounding conditions at the pharmacy).*** | Yes | | 6.1, 6.2.1 |
| 40.2 | All classified areas are sampled at the **frequencies** specified by USP for volumetric active air sampling.<br>***Inspector note: Per USP <797>, Category 1 and Category 2 compounding frequency is every six months and Category 3 compounding frequency is monthly.***<br>***For facilities compounding any Category 3 CSPs, this must be completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.*** | Yes | The pharmacy began monthly sampling in 2024. | 6.2.1, 14.4.2 |
| 40.3 | At least one cubic meter (1000 L) of air is tested using the volumetric active air sampling device from each sample location. | Yes | | 6.2.2<br>Box 5 |

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|---|---|---|---|---|
| 40.4 | All impaction air samplers are serviced and calibrated as recommended by the manufacturer. | Yes | | 6.1 |
| 40.5 | The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a media that supports the growth of bacteria and fungi (eg, TSA), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements.*** | Yes | | 6.2.2 Box 5 |
| 40.6 | The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797> (Box 5), when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C–35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C–25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.*** | No | | 6.2.2 Box 5 |

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| 40.7 | The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the alternative two media device method.<br>***Inspector note: Per USP <797> (Box 5), two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, malt extract agar [MEA] or sabered dextrose agar [SDA]). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.***<br>***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.*** | Unknown | The air samples have incomplete documentation as the new computer system has no place for all the required documentation. Air sampling has been conducted since January. The date and reading of cfu's is available. | h |
| 40.8 | Results for all plates are recorded for each sample and did not exceed USP <797> Table 7 action levels (or internal action levels if more restrictive).<br>**ISO Class 5: >1 cru/$m^3$/device**<br>**ISO Class 7: >10 cru/$m^3$/device**<br>**ISO Class 8: > 100 cru/$m^3$/device**<br>***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media separately.*** | Yes | | 6.2.3 Table 7 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 40.9 | For any air sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level.<br>***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).*** | Yes | ARL | 6.2.3 |
| 40.10 | For any areas that exceed action levels, an investigation is conducted to attempt to determine cause and a corrective action plan is implemented. | Yes | | 6.2.3 |
| 41.0 | Are processes for sampling and monitoring **surfaces for viable particles** in compliance with USP <797> standards?<br>***Review six months of surface sampling data to verify. If no, go to compliance statements.*** | No | | 6.3 |
| 41.1 | **Surfaces** and pass-through chambers in the cleanroom suite and SCA are sampled for microbial contamination for each classified area.<br>***Inspector note: Sampling locations must include work surfaces in each classified room, the interior of each ISO Class 5 PEC, and all pass-through chambers connecting to classified areas. USP recommends samples be taken from: equipment contained within the PEC, staging or working area near the PEC, and frequently touched surfaces.*** | No | Pass throughs are to be added to surface sampling. | 6.3, 6.3.1 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 41.2 | **Surfaces** within the cleanroom suite and SCA are sampled at the **frequencies** specified by USP for viable particle surface sampling.<br>***Inspector note: Category 1 and Category 2 CSP surface sampling frequency is monthly and Category 3 compounding is weekly, regardless of the frequency of compounding Category 3 CSPs.***<br>***Additionally, surface sampling is to be performed within the PEC used to prepare Category 3 CSPs, at the end of each batch, before cleaning and disinfection occurs unless a self-enclosed robot is used. If a self-enclosed robot is used, frequency is at least once daily at the end of compounding operations.***<br>***For facilities compounding any Category 3 CSPs, a surface sampling must be completed prior to assigning BUDs longer than the limits established in Table 13.*** | No | Conducting monthly but should be weekly. | 6.3, 6.3.1, 14.4.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 41.3 | The pharmacy uses an appropriate microbiological growth media for sampling.<br>***Inspector note: An appropriate microbiological growth media means a surface sampling device with a raised convex surface for sampling flat surfaces is used that contain general microbial growth media that supports the growth of bacteria and fungi (eg, TSA supplemented with additives that neutralize effects of any disinfecting agent, eg, lecithin and polysorbate 80), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements. Per USP, "sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and difficult-to-reach locations such as crevices, corners, and spaces between surfaces."*** | Yes | | 6.3.2<br>Box 6 |
| 41.4 | The pharmacy incubates all surface samples in compliance with USP <797> following the one media device method.<br>***Inspector notes: Per USP <797>, when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C-35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C-25°C for no less than five additional days.***<br>***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.*** | N/A | | 6.3.2<br>Box 6 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 41.5 | The pharmacy incubates all surface samples in compliance with USP <797> following the alternative two media device method.<br>***Inspector note: Per USP <797>, two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, MEA or SDA). Media must be supplemented with neutralizing additives (eg, lecithin and polysorbate 80). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.***<br>***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.*** | Yes | Final count and the date are documented. | 6.3.2<br>Box 7 |
| 41.6 | Results for all plates are recorded for each sample and did not exceed USP <797> Table 8 action levels (or internal action levels if more restrictive).<br>**ISO Class 5: >3 cru/media device**<br>**ISO Class 7: >5 cfu/media device**<br>**ISO Class 8: > 50 cfu/media device**<br>***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media device separately.*** | Yes | | 6.3.3<br>Table 8 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 41.7 | For any surface sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level.<br>***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).*** | Yes | ARL | 6.3.3 |
| 41.8 | For any areas that exceed action levels, an investigation is conducted to determine cause, and a corrective action plan is implemented. | Yes | | 6.3.3 |
| | **Compounding Personal Hygiene and Garbing** | | | |
| 42.0 | Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 3.1 |
| 42.1 | Compounding personnel are required to report conditions that may contaminate the sterile preparation and environment to the designated person(s).<br>***Inspector note: Per USP <797>, examples of conditions that have a higher risk of contaminating the CSP and sterile environment includes: rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections.*** | Yes | | 3, 3.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 42.2 | The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in compounding areas before their conditions have been resolved. ***Inspector note: Per USP <797>, the designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected.*** | Yes | | 3, 3.1 |
| 42.3 | Any accommodations permitted by the designated person(s) are documented. | N/A | | 3.1 |
| 42.4 | Food (including mints, gum, etc) and drinks are not permitted in anterooms, buffer rooms, or segregated compounding areas. | Yes | | 3.1 |
| 43.0 | Does the pharmacy stock the necessary garb to ensure minimum garbing requirements are continuously met in compliance with USP <797> standards? ***If no, go to compliance statements.*** | No | Garbing is not compliant with Category 3. The garb is compliant with the previous version of USP 797. | 3.3 |
| 43.1 | The pharmacy stocks gowns and/or coveralls that are low-lint with sleeves that fit snugly around the wrists and an enclosed neck. | Yes | | 3.3 |
| 43.2 | The pharmacy stocks shoe covers that are low lint. | Yes | | 3.3 |
| 43.3 | The pharmacy stocks head covers that are low lint and cover the hair and ears. | Yes | | 3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 43.4 | The pharmacy stocks facial hair covers (not masks) that are low-lint.<br>***If the pharmacy does not have personnel with beards, inspector should answer this statement as N/A.*** | Yes | | 3.3 |
| 43.5 | The pharmacy stocks masks that are low lint. | Yes | | 3.3 |
| 43.6 | The pharmacy stocks sterile, powder-free gloves. | Yes | | 3.3 |
| 43.7 | **Category 1 and Category 2:** All non-disposable garb used to prepare Category 1 and Category 2 CSPs is laundered before reuse.<br>***If only disposable items are used, inspector should mark as N/A.*** | N/A | | 3.3 |
| 43.8 | **Category 3 only:** The pharmacy stocks low lint face and neck coverings that ensure no skin is exposed.<br>***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.***<br>***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.*** | No | | 3.3, 14.4.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 43.9 | **Category 3 only:** The pharmacy stocks sterile, low lint outer garb (including sterile sleeves over gauntlet sleeves when a RABS is used).<br>***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.***<br>***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.*** | Yes | The gown is sterile but not compliant with Category 3. | 3.3 |
| 43.10 | **Category 3 only:** All non-disposable garb used to prepare Category 3 CSPs is **laundered and resterilized** with a validated cycle before each use.<br>***Document whether laundering and sterilization is performed in-house or by an outside vendor.***<br>***If only disposable items are used, inspector should answer statement as N/A.*** | N/A | | 3.3, 14.4.2 |
| | **Media-Fill** | | | |
| 44.0 | Is the media-fill testing simulation performed by the pharmacy in compliance with USP <797> standards?<br>***Inspector note: Per USP, "When performing a media-fill test, simulate the most difficult and challenging aseptic compounding procedures encountered by the person replacing all the components used in the CSPs with soybean-casein digest media. The simulation must capture elements that could potentially affect the sterility of the CSP."***<br>***If no, go to compliance statements.*** | Yes | | 2.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 44.1 | The simulation captures factors associated with the length of the process that can pose contamination risk (eg, operator fatigue, quality of equipment). | Yes | | 2.3 |
| 44.2 | The simulation captures number of aseptic additions or transfers. | Yes | | 2.3 |
| 44.3 | The simulation captures number, type, and complexity of manipulations. | Yes | | 2.3 |
| 44.4 | The simulation captures number of personnel in the buffer room or SCA. | Yes | | 2.3 |
| 44.5 | Does the facility define "the most difficult and challenging procedures" and the rationale for how they are the most challenging?<br>***Inspector note: Best practice is for this to be documented in an SOP. Inspectors may also find this information documented on a training/competency assessment checklist. For complex/variety of compounding practices, inspectors may find additional media fills are completed (more than what is required by the USP chapters).*** | Yes | | 2.3, 20 |
| 45.0 | Are the pharmacy's media-fill storage, review, and preparation processes in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 2.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 45.1 | If pharmacy uses commercial sterile microbial growth media, a COA was obtained.<br>***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.*** | N/A | | 2.3 |
| 45.2 | The COA for the commercial sterile microbial growth media includes statements from the supplier that the lot of the growth media will support the growth of microorganisms.<br>***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.*** | N/A | | 2.3 |
| 45.3 | Storage of commercial sterile microbial growth media is in accordance with manufacturer instructions.<br>***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.*** | N/A | | 2.3 |
| 45.4 | Commercial sterile microbial growth media is stored and used before its expiration date.<br>***Inspector note: Media is to be inoculated by the expiration date, meaning that the test needs to be started (not that incubation needs to be completed before the expiration date).***<br>***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.*** | N/A | | 2.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 45.5 | Sterile-to-sterile media-fill testing microbial growth media (non-commercial) was prepared and growth promotion capability was demonstrated prior to use, following USP <71>. ***If pharmacy only uses commercial sterile microbial growth media, inspector should answer statement as N/A.*** | N/A | | 2.3 |
| 45.6 | Nonsterile starting components (commercially available nonsterile soybean-casein digest powder) are dissolved to make a 3% nonsterile solution, manipulated in a manner that simulates nonsterile-to-sterile compounding activities, with a minimum of one positive control container. ***If pharmacy does not perform sterile compounding using nonsterile ingredients, inspector should answer statement as N/A.*** | Yes | | Box 2 |
| | **Cleaning and Disinfection** | | | 7 |
| 46.0 | Is the pharmacy equipped with the necessary cleaning and disinfecting equipment and supplies that comply with USP <797> standards? ***If no, go to compliance statements.*** | Yes | Sterile PeridoxRTU and wipes, Sterile Alcohol 70%, and sterile water | 7, 7.1.1, 7.1.2 <1072> |
| 46.1 | All cleaning and disinfecting supplies (eg, wipers, sponges, pads, and mop heads), with the exception of tool handles and holders, are low lint (and sterile if used within PEC). | Yes | | 7.1.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 46.2 | Reusable cleaning tools are made of cleanable materials (no wood handles or any other porous material). | Yes | | 7.1.2 |
| 46.3 | Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal. | Yes | | 7.1.2 |
| 46.4 | The pharmacy has the appropriate cleaners **EPA-registered disinfecting agent(s)** to adequately perform cleaning and disinfection.<br>***Inspector note: Examples of EPA-registered disinfectants include, but are not limited to: phenolics; oxidizers, such as peroxyacetic acid and sodium hypochlorite; quaternary ammonium; and hydrogen peroxide. If the agent is EPA-registered, a registration number will be on the label. Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 7, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.*** | Yes | | 7.1.1<br>Box 7<br><1072> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 46.5 | The pharmacy has the appropriate **EPA-registered sporicidal agent(s)** to adequately perform sporicidal disinfection.<br>***Inspector notes: Examples of EPA-registered agents include but are not limited to: oxidizers such as peroxyacetic acid, sodium hypochlorite, and hydrogen peroxide.***<br>***Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 8, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.***<br>***Per USP, Inspector should check to see if agent is effective against Clostridium difficile.*** | Yes | | 7.1.1<br>Box 7<br><1072> |
| 46.6 | All cleaning and disinfectant agents are appropriately labeled including expiration dates.<br>***Inspector should verify that no expired agents are present.*** | Yes | | 7.1.1 |
| 46.7 | When used in the PEC, any cleaning and disinfecting agents that are not "ready-to-use" sterile formulations are diluted using sterile water.<br>***If only ready-to-use sterile formulations are used, inspector should answer statement as N/A.*** | N/A | | 7.1.1 |
| 47.0 | Does the pharmacy's documented **cleaning and disinfection** activities for surfaces in the classified areas and/or SCA comply with the **frequencies** specified in USP <797> Table 10?<br>***Review cleaning logs to verify. If no, go to compliance statements.*** | Yes | | 7.2<br>Table 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 47.1 | All interior surfaces of the PEC are cleaned and disinfected on days when compounding occurs. | Yes | | 7.2<br>Table 10 |
| 47.2 | All interior surfaces of the PEC are cleaned and disinfected when surface contamination is known or suspected. | Yes | | 7.2<br>Table 10 |
| 47.3 | The removable work tray inside the PEC is cleaned and disinfected on days when compounding occurs.<br>***If the PEC is not equipped with a removeable work tray, inspector should answer statement as N/A.*** | N/A | | 7.2<br>Table 10 |
| 47.4 | All equipment inside the PEC is cleaned and disinfected on days when compounding occurs. | Yes | | 7.2, 9.1<br>Table 10 |
| 47.5 | All work surfaces outside of the PEC (eg, counters, work tables) are cleaned and disinfected on days when compounding occurs. | Yes | | 7.2<br>Table 10 |
| 47.6 | All pass-through chambers are cleaned and disinfected on days when compounding occurs.<br>***If the pharmacy is not equipped with a pass-through chamber, inspector should answer statement as N/A.*** | Yes | | 7.2<br>Table 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 47.7 | Floors in the buffer room, anteroom, and/or SCA are cleaned and disinfected on days when compounding occurs. | Yes | | 7.2 Table 10 |
| 47.8 | Sinks used for hand hygiene are cleaned and disinfected on each day of use. | Yes | | 4.4, 7.2, Table 10 |
| 47.9 | Walls, doors, and door frames are cleaned and disinfected monthly. | Yes | | 7.2 Table 10 |
| 47.10 | Storage and shelving bins are cleaned and disinfected monthly. | Yes | | 7.2 Table 10 |
| 47.11 | All equipment outside the PEC are cleaned and disinfected monthly. ***Inspector note: Equipment in the SEC/SCA may include, but is not limited to: carts, refrigerators, computers, barcode readers, and label printers.*** | Yes | | 7.2 Table 10 |
| 47.12 | Ceilings in the buffer room and anteroom are cleaned and disinfected monthly. ***If the pharmacy performs compounding only in a SCA, inspector should answer statement as N/A.*** | Yes | | 7.2 Table 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 47.13 | Ceilings in the SCA are required to be cleaned and disinfected only when visibly soiled and when surface contamination is suspected.<br>***If the pharmacy performs compounding only in a cleanroom suite, inspector should answer statement as N/A.*** | N/A | | 7.2<br>Table 10 |
| 47.14 | The surface of the removable work tray and the area underneath the removable work tray of the PEC is cleaned and disinfected monthly.<br>***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.*** | N/A | | 7.2<br>Table 10 |
| 48.0 | Does the pharmacy's documented application of **sporicidal disinfectant** on surfaces comply with the **frequencies** specified for each CSP category in USP <797> Table 10?<br>***Inspector note: Per USP <797>, if the pharmacy prepares any Category 3 CSPs, the cleaning requirements for Category 3 must be followed at all times regardless of whether a Category 3 CSPs is prepared on any given day.***<br>***Review cleaning logs to verify. If no, go to compliance statements.*** | Yes | | 7.2, 14.4.2<br>Table 10 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 48.1 | **Sporicidal disinfectant** is applied to all interior surfaces of the **PEC** at the specified frequency.<br>***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** | Yes | | 7.2, Table 10 |
| 48.2 | Sporicidal disinfectant is applied to equipment inside the PEC at the specified frequency.<br>***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** | Yes | | 7.2<br>Table 10 |
| 48.3 | Sporicidal disinfectant is applied to work surfaces outside the PEC (eg, counters, work tables) at the specified frequency.<br>***Inspector note: For Category 1 and Category 2 compounding only, application frequency is monthly. For any Category 3 compounding, application frequency is weekly.*** | Yes | | 7.2<br>Table 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 48.4 | Sporicidal disinfectant is applied to surfaces in the pass-through chambers at the specified frequency.<br>***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***<br>***If the facility is not equipped with a pass-through chamber, inspector should answer statement as N/A.*** | Yes | | 7.2<br>Table 10 |
| 48.5 | Sporicidal disinfectant is applied to the floors in the buffer room, anteroom, and SCA at least monthly.<br>***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** | Yes | | 7.2<br>Table 10 |
| 48.6 | Sporicidal disinfectant is applied to walls, doors, and door frames at least monthly.<br>***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** | Yes | | 7.2<br>Table 10 |
| 48.7 | Sporicidal disinfectant is applied to storage shelving and bins at least monthly.<br>***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** | Yes | | 7.2<br>Table 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 48.8 | Sporicidal disinfectant is applied to equipment stored outside the PEC at least monthly.<br>***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** | Yes | | 7.2<br>Table 10 |
| 48.9 | Sporicidal disinfectant is applied to ceilings in the buffer room, anteroom, and SCA at least monthly.<br>***Inspector note: Per USP <797>, Table 10, the application frequency is monthly for all category types. Per USP, ceilings of the SCA are required to be cleaned, disinfected, and applied with sporicidal disinfectant only when visibly soiled and when surface contamination is suspected. The SCA may not have an accessible ceiling.*** | Yes | | 7.2<br>Table 10 |
| 48.10 | Sporicidal disinfectant is applied to sinks used for hand hygiene at least monthly.<br>***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** | Yes | | 4.4, 7.2<br>Table 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 48.11 | Sporicidal disinfectant is applied to the work surface of the removable tray in the PEC and area underneath the removable work tray at least monthly.<br>***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***<br>***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.*** | N/A | | 7.2<br>Table 10 |
| | **Components** | | | **9** |
| 49.0 | Does the pharmacy compound CSPs using active pharmaceutical ingredients (APIs) and non-API components?<br>***Inspector note: Per USP <797>, non-API components may include pharmaceutical excipients, sterile containers, and container closure systems.***<br>***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.*** | Yes | | 9.3 |
| 50.0 | Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards?<br>***Verify by selecting products from the shelf of different suppliers and ask to see the COAs for those products. If no, go to compliance statements.***<br>***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.*** | Yes | | 9.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 50.1 | **APIs**: APIs used are compliant with the criteria in the USP–NF monograph, if one exists.<br>***If pharmacy does not compound CSPs that have a USP monograph, inspector should answer this statement as N/A.*** | Yes | | 9.3.1 |
| 50.2 | **APIs:** All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality. | Yes | | 9.3.1 |
| 50.3 | **APIs:** All APIs used are manufactured by an FDA-registered facility.<br>***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. If the API comes from a repackager, the pharmacy must be able to confirm the manufacturer of the API was registered as an Establishment with FDA.*** | Yes | | 9.3.1 |
| 50.4 | All **non-API components** comply with the criteria in the USP–NF monograph, if one exists. | Yes | | 9.3.1 |
| 50.5 | All **non-API components** are accompanied by documentation (eg, COA, labeling) that include the specifications and test results and shows that the component meets the specifications. | Yes | | 9.3.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 50.6 | All **non-API components** used are manufactured by an FDA-registered facility.<br>***Inspector note: Per USP <797>, "If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select an acceptable and reliable source (see USP <1197> Good Distribution Practices for Bulk Pharmaceutical Excipients). The compounding facility must establish the identity, strength, purity, and quality of the ingredients obtained from that supplier by reasonable means. Reasonable means may include but are not limited to visual inspections, evaluation of a COA supplied by the manufacturer, and/or verification by analytically testing a sample to determine conformance with the COA or other specifications."*** | Yes | | 9.3.1 |
| 51.0 | Does the pharmacy have processes in place to evaluate API and non-API components upon receipt and before use in compliance with USP <797> standards?<br>***Inspector note: Non-API components may be defined as excipients, containers, and container closure systems.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not compound with API or other non-API components, inspector should answer question as N/A.*** | Yes | | 9.3.2, 9.3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 51.1 | APIs or other components have been evaluated for use in sterile drug preparation.<br>***Inspector note: Per USP <797>, "Components labeled with 'not for pharmaceutical use,' 'not for injectable use,' 'not for human use' or an equivalent statement must not be used to compound for these purposes." If no, photograph and describe in the notes column. Request copies of the invoices for products with these types of labels.*** | Yes | | 9.3.2, 9.3.3 |
| 51.2 | Upon receipt of each lot of a component, personnel verify the labeling and condition of each component and examine the external packaging for evidence of deterioration and other aspects of unacceptable quality (eg, outer packaging is damaged, temperature-sensing indicators show that the component has been exposed to excessive temperatures). | Yes | | 9.3.2, 9.3.3 |
| 51.3 | Each lot of commercially available sterile, depyrogenated containers and container-closure systems are accompanied by a COA or other documentation showing conformance with established specifications for sterility and depyrogenation requirements. | Yes | | 9.3.1, 9.3.2, 9.3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 51.4 | The date of receipt by the pharmacy is clearly marked on each API or component package that lacks a vendor expiration date and are assigned and labeled with an expiration date not to exceed one year after receipt by the pharmacy. | Yes | | 9.3.2, 9.3.3 |
| 51.5 | All components are reinspected before use.<br>***Inspector note: Per USP <797>, all packages must be inspected to detect container breaks, looseness of the cap or closure, and deviation from the expected appearance, aroma, and/or texture of the contents that might have occurred during storage. Sterile container closures are visually reinspected to ensure that they are free from defects that could compromise sterility and that they are otherwise suitable for their intended use.*** | Yes | | 9.3.2, 9.3.3 |
| 51.6 | Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. | Yes | | 9.3.2, 9.3.3 |
| 51.7 | Any other lots of that component from that vendor are examined to determine whether other lots have the same defect. | Yes | | 9.3.2, 9.3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Equipment and Supplies** | | | 9 |
| 52.0 | Is the pharmacy equipped with the appropriate supplies and equipment used for compounding in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 9, 9.1, 9.2 |
| 52.1 | Supplies (eg, beakers, utensils, needles, syringes, filters, and tubing sets) that contact components are not reactive, additive, sorptive, and do not alter the quality of sterile compounded preparation.<br>***Inspector note: The appropriate supplies are available as applicable to the type of CSPs prepared (eg, non-PVC, silicone-free, able to withstand high heat, able to be sterilized).*** | Yes | | 9.2 |
| 52.2 | Any supplies that are in direct contact with CSPs are sterile and/or depyrogenated. | Yes | | 9.2 |
| 52.3 | The equipment must be able to be cleaned using the required agents and tools without damaging the equipment and/or contaminating the compounded preparation.<br>***Inspector note: Equipment used in compounding are of suitable composition and the surfaces that contact components are not reactive or sorptive.*** | Yes | | 9.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 52.4 | When nonsterile ingredients, products, components, or devices (eg, non-sterile APIs and nonsterile vials and closures) are used for compounding, the pharmacy has the appropriate equipment to sterilize the finished product.<br>Per USP, "Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure must be sterilized within 6 hours after completing the preparation to minimize the generation of bacterial endotoxins in CSPs."<br>***If the pharmacy does not perform compounding that requires sterilization, inspector should answer statement as N/A.*** | Yes | | 9.1, 9.3.1, 10 |
| 53.0 | Does the pharmacy operate and maintain records for all equipment used for compounding in accordance with manufacturer specifications and USP <797> standards?<br>***If no, go to compliance statements.*** | No | | 9.1, 20 |
| 53.1 | Automated, mechanical, or electronic equipment (monitoring equipment, autoclaves, ovens, etc) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines. | Yes | | 9.1, 9.3.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 53.2 | Automated compounding devices (ACDs) and other similar equipment (single channel or multi-channel) are assessed for accuracy and calibrated daily, prior to initial use, and a daily record is maintained.<br>***Inspector note: Per USP, "The precision of the equipment can be monitored based on an assessment of day-to-day variations in its accuracy measures. Compounding personnel must maintain a daily record of the accuracy measurements on the days the equipment is in use. Corrective actions must be implemented if accuracy measurements are outside the manufacturer's specification."*** | No | Calibrated on day of use but there is no documentation. | 9.1 |
| 53.3 | Incubators used for environmental and personnel monitoring are placed in a location outside of the sterile compounding area and calibrated in accordance with manufacturer's instructions.<br>***If the pharmacy does not incubate samples and or/media-fills in-house, inspector should answer statement as N/A.*** | Yes | | 6.1, 6.2.2, 6.3.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 53.4 | Incubators used for environmental and personnel monitoring are monitored for temperature during incubation periods either manually or by use of a continuous recording device.<br>***Inspector note: Incubators store media at 20˚C-25˚C and 30˚C-35˚C. If the pharmacy has more than one incubator, review records for both incubators.***<br>***View incubator temperature records to verify. Evaluate the size of the incubator and volume of media it can store. If the pharmacy does not incubate samples and/or media-fills in-house, inspector should answer statement as N/A.*** | Yes | The incubator is monitored by a continuous recording device. | 6.2.2, 6.3.2 Box 5 |
| | **Compounding Personnel Observation -** Inspector ***must*** observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. If the inspector is unable to view activities from a window or other observation area, it is expected they will gown/garb into compounding area. It is acceptable for pharmacy staff to perform mock compounding activities (with sterile saline or other drug) as long as all observations can be viewed. | | | |
| 54.0 | **Personnel Preparation Observation:** Before entering the compounding area, do compounding personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 3.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 54.1 | All outer garments such as hats, scarves, sweaters, bandanas, vests, coats, and jackets are removed. | Yes | | 3.1 |
| 54.2 | Makeup and/or cosmetics are removed. | Yes | | 3.1 |
| 54.3 | All hand, wrist, and other exposed jewelry, including piercings such as earrings, lip or eyebrow piercings, etc, are removed and any jewelry that cannot be removed is covered. | Yes | | 3.1 |
| 54.4 | Earbuds or headphones are removed. | Yes | | 3.1 |
| 54.5 | Electronic devices that are not necessary for compounding or other required tasks are prohibited from entering the compounding areas. | Yes | | 3.1 |
| 54.6 | Nails are kept clean and neatly trimmed. | Yes | | 3.1 |
| 54.7 | Any nail polish, artificial nails, or extenders are removed. | Yes | | 3.1 |
| 54.8 | If worn, eyeglasses are wiped.<br>***If none of the pharmacy staff wear glasses, inspector should answer statement as N/A.*** | N/A | | 3.1 |

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| 54.9 | Any accommodations permitted by the designated person(s) have been documented.<br>***Inspector note: Per USP <797>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.*** | N/A | | 3.1 |
| 55.0 | **Hand Hygiene Observation:** Were compounding personnel entering the compounding area observed performing the appropriate hand washing procedures in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 3.2<br>Box 3 |
| 55.1 | All personnel entering the compounding area performed hand hygiene. | Yes | | 3.2<br>Box 3 |
| 55.2 | The order of hand washing was performed in the appropriate sequence in relation to the placement of the sink.<br>***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.*** | Yes | | 3.2<br>Box 3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
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| 55.3 | Fingernails are cleaned under warm running water using a disposable nail cleaner (eg, nail pick).<br>***Inspector note: During observations, inspect whether nail picks are available for use when performing hand hygiene.*** | Yes | | 3.2<br>Box 3 |
| 55.4 | Brushes are not used for hand hygiene. | Yes | | 3.2<br>Box 3 |
| 55.5 | Hands and forearms are washed up to the elbows with soap and warm water for at least 30 seconds.<br>***Inspector note: Compounding personnel describe method for ensuring they have washed for 30 seconds (example: clock or timer is available near the sink).*** | Yes | | 3.2<br>Box 3 |
| 55.6 | Soap containers are not refilled or topped off. | Yes | | 3.2 |
| 55.7 | Hands and forearms are completely dried up to the elbows with low-lint disposable towels or wipers. | Yes | | 3.2<br>Box 3 |
| 55.8 | Hand dryers are not used for hand hygiene. | Yes | | 3.2<br>Box 3 |

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|---|---|---|---|---|
| 56.0 | **Garbing Observation:** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.*** | No | | 3.3 |
| 56.1 | All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs). | No | Garbed for the former USP 797-Category 3 garbing is not utilized. | 3.3 |
| 56.2 | Compounding personnel entering the cleanroom suite and/or SCA adhere to the minimum garbing requirements in USP <797>. ***Inspector note: Per USP <797>, additional garbing requirements must be continuously met in the buffer room where Category 3 CSPs are prepared, regardless of whether Category 3 CSPs are compounded on a given day.*** | No | | 3.3 |
| 56.3 | Donning procedures are performed in an order that reduces the risk of contamination. ***Inspector note: USP recommends (not requires) the donning procedure to be performed in the anteroom.*** ***If no, inspector must describe in the notes column why a risk of contamination is a concern.*** | Yes | | 3.3 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 56.4 | Doffing procedures are performed in an order that reduces the risk of contamination. | Yes | | 3.3 |
| 56.5 | The order of garbing was performed in the appropriate sequence in relation to the placement of the sink.<br>***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.*** | Yes | | 3.2, 3.3 |
| 56.6 | Sterile gloves are donned in a classified room or SCA.<br>***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb and again before sterile gloves are donned, see USP <797> FAQ #97.*** | Yes | | 3.2 |
| 56.7 | Skin is not exposed inside the ISO Class 5 PEC. | No | | 3.3 |
| 56.8 | Garb is replaced immediately if it becomes visibly soiled or if its integrity is compromised. | Yes | | 3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 56.9 | **Category 1 and Category 2 only:** Upon exit of the compounding area, all garb (except for gowns) is discarded or laundered prior to reuse. ***Inspector note: Gowns (disposable and non-disposable) may be reused within the same shift by the same person only if stored appropriately. If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.*** | N/A | | 3.3 |
| 56.10 | **Category 1 and Category 2 only:** Gowns reused within the same shift and by the same person are maintained in a manner that prevents contamination. ***Inspector note: Per USP <797>, gowns stored for reuse must be maintained in a classified area or adjacent to or within the SCA in a manner that prevents contamination (eg, away from sinks to avoid splashing). If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused; inspector should answer statement as N/A.*** | N/A | | 3.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 57.0 | List the name(s) of the CSPs observed by the inspector as part of live compounding demonstration. | [redacted] | Semaglutide 2.4mg/ml (MDV) 5ml | |
| 58.0 | **Compounding Observation:** Are compounding personnel observed using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards? ***If no, go to compliance statements.*** | Yes | | 1, 2.1, 2.3 |
| 58.1 | All sterile compounding is performed in a PEC with ISO Class 5 conditions or better. ***If the pharmacy only performs immediate use compounding, inspector should answer this statement as N/A.*** | Yes | | 4.1.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 58.2 | **Category 2 and Category 3 only:** All PECs are placed in a cleanroom suite. ***Inspector note: Per USP, "If compounding only Category 1 CSPs, the PEC may be placed in an unclassified SCA."*** ***If the pharmacy only prepares Category 1 CSPs, inspector should answer this statement as N/A.*** | Yes | | 4.1.2 |
| 58.3 | Compounding personnel ascertain before use that components are of the correct identity, appropriate quality, within the expiration date, and have been stored under the proper conditions. | Yes | | 9.3.3 |
| 58.4 | All items are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA prior to being introduced into the clean side of the anteroom, placed into a pass-through chamber, and/or brought into the SCA. ***Inspector note: The wiping procedure or agents used should not compromise the packaging integrity or render the product label unreadable. Disinfectant dwell time minimums, as specified by the manufacturer, are to be followed.*** | Yes | | 8.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 58.5 | Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use.<br>***Inspector note: Per USP, "When sterile items are received in sealed containers designed to keep them sterile until opening, the sterile items may be removed from the covering as the supplies are introduced into the ISO Class 5 PEC without the need to wipe the individual sterile supply items with sterile 70% IPA. The wiping procedure must not render the product label unreadable."*** | Yes | | 8.2 |
| 58.6 | Aseptic processes and manipulations are performed in a manner intended to minimize the risk of contamination.<br>***Inspector note: Observe the compounder's technique to ensure proper aseptic technique is utilized such as: preparation occurs in the direct compounding area (DCA); the compounder does not interrupt first air during the compounding process; proper set up of equipment, supplies, and components that ensure first air is not interrupted; the compounder handles the syringe in a manner that does not introduce contaminates (touch contamination on the plunger rod); proper entry and exit of materials in ISO Class 5 PEC; and frequent sanitization of gloves.*** | Yes | | 2.3 |
| 58.7 | All critical sites (eg, vial stoppers, ampule necks, and IV bag septums) are wiped with sterile 70% IPA in the PEC and allowed to dry before puncturing. | Yes | | 7, 8.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 58.8 | Gloves are disinfected with sterile 70% IPA immediately before compounding and regularly throughout the compounding process.<br>***Inspector note: Per USP, best practice is to re-sanitize each time hands re-enter the PEC. This may not occur when compounder is staging the next batch.*** | Yes | | 3.3 |
| 58.9 | Gloves are regularly inspected for holes, punctures, or tears, and are replaced immediately if such defects are detected. | Yes | | 3.3 |
| 59.0 | Do compounding personnel adhere to the USP established time limits for components after initial puncture or entry in compliance with USP <797> standards?<br>***Look at punctured, stored containers and confirm if puncture time or BUD is noted on the container and stored within time limits. If no, go to the compliance statements.*** | Yes | | 15 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 59.1 | Single dose containers (entered or punctured only in an ISO Class 5 air or cleaner air) are not used beyond 12 hours after initial puncture or entry or assigned BUD, whichever is shorter.<br>***Inspector note: This applies to conventionally manufactured single-dose vials, compounded single-dose CSPs used as components, and CSP stock solutions. The labeled storage requirements during that 12-hour period must be maintained. Additionally, per USP, "This time limit for entering or puncturing (a single-dose CSP or CSP stock solution) is not intended to restrict the BUD of the final CSP."*** | Yes | | 15.1, 16.2 |
| 59.2 | Multiple-use containers are not used for more than 28 days after initial puncture or entry, manufacturer specifications, or assigned BUD, whichever is shorter.<br>***Inspector note: This applies to conventionally manufactured multiple-dose vials and compounded multiple-dose CSPs used as components. Multiple-dose CSPs are required to meet the criteria for antimicrobial effectiveness testing (USP <51>) and must be stored under the conditions upon which its BUD is based (eg, refrigerator or controlled room temperature).*** | Yes | | 14.5, 15.2, 16.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 59.3 | The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***Inspector note: Ampules or vials where the container closure system has been removed must not be stored for any time period.*** | Yes | | 15.1 |
| 59.4 | Pharmacy bulk package containers of sterile drugs for parenteral use are only entered or punctured in an ISO Class 5 PEC. ***Inspector note: Per USP, the pharmacy bulk package system must be used according to the manufacturer's labeling.*** | Yes | | 15.3 |
| 60.0 | **Inspect several different finished compounded sterile preparations.** Are all the finished compounded sterile preparations free from any evidence of particulates, filaments, floaters, or signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately. Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, filament or floater); number of preparations affected (eg, two of the five vials on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.*** | Yes | | 12 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 61.0 | Are there procedures for in-process checks performed by a pharmacist?<br>***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes or high risk drugs or high risk populations (eg, neonates).***<br>***These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage. Some checks may be done retrospectively and with the assistance of technology.*** | Yes | Components are bar code scanned. Integrated scales provide weights, liquid measurements and final compounded products are captured by photo that is attached to the lot. T3 and T4 triturations are sent for potency testing before utilized in compounding and calculations based on potency. Photos are taken of PH adjustments and other quality processes. The pharmacist performs a final verification which includes a calculations verification and a visual inspection. | 2<br>Table 2, Table 3 |
| 62.0 | **Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and disinfection activities in compliance with USP <797> standards?<br>***If inspector is unable to observe cleaning activities (due to timing of compounding activities observed), inspector should interview compounder(s) to have them walk through their normal process. If this occurs, inspector should record in notes column "process only."***<br>***If no, go to compliance statements.*** | Yes | | 7 |
| 62.1 | All cleaning and disinfection activities are performed by appropriately garbed personnel. | Yes | | 7 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 62.2 | Cleaning and disinfection are performed on all surfaces in the classified area and SCA. | Yes | | 7 |
| 62.3 | Cleaning is performed in the direction of clean to dirty areas. | Yes | | 7 |
| 62.4 | Reusable cleaning tools are disinfected prior to and after each use. | Yes | | 7.1.2 |
| 62.5 | Only sterile cleaning, disinfecting, and sporicidal agents are permitted for use in the PEC.<br>***Inspector note: If pharmacy utilizes non-ready to use (RTU) agents, they must be diluted with sterile water. Per USP, "Once opened, sterile cleaning and disinfecting agents and supplies (eg, closed containers of sterile wipers) and sterile 70% IPA may be reused for a time period specified as by the manufacturer and/or described in the facility written SOPs."*** | Yes | | 7.1.1, 7.1.2 |
| 62.6 | Only sterile supplies and equipment are permitted for use in the PEC.<br>***Inspector notes: Non-disposable cleaning tools or handles must be properly disinfected prior to entering the PEC and prior to use.*** | Yes | | 7.1.1, 7.1.2 |
| 62.7 | Compounding personnel are using the appropriate sterile cleaning, disinfecting, and sporicidal agents within the PEC. | Yes | | 7.1.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 62.8 | Compounding personnel are using the appropriate cleaning and disinfecting procedures and techniques within the PEC.<br>***Inspector note: Per USP, "All cleaning, disinfecting, and application of sporicidal disinfectants must be documented according to the facility's SOPs"; "Cleaning must be performed in the direction of clean to dirty areas"; and when 70% sterile IPA is used, it is used last and allowed to dry. There are differing opinions on the best order of cleaning. Procedure includes using a sterile low-lint wiper to all surfaces. Allow surfaces to dry completely before beginning compounding.*** | Yes | | 7.1.2<br>Box 7, Box 8 |
| 62.9 | The manufacturer's directions or published data for the minimum contact time is followed for each of the cleaning, disinfecting, and sporicidal disinfectant used.<br>***Per USP, contact times should be included in the SOP based on the agent used.*** | Yes | | 7.1.1<br>Box 7, Box 8 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 62.10 | Sterile 70% IPA is applied to all surfaces in the ISO Class 5 PEC at the frequencies specified by USP during active compounding.<br>***Inspector note: Per USP <797>, sterile 70% IPA must be applied: immediately before initiating compounding procedures, to the work surface of the PEC at least every 30 minutes (if the compounding process takes 30 minutes or less), to the work surface of the PEC immediately after compounding (when the compounding process takes more than 30 minutes), after each batch or lot is completed, and after cleaning and disinfecting.*** | Yes | | 7 |
| | **Sterilization and Depyrogenation** | | | **10** |
| 63.0 | Does the pharmacy compound preparations with any nonsterile starting components?<br>***If the pharmacy does not compound preparations with any nonsterile starting components, inspector should answer question as N/A.*** | Yes | | 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 64.0 | Are injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure, sterilized within six hours after completing the preparation?<br>***If no, describe observations and collect a copy of the master formulation record, a copy of the compounding record, and a copy of the process for sterilization.***<br>***If the pharmacy does not compound with nonsterile components or devices, or they only compound sterile ophthalmic and/or sterile drugs administered by inhalation, inspector should answer question as N/A.*** | Yes | | 10 |
| 65.0 | **Filter Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards?<br>***View compounding records for CSPs sterilized by filtration to verify.***<br>***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.*** | Yes | | 10.2<br>USP <1229.4> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 65.1 | Sterilization by filtration is performed in an ISO 5 environment. | Yes | | 4.1.2, 10.2 |
| 65.2 | Filters used have enough capacity to filter the required volumes.<br>***Inspector note: Per USP, "The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process."*** | Yes | | 10.2 |
| 65.3 | The 0.2 micron sterile micro-porous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP.<br>Inspector note: Per USP <797>, sterilizing filters must be appropriate for pharmaceutical use. Sterilizing filters labeled "for laboratory use" or equivalent must not be used. "Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (ie, pressure, flow rate, and volume filtered)." | Yes | | 10.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 65.4 | Confirmation of filter integrity (bubble testing) is performed and documented for each filter used with each batch sterilized by filtration.<br>***Inspector note: If multiple filters are required for the compounding process, each of the filters must be tested.***<br>***If no, collect a copy of the master formulation record and compounding record.*** | Yes | | 10.2 |
| 65.5 | A prefiltration step is performed for any CSPs that are known to contain excessive particulate matter.<br>***Inspector note: The prefiltration step consists of using a filter with a larger nominal pore size (eg, 1.2 micron) or a separate filter of larger nominal pore size should be placed upstream of (ie, prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter.*** | N/A | | 10.2 |
| 65.6 | CSPs that are prepared using a filter that failed integrity tests are either discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time.<br>***If no, collect a copy of the master formulation record and compounding record.*** | Yes | | 10.2 |
| 65.7 | Single-use filters are only used once. | Yes | | 4.1.2, 10.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 66.0 | **Steam Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment (autoclave), documentation, and testing in compliance with USP <797> standards?<br>***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.***<br>***View documentation on compounding records for CSPs sterilized by steam to confirm. If no, go to compliance statements.***<br>***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.*** | N/A | | 10.3<br>USP <1229.1> |
| 66.1 | The pharmacy has evaluated if steam sterilization would cause degradation of the drug.<br>***Inspector note: Per USP, compounded preparations that are degraded by moisture, pressure, or temperatures used may not be sterilized by steam heat.*** | N/A | | 10.3 |
| 66.2 | Steam supplied is free of contaminants and generated using water per manufacturer's specifications. | N/A | | 10.3 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 66.3 | Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization. | N/A | | 10.3 |
| 66.4 | Items are placed in the autoclave in a manner that allows steam to reach them without entrapment of air.<br>***Inspector note: The pharmacy should have the autoclave cycle validated for the size of the batch, sterilization temperature, and sterilization time to ensure the load will be sterile.*** | N/A | | 10.3<br>USP <1229.1> |
| 66.5 | Sealed containers used are able to generate steam internally (eg, small amount of water in empty crimped vials). | N/A | | 10.3 |
| 66.6 | The appropriate biological indicators (USP <1229>) are used to verify the effectiveness of each sterilization run or load and documented in the compounding record.<br>***Inspector note: Per USP <797>, "The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus stearothermophilus (ATCC 12980, ATCC 7953, or equivalent; see Biological Indicators for Sterilization USP <1229.5>), and other confirmation methods such as physicochemical indicators (see Physicochemical Integrators and Indicators for Sterilization USP <1229.9>). The date, run, and load numbers of the steam sterilizer used to sterilize a CSP is documented in the compounding record."*** | N/A | | 10.3<br>USP <1229.5><br>USP <1229.9> |

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|---|---|---|---|---|
| 66.7 | All items are directly exposed to steam under adequate pressure for the length of time necessary as determined by use of appropriate biological indicators to render the items sterile.<br>***Inspector note: Per USP <797>, the duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period (an example provided in the chapter is 20-60 minutes at 121°C saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized).***<br>***Any parameters for the autoclave must be set through validation.*** | N/A | | 10.3<br>USP <1229.1> |
| 66.8 | A calibrated data recorder or chart is used to monitor each cycle and to examine for cycle irregularities (eg, deviations in temperature or pressure) and results documented on the CR. | N/A | | 10.3, 20 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 67.0 | **Dry Heat Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards?<br>***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity. USP <1229.8> also applies.***<br>***View documentation on compounding records for CSPs sterilized by dry heat to confirm. If no, go to compliance statements.***<br>***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.*** | N/A | | 10.4<br>USP <1229.8> |
| 67.1 | The pharmacy has the appropriate dry heat sterilization equipment.<br>***Inspector note: Dry heat sterilization is usually performed in an oven designed for sterilization at 160°C or higher. The dry heat oven should be able to get to the appropriate temperature and pressure, for example, not be a toaster oven.*** | N/A | | 10.4 |
| 67.2 | Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization. | N/A | | 10.4 |
| 67.3 | During sterilization, sufficient space is left between materials to allow for circulation of hot air. | N/A | | 10.4 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 67.4 | CSPs and other items are exposed to dry heat for the length of time necessary for all items to reach sterilizing temperature of 160°C or higher. ***Inspector note: Per USP <797>, if lower temperatures are used, they are validated by biological indicators (see USP <1229.8>, Validation of Dry Heat Sterilization, Biological Indicators). The calibrated oven must be equipped with temperature controls and a timer.*** | N/A | | 10.4 |
| 67.5 | The appropriate biological indicators are used to verify the effectiveness each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of dry heat sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus atrophaeus (ATCC 9372; see Biological Indicators for Sterilization USP <1229.5>) and other confirmation methods (e.g., temperature-sensing devices). The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR."*** | N/A | | 10.4<br>USP <1229.5> |
| 67.6 | A calibrated data recorder or chart is used to monitor each cycle and the data is reviewed to identify cycle irregularities (eg, deviations in temperature or exposure time) and results documented on the CR. | N/A | | 10.4, 20 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 68.0 | **Dry Heat Depyrogenation:** Is the appropriate depyrogenation method used and documented in compliance with USP <797> standards?<br>***View documentation records of items depyrogenated to confirm.***<br>***If the pharmacy does not use this method, inspector should answer question as N/A.*** | Yes | | 10.1<br>USP <1228.1> |
| 68.1 | Glassware, metal, and other thermostable containers are exposed to dry heat for the length of time necessary for all items to be rendered pyrogen free. | Yes | | 10.1 |
| 68.2 | The effectiveness of the dry heat depyrogenation cycle is established and documented.<br>***Inspector note: Per USP <797>, this must be done initially, re-established any time there are changes made to the cycle (eg, load conditions, duration, temperature), and verified at least annually by using endotoxin challenge vials (ECVs) to demonstrate that the cycle is capable of achieving a ≥ 3-log reduction in endotoxins (see Bacterial Endotoxins Test USP <85>). The verification must be documented.*** | Yes | Results returned 11/8/2023 by Pharmetric Laboratory. | 10.1<br>USP <1228.1><br>USP <85> |
| 68.3 | Items that are not thermostable are depyrogenated by multiple rinses with sterile, nonpyrogenic water (eg, sterile water for injection or sterile water for irrigation) and then thoroughly drained or dried immediately before use in compounding.<br>***Inspector note: USP <1228.4> Depyrogenation by Rinsing also applies.*** | Yes | | 10.1<br>USP <1228.4> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Master Formulation and Compounding Records**<br>**Inspector should review a minimum of five (5) master formulation records and five (5) compounding records.** | | | 11 |
| 69.0 | Are **Master Formulation Records (MFRs)** created and maintained in compliance with USP <797> standards?<br>***If no, go to the compliance statements.*** | Yes | | 11.1 |
| 69.1 | The pharmacy creates and maintains MFRs for CSPs that are prepared for more than one patient. | Yes | | 11.1, 20 |
| 69.2 | MFR changes and alterations are approved and documented according to the pharmacy's SOPs. | Yes | | 11.1 |
| 69.3 | The pharmacy creates and maintains MFRs for CSPs that are prepared from nonsterile ingredients. | Yes | | 11.1, 20 |
| 69.4 | The MFR includes the name, strength or activity, and dosage form of the sterile compounded preparation. | Yes | | 11.1, 20 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 69.5 | The MFR includes the identities and amounts of all ingredients. | Yes | | 11.1, 20 |
| 69.6 | The MFR includes the type and size of container closure. | Yes | | 11.1, 20 |
| 69.7 | The MFR includes complete instructions for preparing the sterile compounded preparation, including equipment, supplies, a description of the compounding steps, and any special precautions. | Yes | | 11.1, 20 |
| 69.8 | The MFR includes a physical description of the final CSP. | Yes | | 11.1, 20 |
| 69.9 | The MFR includes the BUD and storage requirements. | Yes | | 11.1, 14.2, 20 |
| 69.10 | The MFR includes the reference source to support the stability of the CSP. | Yes | | 11.1, 20 |
| 69.11 | The MFR includes quality control procedures (eg, pH testing, filter integrity testing). | Yes | | 11.1, 20 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 69.12 | The MFR includes other information as needed to describe the compounding process and ensure repeatability (eg, adjusting pH and tonicity, sterilization method). | Yes | | 11.1, 20 |
| 69.13 | The MFR includes all required release tests, and if applicable, sterility test methods, process, number and endotoxin test and limits. | Yes | | 11.1, 12, 20 |
| 70.0 | Are **Compounding Records (CR)** created and maintained in compliance with USP <797> standards?<br>***Inspector note: Per USP, a prescription or medication order or label may serve as the CR. Also, a copy of the MFR can be made that contains spaces for recording the information needed to complete the CR (eg, both the MFR and CR are on the same document/form). A CR may be kept electronically, if readily retrievable, as long as it contains all required information.***<br>***If no, go to compliance statements.*** | Yes | | 11.2<br>Box 10 |
| 70.1 | The pharmacy creates and maintains CRs for all for immediate-use CSPs prepared for more than one patient.<br>***Inspector note: if pharmacy does not prepare any CSPs for immediate-use, inspector should answer compliance statement as N/A.*** | Yes | | 11.2<br>Box 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 70.2 | The pharmacy creates and maintains CRs for all Category 1, Category 2, and Category 3 CSPs. | Yes | | 11.2 Box 10 |
| 70.3 | The CR includes the name, strength or activity, dosage form of the CSP, and (if applicable) the MFR reference. | Yes | | 11.2 Box 10 |
| 70.4 | The CR includes the date and time of preparation. | Yes | | 11.2 Box 10 |
| 70.5 | The CR includes an assigned internal identification number (eg, prescription, order, or lot number). | Yes | | 11.2 Box 10 |
| 70.6 | The CR includes the identity of the individual(s) involved in the compounding process. | Yes | | 11.2 Box 10 |
| 70.7 | The CR includes identity of the individual(s) verifying the final CSP. | Yes | | 11.2 Box 10 |
| 70.8 | The CR includes the name of each component. | Yes | | 11.2 Box 10 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 70.9 | The CR includes the vendor/manufacturer, lot number, and expiration date for each component.<br>***Inspector note: this is required for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).*** | Yes | | 11.2<br>Box 10 |
| 70.10 | The CR includes the weight or volume of each component. | Yes | | 11.2<br>Box 10 |
| 70.11 | The CR includes the strength or activity of each component. | Yes | | 11.2<br>Box 10 |
| 70.12 | The CR includes the total quantity compounded. | Yes | | 11.2<br>Box 10 |
| 70.13 | The CR includes the final yield (eg, quantity, containers, number of units). | Yes | | 11.2<br>Box 10 |
| 70.14 | The CR includes the assigned BUD and storage requirements. | Yes | | 11.2<br>Box 10 |
| 70.15 | The CR includes results of quality-control procedures (eg, visual inspection, filter integrity testing, pH testing). | Yes | | 11.2, 12<br>Box 10 |

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|---|---|---|---|---|
| 70.16 | The CR includes calculations made to determine and verify quantities and/or concentrations of components.<br>***Inspector note: Per USP, "If applicable, the CR must also include…Calculations."*** | Yes | | 11.2<br>Box 10 |
| 70.17 | The CR is verified by the pharmacist for appropriateness and accuracy with in-process and final checks.<br>***Inspector note: "Documentation must comply with all laws and regulations of the applicable regulatory jurisdiction."*** | Yes | | 2, 11.2, 12.1, 13, 20<br>Box 10 |
| 71.0 | Are the pharmacy's labels for CSPs in compliance with USP <797> standards and display all required information?<br>***If no, go to compliance statements.*** | Yes | | 13<br>USP <7> |
| 71.1 | Information on the label is prominently and legibly displayed.<br>***Inspector note: Definition of labeling includes other accompanying materials with the CSP, which includes, "written, printed, or graphic matter on the immediate container or on or inside any package or wrapper in which it is enclosed." The shipping container is not included in the definition of the "label."*** | Yes | | 13 |
| 71.2 | Labeling meets any state or federal regulatory requirements. | Yes | | 13 |

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|---|---|---|---|---|
| 71.3 | Labeling on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number). | Yes | | 13 |
| 71.4 | Labeling on the immediate container includes the active ingredients and their amounts, activity, or concentration. | Yes | | 13 |
| 71.5 | Labeling on the immediate container includes the storage conditions, if other than controlled room temperature. | Yes | | 13 |
| 71.6 | Labeling on the immediate container includes the BUD.<br>Per USP, "Each CSP label must state the date, or the hour and date, beyond which the preparation must not be used and must be discarded (ie, the BUD)." | Yes | | 13, 14.1 |
| 71.7 | The compounded CSP label does not use the term "expiration date" or equivalent. | Yes | | 13, 14.1<br>USP <7> |
| 71.8 | Labeling on the immediate container includes the dosage form. | Yes | | 13 |
| 71.9 | Labeling on the immediate container includes the total amount or volume when not obvious from the container. | Yes | | 13 |

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|---|---|---|---|---|
| 71.10 | Labeling on the immediate container states that the CSP is a single-dose container (when space permits). | Yes | | 13 |
| 71.11 | Labeling on the immediate container states that the CSP is a multiple-dose container. | Yes | | 13 |
| 71.12 | Labeling includes the route of administration, as applicable. | Yes | | 13 |
| 71.13 | Labeling includes any special handling instructions and/or warning statements, as applicable. | Yes | | 13 |
| 71.14 | Labeling includes the compounding facility name and contact information if the CSP is to be sent outside of the facility or health care system in which it was compounded. | Yes | | 13 |
| 72.0 | Does the label contain information identifying the CSP is a compounded preparation?<br>***Inspector note: Per USP, this is a recommendation/should.*** | Yes | | 13<br>USP <7> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Establishing BUDs** | | | 14 |
| 73.0 | **Category 1 and Category 2 CSPs:** Does the pharmacy assign BUDs for Category 1 and Category 2 CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.*** | N/A | | 14, 14.1, 14.2 |
| 73.1 | The assigned BUD does not exceed the shortest expiration date of any of the individual commercially available starting components. | N/A | | 14.3 |
| 73.2 | When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and that its packaging maintains its integrity for the duration of the assigned BUD. | N/A | | 14.3 |
| 73.3 | **Category 1 CSPs:** BUDs for **Category 1 CSPs** prepared in an SCA do not exceed the limits established in Table 12. ***Inspector note: Per USP <797> Table 12, BUD maximum limits for Category 1 CSPs are defined as 12 hours at controlled room temperature (CRT 20°C-25°C) or 24 hours refrigerated (2°C-8°C).*** ***If no Category 1 CSPs are prepared, inspector should answer statement as N/A.*** | N/A | | 14.3, Table 12 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 73.4 | **Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13.<br>***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs using one or more nonsterile starting components are defined as: one day CRT; four days refrigerator; and 45 days freezer. Aseptically processed Category 2 CSPs using only sterile starting components are defined as: four days CRT; 10 days refrigerator; and 45 days freezer.***<br>***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.*** | N/A | | 14.3, Table 13 |
| 73.5 | **Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13.<br>***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs, that were sterility tested and passed, regardless of starting components being sterile or nonsterile, are defined as: 30 days CRT; 45 days refrigerator; and 60 days freezer.***<br>***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.*** | N/A | | 14.3, 14.2.1, 14.2.3, Table 13 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 73.6 | **Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13.<br>***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to probability of nonsterile unit (PNSU) of $10^{-6}$ (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 14 days CRT; 28 days refrigerator; and 45 days freezer.***<br>***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.*** | N/A | | 14.3, 14.2.1, Table 13 |
| 73.7 | **Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13.<br>***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to PNSU of $10^{-6}$ (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 45 days CRT; 60 days refrigerator; and 90 days freezer. Endotoxin testing is required for Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing.***<br>***USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components are also endotoxin tested.***<br>***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.*** | N/A | | 14.3, 14.2.1, 14.2.3, Table 13 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 74.0 | Does the pharmacy ensure the assigned BUD does not exceed the shortest beyond use date of any individual compounded components?<br>***Inspector note: Per USP, "the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CSP exceeds the BUD assigned to compounded components (eg, pH-altering solutions). If the assigned BUD of the final CSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CSP must not be negatively impacted." Other examples where this may occur: formula within a formula, preservative-free compounded component used in a preserved final CSP, "in-use" times for pharmacy bulk packages, and cyclosporine ophthalmic stock solution.***<br>***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.*** | Yes | | 14.3 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 75.0 | Are BUDs for **Category 3 CSPs** assigned in compliance with all conditions outlined in USP <797> standards and do not exceed the maximum limits established in Table 14?<br>***Inspector note: If all of the conditions described for Category 3 CSPs are not met, the applicable BUD must not exceed the established maximum limits in Table 13 for Category 2 CSPs.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not prepare Category 3 CSPs, inspector should answer question as N/A.*** | No | | 14.3, 14.4., 14.4.1, 14.4.2, 14.4.3, 14.4.4, Table 14 |
| 75.1 | The assigned BUD does not exceed the shortest expiration date of any of the individual starting components. | Yes | | 14.3<br>Table 14 |
| 75.2 | When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and its packaging maintains its integrity for the duration of the assigned BUD. | Yes | | 14.3<br>Table 15 |
| 75.3 | BUDs for **Category 3 CSPs** do not exceed the maximum limits for aseptically processed (eg, filtered) established in Table 14.<br>***Inspector note: Per USP <797> Table 14, BUD maximum limits for aseptically processed Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 60 days CRT; 90 days refrigerator; and 120 days frozen.*** | No | | 14.4.1<br>Table 14 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 75.4 | BUDs for **Category 3 CSPs** do not exceed the maximum limits for terminally sterilized established in Table 14.<br>***Inspector note: Per USP <797> Table 14, BUD maximum limits terminally sterilized Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 90 days CRT; 120 days refrigerator; and 180 days frozen.*** | N/A | | 14.4.1<br>Table 14 |
| 75.5 | **Category 3 CSPs** are supported by stability data obtained using methods described in USP <1225> or a validated noninferior stability-indicating analytical method.<br>***Inspector note: Per USP <797>, Category 3 CSPs must prepared according to the EXACT formulation (API and other ingredients of identical grade and procedures) from which the stability data is derived. Category 3 CSPs must be packaged and stored in container closure of the same materials of composition as used in study and the facility must have documentation of the stability study.***<br>***View records to verify the preparation exactly matches the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*** | No | | 14.4.3<br>Table 14<br>USP <1225> |
| 75.6 | **Category 3 CSPs** undergo sterility testing.<br>***Inspector note: Sterility testing is performed on all Category 3 CSPs.*** | Yes | | 14.4.4<br>Table 14<br>USP <71> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 75.7 | **Category 3 CSPs** undergo bacterial endotoxin testing.<br>***If all compounds prepared are ophthalmics and/or drug administered by inhalation, bacterial endotoxin is not required, inspector should answer statement as N/A.*** | Yes | | 12.3, 14.4.4<br>Table 14<br>USP <85> |
| 75.8 | **Category 3 CSPs** undergo particulate matter testing.<br>***Inspector note: If the Category 3 CSP is an injection or an ophthalmic solution, particulate matter testing is also conducted once per formulation with acceptable results (See USP <788> Particulate Matter in Injections and USP <789> Particulate Matter in Ophthalmic Solutions).*** | No | Particulate matter testing is being processed by ARL per PIC. | 14.4.3<br>Table 14<br>USP <788>, <789> |
| 75.9 | **Category 3 CSPs** undergo an evaluation for the container closure system.<br>***Inspector note: The container closure system used is evaluated for and conforms to container closure integrity to the end of the BUD (see USP <1207> Package Integrity Evaluation— Sterile Products). Evaluation must be done once for each formulation and for each container closure system in which it will be packaged.*** | No | Container closure system evaluation is in process per PIC. | 14.4.3<br>Table 14<br>USP <1207> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 76.0 | Are **multiple-dose CSPs prepared** in compliance with USP <797> standards?<br>***If no, go to compliance statements.***<br>***If the pharmacy does not prepare multiple-dose CSPs, inspector should answer question as N/A.*** | No | | 14.5 |
| 76.1 | Multiple-dose CSPs are prepared as a Category 2 or Category 3 CSP only. | Yes | | 14.5 |
| 76.2 | When preservatives are used, they are appropriate for the CSP formulation and the route of administration.<br>Inspector note: Per USP <797>, "The preservative must not be inactivated by any ingredients in the CSP, and some preservatives are not always appropriate for the patient (eg, neonates) or route of administration (eg, intrathecal or ophthalmic injection)." | Yes | | 14.5 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 76.3 | Aqueous multiple-dose CSPs pass antimicrobial effectiveness testing in accordance with USP <51>.<br>***Inspector note: Per USP <797>, a test can be one test done for each formulation in the particular container-closure system in which it will be packaged, or test results provided by an FDA-registered facility or in appropriate peer-reviewed literature,, provided the sterile compounded preparation formulation and container-closure system used are exactly the same as those tested, unless a bracketing study is performed. The concentration of all other ingredients (including preservatives) must be the same throughout the bracketing study.***<br>***Additionally, multiple-dose, nonpreserved, aqueous topical, and topical ophthalmic CSPs prepared as a Category 2 or Category 3 CSP are not required to pass antimicrobial effectiveness testing if the preparation is: For use by a single patient, labeled (in the label or labeling) to indicate that, once opened, it must be discarded after 24 hours when stored at controlled room temperature and/or that, once opened, it must be discarded after 72 hours when stored under refrigeration.*** | No | Antimicrobial effectiveness testing is in process per PIC. | 14.5<br>USP <51> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 76.4 | Multiple-dose CSPs are labeled to indicate the beyond use date of the CSP once it is opened or punctured.<br>***Inspector note: Labeling on the CSP should indicate that once the CSP container is entered or punctured, it must not be used for longer than the assigned BUD or 28 days (if supported by antimicrobial effectiveness testing results), whichever is shorter.***<br>***Inspector should review the CR or final compounded preparation to verify the label contains this information.*** | Yes | | 14.5 |
| 76.5 | Container-closure systems used are evaluated for maintaining integrity (USP <1207>) for each formulation and fill volume.<br>***Inspector note: Per USP <797>, the container closure integrity test needs to be conducted only once on each formulation and on fill volume in the particular container closure system in which the multiple-dose CSP will be packaged.*** | No | Container-closure integrity testing is in process per PIC. | 14.5<br>USP <1207> |
| | **Finished Preparation Release Checks and Tests** | | | **12** |
| 77.0 | Are all CSPs visually inspected for quality prior to release or dispensing in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 12.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 77.1 | The CSP label is visually inspected to confirm that the CSP and its labeling match the prescription or medication order. | Yes | | 12.1 |
| 77.2 | CSPs are visually inspected for quality characteristics such as discoloration, visible particulates, or cloudiness. | Yes | | 12.1 |
| 77.3 | CSPs are visually inspected to verify container closure integrity (eg, checking for leakage, cracks in the container, or improper seals). | Yes | | 12.1 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 77.4 | A visual inspection is also repeated prior to release or dispense for CSPs that have been stored in the pharmacy and not released or dispensed on the day of preparation. | Yes | | 12.1 |
| 77.5 | Any CSPs found to be of unacceptable quality (eg, observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. | Yes | | 12.1 |
| 78.0 | For any CSPs assigned beyond use dates that require sterility testing, does the pharmacy ensure that all testing is performed, evaluated, and documented in accordance with USP <71> or a validated alternative method that is noninferior to USP <71> testing and USP <797> standards?<br>***Inspector note: Alternative testing methods may not be accepted in all regulatory jurisdictions that the pharmacy conducts business.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not prepare any CSPs that require sterility testing, inspector should mark as N/A.*** | Yes | | 12.2 |

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|---|---|---|---|---|
| 78.1 | The required number of sterile compounded preparation units, as described in USP <71> and USP <797>, are tested.<br>***Inspector note: Per USP <71> Table 3, the minimum number of items to be tested for each medium is:***<br>***Parenterals***<br>***Not more than 100 containers = 10% or four containers, whichever is greater***<br>***More than 100, but not more than 250 containers = 10 containers***<br>***Large volume parenterals***<br>***2% or 10 containers, whichever is less***<br>***Non-parenterals (eye drops, inhalation, pellets, etc.)***<br>***Not more than 200 containers = 5% or two containers, whichever is greater***<br>***More than 200, but not more than 250 containers = 10 containers***<br>***Per USP <797>, if the number of CSPs compounded in a single batch is less than what is needed for testing as specified in USP <71> Table 3, additional units must be compounded to be able to perform testing as follows:***<br>****If 1-39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number.***<br>****If more than 40 CSPs are prepared in a single batch, the sample sizes specified in USP <71> Table 3 must be used.*** | Yes | | 12.2, 14.2.3<br>USP <71> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 78.2 | Batch sizes of sterile CSPs do not exceed 250.<br>***Inspector Note: Per USP <797>, the maximum batch size for all sterile compounded preparation requiring sterility testing is limited to 250 final yield units.*** | No | Batch sizes of 400 are compounded. | 12.2, 14.2.3 |
| 78.3 | Pharmacy is utilizing an alternative method for sterility assurance testing (other than USP <71>).<br>***Inspector note: Per USP, "If an alternative method is used for sterility testing, the method must be validated (see USP <1223>) and demonstrated to be suitable for that CSP formulation."***<br>***If an alternative method is used, describe the method used and how the pharmacy ensures they are compliant with state-specific regulations.*** | Yes | Pharmetric performs sterility testing- ATP Bioluminescence Test and the documentation states that is USP 71 compliant. | 12.2<br>USP <71>, <1223> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 78.4 | When sterility testing identifies a failure, the pharmacy has processes to investigate and identify any contributing factors.<br>***Inspector note: Per USP, "Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. The investigation and resulting corrective actions must be documented."***<br>***Additionally, some rapid sterility test methods do not allow for the identification of the recovered microorganisms. If one of these methods is used, the pharmacy is not in compliance with the chapter, as the investigation must include identification of the recovered microorganism.*** | Yes | | 12.2 |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 79.0 | For any CSPs assigned BUDs that require **bacterial endotoxin testing**, does the pharmacy ensure that all testing is performed and documented in compliance with USP <85> and USP <797> standards?<br>***Inspector note: Endotoxin limits reflect limits in an official monograph, or calculated as described in USP Chapter <85> for the route of administration for humans, and for animals based on weight.***<br>***Although USP <797> refers to USP <85> Bacterial Endotoxins Test for calculating endotoxin limits for the appropriate route of administration, it does not address products administered epidurally or administered directly into the central nervous system. CSPs administered epidurally should have the same endotoxin limit as that of intrathecally administered CSPs.***<br>***If no, go to compliance statements.***<br>***If the pharmacy does not prepare CSPs that require bacterial endotoxin testing, inspector should answer question as N/A.*** | Yes | | 12.3<br>USP <85> |

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| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 79.1 | The pharmacy has an appropriate procedure for calculating/determining endotoxin limits.<br>***Per USP, there are endotoxin limits listed in USP product and compounded preparation monographs. The laboratory may be performing the calculation rather than the pharmacy; however, if done in house, this should be included in the pharmacy SOPs.***<br>***If the dosage form does not require, inspector should answer statement as N/A.*** | Yes | | 12.3 |
| 79.2 | The pharmacy collects patient weight to make bacterial endotoxin calculation for an animal patient.<br>***If the dosage form does not require or the pharmacy does not compound sterile preparations for animals, inspector should answer statement as N/A.*** | N/A | | 12.3 |
| 79.3 | Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 2 CSPs** compounded from one or more nonsterile components that are assigned a BUD requiring sterility testing per Table 13.<br>***Inspector note: USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components is also endotoxin tested.*** | Yes | | 12.3<br>Table 13<br>USP <85> |

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|---|---|---|---|---|
| 79.4 | Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 3 CSPs** compounded from one or more nonsterile components. | Yes | | 12.3<br>Table 13<br>USP <85> |
| 79.5 | Any CSPs with failed endotoxin testing are quarantined, not further released, and action is taken for any product released prior to receipt of failed test results.<br>***View testing records and note any products with failed results and actions taken.*** | Yes | | 12.2, 12.3 |
| | **CSP Packaging, Shipping and Transport** | | | **19** |
| 80.0 | Are processes and techniques for packaging and transporting CSPs in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 19.1, 19.2, 19.3 |
| 80.1 | The pharmacy uses the appropriate shipping containers and packaging materials (eg, coolers and light-resistant packaging) based on the product specifications. | Yes | | 19.2 |

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| 80.2 | CSPs are appropriately packaged to protect against damage, leakage, contamination, degradation, and adsorption during storage and transport. ***Inspector should look at packaging materials used to ensure cushioning to prevent breakage of glass vials and ensure that container is generally clean without non-microbial growth that would come in direct contact with CSPs.*** | Yes | | 19.2 |
| 80.3 | Specific handling instructions when applicable, are included on the exterior of the container. | Yes | | 19.3 |
| 80.4 | The pharmacy selects transport modes that ensure CSPs are delivered properly in undamaged, sterile, and stable conditions (eg, no undue exposure to heat, cold, or light). ***Inspector note: Transport modes include pneumatic tube transport systems and should not be used if the CSP is sensitive to shaking.*** | Yes | | 19.3 |
| | **Quality Assurance and Quality Control** | | | **18** |
| 81.0 | **Quality Assurance and Quality Control (QA/QC):** Does the pharmacy's SOP on quality assurance and quality control meet the requirements in compliance with USP <797> standards? ***If no, go to compliance statements.*** | Yes | | 18 USP <1163> |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 81.1 | Description of procedures for complaint handling, adverse events, and recalls that include corrective action, investigation, reporting, and documentation requirements. | Yes | | 18.1, 18.2 |
| 81.2 | **QA/QC Out-Of-Specification (OOS) SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the severity of the problem and the urgency for implementation and completion of the recall. | Yes | | 18.1 |
| 81.3 | **QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the distribution of any affected CSP, including the date and quantity of distribution. | Yes | | 18.1 |
| 81.4 | **QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to identify patients who have received the CSP. | Yes | | 18.1 |
| 81.5 | **QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process for the disposal and documentation of the recalled CSP. | Yes | | 18.1 |

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**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 81.6 | **QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to investigate and document the reason for failure. | Yes | | 18.1 |
| 82.0 | Does the pharmacy ensure that QA and QC programs are conducted in compliance with USP <797> standards?<br>***If no, go to compliance statements.*** | Yes | | 18, 20 |
| 82.1 | The pharmacy has a formal QA/QC program with documented activities.<br>***Inspector note: Per USP, "Designated person(s) must ensure that the facility has formal, written QA and QC programs that establish a system of: adherence to procedures; prevention and detection of errors and other quality problems; evaluation of complaints and adverse events; and appropriate investigations and corrective actions."*** | Yes | | 18 |
| 82.2 | The pharmacy's QA/QC program is reviewed at least once every 12 months by the designated person(s) and the results of the review are documented. | Yes | Quarterly meetings are documented. | 18 |
| 82.3 | The designated person(s) reviews all complaints to determine whether the complaint indicates a potential quality problem with the CSP. | Yes | | 18.2, 20 |

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**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 82.4 | All complaints and adverse events are thoroughly investigated.<br>***Inspector note: Per USP <797>, the timeframe is specified in the facility SOP. Additionally, USP states, "The investigation must consider whether the quality problem extends to other CSPs."***<br>***If facility SOP permits a long investigation period, include in the inspector notes the SOP's expected time frame to complete an investigation. State may have a more aggressive time frame to complete an investigation and report quality events to the state.*** | Yes | | 18.2, 18.3, 20 |
| 82.5 | The record of each complaint is maintained by the pharmacy regardless of the source of the complaint (eg, email, telephone, or mail) and includes the minimum required information.<br>***Inspector note: Per USP <797>, the complaint record must contain the following information:***<br>***-Name of the complainant or other unique identifier;***<br>***-Date the complaint was received;***<br>***-Nature of the complaint;***<br>***-The response to the complaint; and***<br>***-Results of any investigation and any follow-up.***<br>***In addition, to the extent that the information is known, the following should be recorded:***<br>***-The name and strength of the CSP and the assigned internal identification number (eg, prescription, order, or lot number).***<br>***If no, inspector should document what is missing in the notes column.*** | Yes | | 18.2, 20 |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection for USP <797>

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| 82.6 | The pharmacy's QA/QC program includes documentation of steps necessary for completing a recall, including reporting the recall to appropriate regulatory agencies.<br>***Inspector note: Per USP, "The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction."*** | Yes | | 18.1, 18.2 |
| 83.0 | If a CSP is dispensed or administered **before the results of release testing are known**, does the pharmacy ensure procedures for recalls and out-of-specification notifications are conducted and documented in compliance with USP <797> standards?<br>***Inspector note: Per USP <797>, if a CSP is dispensed or administered before the results of release testing are known, the facility must have procedures in place to notify, recall, and investigate.***<br>***If no, go to the compliance statements.*** | N/A | | 18.1, 20 |
| 83.1 | The pharmacy has a process in place to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, sterility, strength, purity, bacterial endotoxin, or other quality attributes). | N/A | | 18.1 |
| 83.2 | The pharmacy has a process in place to recall any unused dispensed CSPs and quarantine any stock remaining in the pharmacy. | N/A | | 18.1 |
| 83.3 | The pharmacy has a process in place to investigate if other lots are affected and recall if necessary. | N/A | | 18.1 |

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## Sterile Compounding Inspection for USP <797>

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**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observation | Inspector Notes | USP Reference(s) |
|---|---|---|---|---|
| | **Personnel Training and Evaluation** - Verify records of all compounding personnel (up to 10). **Use the records tab to document records reviewed.** | | | 2 |
| 84.0 | Is the pharmacy's documented hand hygiene and garbing competency evaluations compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.*** | No | The PIC and pharmacist last annual competency was not in compliance with the frequency. | 2.2, 20 Box 1, Table 1 |
| 85.0 | Is the pharmacy's documented aseptic manipulation competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.*** | No | The PIC and pharmacist with direct observation/supervising training's most recent media fill was10/2022. The pharmacy has been performing a post media fill GFT and surface sampling. The frequencies are not following current USP 797, but the PIC states that the pharmacy is in the process of becoming compliant. | 2.3, 20 Box 2, Table 1 |
| 86.0 | Is the pharmacy's documented training program and ongoing competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.*** | No | Per PIC, the pharmacy was just made aware that the revisions of USP were adopted by Florida March 1, 2024. | 2, 2.1, 17 Table 2, Table 3 |

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## Sterile Compounding Personnel Records Review

**Select personnel with compounding responsibilities for your records review; preferably select staff performing compounding duties at time of inspection or staff identified during CR review.**

**- Recommend also pulling supervising personnel file.**

**- Inspector can consider pulling non-compounder employee file ("Other") who cleans and stocks compounding area but who does not compound (Note: frequency of competency assessment will be defined by pharmacy SOPs).**

**Review** five (5) personnel files and document your observations. (For applicants seeking a Class E-S Non-Resident Sterile Compounding Inspection (Texas Sampling), review a total of 10 personnel records.)

- *Note: long-term employees may not have initial training available, if this is the case, you may select an alternative file. If an alternate file is not available, document length of service of long-term employee.

*Inspector Note: soybean casein digest medium and trypticase soy broth are the same media.*

| Inspector Instructions | Demonstrating Knowledge and Competency of Core Skills (Section 2.1) |
|---|---|
| 1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position.<br>2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.<br>3. Select the appropriate response for each item reviewed.<br>-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.<br>-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.<br>-Select "Missing" if the document is not present in the file.<br>-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.<br>4. Use the notes column to document any pertinent information. | USP requirements:<br>1. Personnel who perform or oversee compounding *or support activities* must be trained in the SOPs and trained on maintaining the quality of the environment (See Table 2).<br>2. Compounding personnel and supervising personnel must complete training needed to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions (See Table 2 and Table 3). This must be completed initially and every 12 months in at least the following areas:<br>-Hand hygiene<br>-Garbing<br>-Cleaning and disinfection<br>-Calculations, measuring, and mixing<br>-Aseptic technique<br>-Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)<br>-Use of equipment<br>-Documentation of the compounding process (eg, master formulation and compounding records)<br>-Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area<br>-Proper use of PECs<br>-Principles of movement of materials and personnel within the compounding area<br>3. Personnel who only perform restocking or cleaning and disinfecting duties outside of the primary engineering control (PEC) must complete ongoing training as required by the facility's SOPs (See Table 3).<br>4. Personnel compounding only immediate-use CSPs must complete training as required by the facility's SOPs (See Table 3).<br>5. All training and evaluations must be documented. |

| Employee Record # | Employee Title | Personnel Function | CSP Category Type | Compounding SOPs | *Initial Training and Competency in Maintaining the Quality of the Environment | *Initial Training and Competency in Sterile Compounding Principles and Practices | Ongoing Training and Competency in Sterile Compounding Principles and Practices | Notes |
|---|---|---|---|---|---|---|---|---|
| | | | | Compounders and Supervising Personnel: Initially and at least every 12 months<br>Other Personnel (examples: persons who do not compound but clean/disinfect and restock or who perform in-process checks; persons who only compound immediate use): Initially and as defined by pharmacy SOPs | | | | |
| #1 | Pharmacy Technician | Compounder | Category 2&3 only | Yes | Yes | Yes | N/A | New Employee |

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **#2** | Pharmacy Technician | Compounder | Category 2&3 only | Yes | Yes | Yes | Yes | |
| **#3** | Pharmacy Technician | Compounder | Category 2&3 only | Yes | Yes | Yes | Yes | 2 pharmacists and 3 technicians have the required Texas sterile training. |
| **#4** | Pharmacy Technician | Designated Person | Category 2&3 only | Yes | Yes | Yes | Yes | Critical Point sterile/nonsterile compounding training completed annually for all technicians. |
| **#5** | Pharmacist | Supervising/Direct Oversight | Category 2&3 only | Yes | Yes | Yes | Missing | |
| **#6** | Pharmacist | Supervising/Direct Oversight | Category 2&3 only | Yes | Yes | Yes | Missing | |
| **#7** | | | | | | | | |
| **#8** | | | | | | | | |
| **#9** | | | | | | | | |
| **#10** | | | | | | | | |

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| Inspector Instructions | Hand Hygiene and Garbing Competency Evaluation (Section 2.2) |
|---|---|
| **1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position.**<br>**2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.**<br>**3. Select the appropriate response for each item reviewed.**<br>**-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.**<br>**-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.**<br>**-Select "Missing" if the document is not present in the file.**<br>**-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.**<br>**4. Use the notes column to document any pertinent information.** | **USP requirements:**<br>**1. The garbing and hand hygiene competency evaluation consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands.**<br>**2. The initial competency evaluation consists of three (3) separate and complete hand hygiene observation, followed by a full garbing procedure and a GFT after garbing. The initial three (3) successful completions must be in succession—failure of any of the three (3) initial garbing competency evaluations requires repeat testing until personnel successfully complete three (3) evaluations in a row.**<br>**3. The pharmacy uses a microbiological growth media device (eg, plates, paddles, or slides) containing general microbial growth agar (eg, trypticase soy agar [TSA]) supplemented with neutralizing additives (eg, lecithin and polysorbate 80) that supports both bacterial and fungal growth.**<br>**4. The media device is incubated at 30°C-35°C for no less than 48h and then at 20°C-25°C for no less than an additional five days.**<br>**5. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or GFT results that exceed the defined action levels. Action level after garbing: >0 cfu/total from both hands.**<br>**6. Documentation includes, at minimum:**<br>**-Name of the person evaluated**<br>**-Evaluation date and time**<br>**-Media and components used including manufacturer, expiration date, and lot number**<br>**-Starting temperature for each interval of incubation**<br>**-Dates of incubation**<br>**-Results (the number of cfu per hand must be recorded; microbial identification of the cfu is not required by the chapter for GFT)**<br>**-Results of the evaluation and any corrective actions**<br>**-Name of the observer and personnel reading and documenting the results** |

| Employee Record # | Employee Title | Personnel Function | CSP Category Type | Hand Hygiene and Garbing Visual Observation | *Initial GFT x 3 (Post hand washing and garbing) | Subsequent GFT (Post handwashing and garbing) | Documented Failures and Retraining Needs (If none, please mark as N/A) | Notes |
|---|---|---|---|---|---|---|---|---|
| | | | | **Category 1 and 2 compounders: Initially and at least every 6 months<br>Category 3 compounders: Initially at least every 3 months<br>Supervising Personnel: Initially and at least every 12 months** | | | | |
| **#1** | Pharmacy Technician | Compounder | Category 2&3 only | Yes | N/A | N/A | N/A | GFT initial and post compounding is incubating New Employee- Not compounding yet. |
| **#2** | Pharmacy Technician | Compounder | Category 2&3 only | Yes | Yes | Yes | N/A | |

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **#3** | Pharmacy Technician | Pharmacy Technician | Category 2&3 only | Yes | Yes | N/A | N/A | new sterile employee (all initial training) |
| **#4** | Pharmacy Technician | Designated Person | Category 2&3 only | Yes | Yes | Yes | N/A | |
| **#5** | Pharmacist | Supervising/Direct Oversight | Category 2&3 only | No | Yes | No | N/A | Training is in the file but the date last performed was 10/22 |
| **#6** | Pharmacist | Supervising/Direct Oversight | Category 2&3 only | No | Yes | No | N/A | Training is in the file but the date last performed was 10/22 |
| **#7** | | | | | | | | |
| **#8** | | | | | | | | |
| **#9** | | | | | | | | |
| **#10** | | | | | | | | |

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## Inspector Instructions

1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position.
2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.
3. Select the appropriate response for each item reviewed.
-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.
-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.
-Select "Missing" if the document is not present in the file.
-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.
4. Use the notes column to document any pertinent information.
5. Document in notes if initial aseptic manipulation competencies are present in files (*unless long-term employee).

## Aseptic Manipulation Competency (Section 2.3)

USP requirements:
1. Media-fill testing procedures simulate the most difficult compounding procedures encountered by personnel.
2. The pharmacy conducts media-fill testing as described in Box 2.
3. The final containers are incubated at 20°C-25°C and 30°C-35°C for a minimum of seven days at each temperature band.
4. Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.
5. Immediately following the media-fill test, GFT is performed on both hands and inside of an ISO Class 5 PEC. Failure is indicated by visual observation of GFT results that exceed defined action levels. Action level after media-fill testing: >3 cfu/total from both hands.
6. Immediately following the GFT, a surface sample of the direct compounding area inside the PEC is performed in accordance with USP standards for surface sample monitoring and action levels. Action level ISO Class 5: >3 cfu/media device.
7. Failure in the media fill, GFT, or surface sampling constitutes an overall failure of the aseptic manipulation competency.
8. Documentation includes, at minimum:
-Name of the person evaluated
-Evaluation date and time
-Media and components used including manufacturer, expiration date, and lot number
-Starting temperature for each interval of incubation
-Dates of incubation
-Results (for GFT, the number of cfu per hand must be recorded and for surface samples, the number of cfu per sample must be recorded. Note: microbial identification of the cfu is not required for media-fill testing)
-Results of the evaluation and any corrective actions
-Name of the observer and personnel reading and documenting the results

| Employee Record # | Employee Title | Personnel Function | CSP Category Type | Aseptic Manipulation Visual Observation | Media-fill | GFT (post media-fill) | Surface Sampling (post media-fill) | Documented Failures and Retraining Needs (If none, please mark as N/A) | Notes |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Category 1 and 2 compounders: Initially and at least every 6 months<br>Category 3 compounders: Initially and at least every 3 months<br>Supervising Personnel: Initially and at least every 12 months | | | | | |
| #1 | Pharmacy Technician | Compounder | Category 2&3 only | Yes | N/A | N/A | N/A | N/A | Media Fill, post media fill surface sampling and GFT post media fill are in the incubation process and results are not final. |
| #2 | Pharmacy Technician | Compounder | Category 2&3 only | Yes | Yes | Yes | Yes | N/A | |

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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **#3** | Pharmacy Technician | Compounder | Category 2&3 only | Yes | Yes | Yes | Yes | N/A | New employee |
| **#4** | Pharmacy Technician | Designated Person | Category 2&3 only | Yes | Yes | Yes | Yes | N/A | |
| **#5** | Pharmacist | Supervising/Direct Oversight | Category 2&3 only | No | No | No | No | N/A | Training is in the file but the date last performed was 10/22. |
| **#6** | Pharmacist | Supervising/Direct Oversight | Category 2&3 only | No | No | No | No | N/A | Training is in the file but the date last performed was 10/22. |
| **#7** | | | | | | | | | |
| **#8** | | | | | | | | | |
| **#9** | | | | | | | | | |
| **#10** | | | | | | | | | |

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| GLOSSARY USP <797> |
|---|
| **ACD:** Automated compounding device. |
| **ACPH:** Air changes per hour. |
| **Active pharmaceutical ingredient (API):** Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body. Also referred to as *Bulk drug substance*. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s). |
| **Added substance:** An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredient, excipient, and pharmaceutical ingredient.* |
| **Administration:** The direct application of a sterile product or preparation to a single patient by injecting, infusing, or otherwise providing a sterile product or preparation in its final form. |
| **Airlock:** A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas (generally with different air cleanliness standards). The intent of an airlock is to prevent ingress of particulate matter and microbial contamination from a lesser-controlled area. |
| **Alcohol-based hand rub:** An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants. |
| **Allergenic extract compounding area (AECA):** A designated space, area, or room that is not required to be classified, with a visible perimeter that is suitable for preparation of allergenic extract prescription sets. |
| **Allergenic extract prescription set:** Combinations of licensed allergenic extracts that would be mixed and diluted to provide subcutaneous immunotherapy to an individual patient, even though these allergenic extract combinations are not specified in the approved BLAs for the licensed biological products. |
| **Allergenic extract:** A biological substance used for the diagnosis and/or treatment of allergic diseases such as allergic rhinitis, allergic sinusitis, allergic conjunctivitis, bee venom allergy, and food allergy. |
| **Anteroom:** An ISO Class 8 or cleaner room with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The anteroom is the transition room between the unclassified area of the facility and the buffer room. |
| **Aseptic processing:** A method by which separate, sterile components (eg, drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (eg, by membrane filtration or by autoclave). |

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| **Aseptic technique:** A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum. |
| **Assigned trainer:** One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CSPs. |
| **Batch:** More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits. |
| **Beyond-use date (BUD):** The date, or the hour and date, after which a CSP must not be used, stored, or transported. The date is determined from the date and time the preparation is compounded. |
| **Biological safety cabinet (BSC), Class II:** A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class 5 or better environment for preparation of the CSPs. |
| **Biological safety cabinet (BSC):** A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1). |
| **BLA:** Biological license application. |
| **Blood components:** Any therapeutic constituent of blood separated by physical or mechanical means (eg, white cells, red cells, platelets, plasma, serum). It is not intended to include plasma-derived products (eg, albumin, coagulation factors, immunoglobulins) manufactured under an approved BLA or equivalent. |
| **BMBL:** Biosafety in Microbiological and Biomedical Laboratories. |
| **Buffer room:** An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room. |
| **Bulk drug substance:** See the entry for *Active pharmaceutical ingredient.* |
| **Category 1 CSP:** A CSP that is assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less refrigerated that is compounded in accordance with all applicable requirements for Category 1 CSPs in this chapter. |
| **Category 2 CSP:** A CSP that may be assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in this chapter. |

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| **Category 3 CSP:** A CSP that may be assigned a BUD exceeding the limits in *Table 13* for Category 2 CSPs and is compounded in accordance with all applicable requirements for Category 3 CSPs in this chapter. |
| **CDC:** Centers for Disease Control and Prevention. |
| **Certificate of analysis (COA):** A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material. |
| **CFU:** Colony-forming units. |
| **Classified area:** An area that maintains an air quality classification based on the ISO standards required in this chapter (see also the definition for *ISO class).* |
| **Cleaning agent:** An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces. |
| **Cleaning:** The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products. |
| **Cleanroom suite:** A classified area that consists of both an anteroom and buffer room. |
| **Component:** Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product. |
| **Compounded sterile preparation (CSP):** A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance. |
| **Compounded stock solution:** A sterile mixture of components that is used to compound additional CSPs. |
| **Compounding area:** The area where compounding is occurring (ie, a cleanroom suite, inside the perimeter of the SCA, or AECA). |
| **Compounding aseptic containment isolator (CACI):** A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for the compounding of sterile HDs. |
| **Compounding aseptic isolator (CAI):** A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for compounding of sterile non-HDs. |

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| **Compounding record (CR):** Documents the compounding of each CSP. |
| **Compounding:** The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation. |
| **Container closure system:** Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection. |
| **Containment glove bag:** A single-use disposable glove bag that is capable of containing airborne chemical particles. |
| **Containment ventilated enclosure (CVE):** A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment. |
| **Conventionally manufactured product:** A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions. |
| **Critical site:** A location that includes any component or fluid pathway surfaces (eg, vial septa, injection ports, and beakers) or openings (eg, opened ampules and needle hubs) that are exposed and at risk of direct contact with air (eg, ambient room or HEPA filtered), moisture (eg, oral and mucosal secretions), or touch contamination. |
| **Designated person(s):** One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs. |
| **Direct compounding area (DCA):** A critical area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air. |
| **Disinfectant:** A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores. |
| **Dynamic airflow smoke pattern test:** A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for *Dynamic operating conditions)*. This test is not appropriate for ISO Class 7 or ISO Class 8 cleanrooms that do not have unidirectional airflow (see the entry for *Visual smoke study)*. |
| **Dynamic operating conditions:** Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s). |

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| **ECV:** Endotoxin challenge vial. |
| **EPA:** US Environmental Protection Agency. |
| **Excipient:** See the entry for *Added substance*. |
| **FDA:** US Food and Drug Administration. |
| **Filter integrity test:** A test (eg, bubble point test) of the integrity of a sterilizing-grade filter performed after the filtration process to detect whether the integrity of the filter has been compromised. |
| **Final yield:** The total number of containers prepared at the end of the compounding process prior to release testing. |
| **First air:** The air exiting the HEPA filter in a unidirectional air stream. |
| **Formulation:** The specific qualitative and quantitative composition of the final CSP. |
| **Garb:** Items such as gloves, garments (eg, gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of contamination of CSP(s). |
| **GFT:** Gloved fingertip and thumb testing. |
| **Hazardous drug (HD):** Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity. |
| **High-efficiency particulate air (HEPA) filtration:** Being, using, or containing a filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter passing through it. |
| **HVAC:** Heating, ventilation, and air conditioning. |
| **Integrated vertical laminar flow zone (IVLFZ):** A designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns. |
| **IPA:** Isopropyl alcohol. |

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| **ISO class:** An air-quality classification from the International Organization for Standardization. |
| **ISO:** International Organization for Standardization. |
| **Label:** The part of the labeling on the immediate container. |
| **Labeling:** All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except any outer shipping container. |
| **Laminar airflow system (LAFS):** A device or zone within a buffer room that provides an ISO Class 5 or better air quality environment for sterile compounding. The system provides a unidirectional HEPA-filtered airflow. |
| **Laminar airflow workbench (LAFW):** A device that is a type of LAFS that provides an ISO Class 5 or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow. |
| **Line of demarcation:** A visible line on the floor that separates the clean and dirty sides of the anteroom. |
| **Low-lint wiper:** A wiper exhibiting few, if any, fibers or other contamination, visible without magnification, which is separate from or easily removed from the wiper material in a dry condition. |
| **Master formulation record (MFR):** A detailed record of procedures that describes how the CSP is to be prepared. |
| **MEA:** Malt extract agar. |
| **Media-fill test:** A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination. |
| **Monograph:** A quality documentary standard within *USP–NF* that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria. |
| **Multiple-dose container:** A container of sterile product for parenteral administration (eg, injection or infusion) that is designed to contain more than one dose of the sterile product. A multiple-dose container is usually required to meet the antimicrobial effectiveness testing criteria. See <659>Injection Packaging Systems, Multiple-dose container. |

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| **One-step disinfectant cleaner:** A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step. |
| **Oversight:** The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available for consultation if and when needed, even if not physically present. |
| **Pass-through chamber:** An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another. |
| **Perimeter:** A visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA. |
| **Pharmaceutical isolator:** An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. [Note—A CAI or CACI is not a pharmaceutical isolator.] |
| **Pharmacy bulk package:** A conventionally manufactured sterile product for parenteral use that contains many single doses intended for use in a pharmacy admixture program. A pharmacy bulk package may either be used to prepare admixtures for infusion or, through a sterile transfer device, for filling sterile containers. See <659>*Injection Packaging Systems, Pharmacy bulk package*. |
| **Positive-pressure room:** A room that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the room. |
| **PPE:** Personal protective equipment. |
| **Preservative:** A substance added to inhibit microbial growth. |
| **Primary engineering control (PEC):** A device or zone that provides an ISO Class 5 air quality environment for sterile compounding. |
| **Probability of a nonsterile unit (PNSU):** The probability of an item being nonsterile after it has been exposed to a verified sterilization process. A PNSU value can only be applied to terminal sterilization. [Note—This is also called the sterility assurance level (SAL).] |
| **Pyrogen:** A substance that induces a febrile reaction in a patient. |
| **Quality assurance (QA):** A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards. |

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| **Quality control (QC):** The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP. |
| **Reconstitution:** The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension. |
| **Release inspection and testing:** Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics. |
| **Repackaging:** The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation. |
| **Restricted-access barrier system (RABS):** An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. Examples of RABS include CAIs and CACIs. |
| **SDA:** Sabouraud dextrose agar. |
| **Secondary engineering control (SEC):** The area where the PEC is placed (eg, a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area. |
| **Segregated compounding area (SCA):** A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only. |
| **Single-dose containers:** A container of sterile product for parenteral administration (eg, injection or infusion) that is designed for use with a single patient as a single injection/infusion. A single-dose container usually does not contain a preservative. See <659> Injection Packaging Systems, Single-dose container. |
| **SOP:** Standard operating procedure. |
| **Specification:** The tests, analytical methods, and acceptance criteria to which any component, CSP, container closure system, equipment, or other material used in compounding CSPs must conform to be considered acceptable for its intended use. |
| **Sporicidal disinfectant:** A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms. |

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| **Stability:** The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD. |
| **Sterility assurance level (SAL):** See the entry for *Probability of a nonsterile unit* (PNSU). |
| **Sterility:** The absence of viable microorganisms. |
| **Sterilization by filtration:** Passage of a gas or liquid through a sterilizing-grade membrane to yield filtrates that are sterile. |
| **Sterilizing-grade filter:** Filter membranes that are documented to retain 100% of a culture of $10^7$ microorganisms of a strain of *Brevundimonas diminuta* per square centimeters of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally 0.22- or 0.2-µm pore size. |
| **Terminal sterilization: The application of a lethal process (eg, steam, dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined PNSU of greater than 10−6 or a probability of less than one in one million of a nonsterile unit.** |
| **TSA:** Trypticase soy agar. |
| **Unclassified space:** A space not required to meet any air cleanliness classification based on the ISO. |
| **Unidirectional airflow:** Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA. |
| **Verify:** To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use. |
| **Visual smoke study:** A test, used in ISO Class 7 and ISO Class 8 rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for *Dynamic airflow smoke pattern test*). |
| **Workflow management system:** Technology comprised of hardware and/or software that allows for automation to assist in the verification of components of, and preparation of, CSPs and to document components and processes. |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Hazardous Drugs Handling in Health Care Settings

**The information and comments obtained in the Hazardous Drugs Handling in Health Care Settings Inspection is based on USP Chapter <800>.**

**Any items marked "Recommendation" are considered "best practices" and are not considered requirements for compliance with USP standards, but the information is collected as it may be a requirement under state law.**

**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observatio | Notes |
|---|---|---|---|
| | **General Information and Scope:** | | |
| 1.00 | Does the pharmacy handle any drugs on the National Institute for Occupational Safety and Health (NIOSH) list that **require** all the containment requirements of USP <800>? | Yes | |
| 1.01 | Does the pharmacy handle any ***hazardous drug*** active pharmaceutical ingredients (HD API)? *If yes, please list.* | Yes | Aminopyridine, Antipyrine, Apomorphine, Azathioprine, Clomiphene, Chlorambucil, Chloramphenicol, Chrysin, Clomipramine HCl, Clonazepam, Colchicine USP, Cyclosporin USP, Dehydroepiandrosterone, Diethylstilbestrol USP, Estradiol USP Non micronized, Estriol USP, Estrone USP, Fluconazole USP, Hydroxyurea, Methimazole USP, Methyltestosterone, Misoprostol Oxytocin, Phenytoin USP, Pregnenolone USP, Progesterone USP, Testosterone Cypionate, Testosterone Micronized and Tretinoin Micronized |
| 1.02 | Does the pharmacy handle any antineoplastic requiring manipulations (which can produce particles, aerosols, or gasses)? *If yes, please list.* | No | |
| 2.00 | Does the pharmacy handle any drugs on the NIOSH list that **do not** require all containment requirements of <800>? | Yes | |
| 2.01 | Does the pharmacy handle any final dosage forms of HDs (either compounded or manufactured unless required by the manufacturer) that do not require further manipulation other than counting and repackaging? *If yes, please list.* | Yes | Testosterone Injections, Finasteride, Paroxetine, Medroxyprogesterone injection, compounded preparations (final dosage forms) containing testosterone, estriol, estradiol, pregnenolone, progesterone and methimazole |

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| | | Observatio | Notes |
|---|---|---|---|
| 2.02 | Does the pharmacy handle any dosage forms of other HDs **that are handled in full compliance** with containment requirements of <800>? *If yes, please list.* | No | |
| 2.03 | Does the pharmacy handle any dosage forms of other HDs **that are not handled** using all containment requirements of <800>? *If yes, please list.* | No | |
| | **List of Hazardous Drugs** | | |
| 3.00 | The pharmacy maintains a list of any items it handles that are included on the current NIOSH list of antineoplastic and other HDs. ***Review and attach list.*** *Verify that pharmacy has access to a copy of current NIOSH list.* | Yes | See Doc_03_Haz3.00 |
| 4.00 | The pharmacy reviews this list at least every 12 months for additions, deletions, or other changes and documents the review. *Verify documentation and* ***list date*** *of last change/review.* | Yes | 9/16/2023 |
| 5.00 | The pharmacy reviews this list whenever the pharmacy adds a new agent or dosage form to the items it handles. | Yes | |
| 6.00 | The pharmacy has a system in place for the evaluation of new drugs (purchased, stored, handled, and/or dispensed) to determine whether they are considered HD. | Yes | |
| 6.01 | Pharmacy evaluates the drugs against the current version of the NIOSH list. | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 6.02 | In the absence of information, the pharmacy treats any new drug as an HD. | Yes | |
| 7.00 | If the pharmacy handles any HDs not using all containment requirements of <800>, an assessment of risk was performed for each drug and dosage form individually to determine alternative containment strategies, if needed, and work practices for each.<br>*Review documentation of assessment and SOPs related to work practices/alternative containment.* | Yes | |
| 8.00 | The assessment of risk evaluation performed by the pharmacy's organization includes all required information, for each drug and dosage form.<br>*The first five (5) items below must be included in the evaluation in order to be compliant.* | Yes | |
| 8.01 | Type of HD (eg, antineoplastic, non-antineoplastic, reproductive risk only); | Yes | |
| 8.02 | Dosage form; | Yes | |
| 8.03 | Risk of exposure; | Yes | |
| 8.04 | Packaging; | Yes | |
| 8.05 | Manipulation; and | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 8.06 | If applicable, Table II and III drugs have alternative containment strategies and/or work practices to minimize occupational exposure. | Yes | |
| 8.07 | The assessment of risk is reviewed at least every 12 months, and the review is documented.<br>*Enter date of last review in the notes.* | Yes | 3/5/2024 |
| | **Personnel Responsibilities** | | |
| 9.00 | The pharmacy has a designated person(s) to oversee the handling of HDs who is qualified and trained for development of standard operating procedures (SOPs); overseeing compliance with standards, laws, and rules; ensuring competency of personnel; and ensuring environmental control. | Yes | |
| 9.01 | The designated person oversees the monitoring of the facility, including testing/sampling programs, maintaining, and documentation, and acting on results. | Yes | |
| | **Documentation and Standard Operating Procedures (SOPs)** | | |
| 10.00 | The assessment of risk and SOPs for handling HDs addresses all potential types of exposure, including all activities occurring within the operation that present an opportunity for exposure: | | |
| 10.01 | **Receiving**: Contacting HD residues on packaging, work surfaces, floors | Yes | 6.3.7 |

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| | | Observatio | Notes |
|---|---|---|---|
| 10.02 | **Dispensing**: Counting or packaging tablets and capsules | Yes | 6.3.2 |
| 10.03 | **Compounding/other manipulations**: Crushing/splitting tablets, opening capsules, pouring liquids, weighing or mixing, constituting/reconstituting powdered/lyophilized HDs, expelling air from HD syringes, HD residue on personal protective equipment (PPE), cleaning activities of HD areas, and HD equipment maintenance. | Yes | 6.3.7 (RPC-QA-015-SOP-15.1) |
| 10.04 | **Administration and other patient care activities** (if applicable). | N/A | |
| 10.05 | **Spills**: Spill generation, management, and disposal. | Yes | 6.5.6 |
| 10.06 | **Transport** | Yes | 6.3.7, 2.7.2 |
| 10.07 | **Waste**: Collection and disposal of HD waste and trace contaminated waste | Yes | 6.3.7 |
| 11.00 | SOPs are reviewed at least every 12 months by the designated person, and the review is documented. | Yes | |
| 12.00 | SOPs are readily available to all who may need to handle HD or respond to a spill (pharmacy employees, housekeeping, nursing personnel, delivery personnel, etc).<br>*Describe whether P&Ps are available electronically, by paper, or both.* | Yes | Electronically |

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# National Association of Boards of Pharmacy®
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## Hazardous Drugs Handling in Health Care Settings

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**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

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| | | Observatio | Notes |
|---|---|---|---|
| 13.00 | SOPs address at a minimum:<br>*If no, document "missing" in Inspector Notes for each SOP topic* | | **Please note NABP did not review each SOP for alignment on USP <800>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.** |
| 13.01 | Hazard communication program plan | Yes | 6.3.7 |
| 13.02 | Competent personnel | No | |
| 13.03 | Occupational safety program | No | |
| 13.04 | Designation of HD areas | Yes | 6.3.7 |
| 13.05 | Receiving HDs, including handling of damaged shipping containers/breakages | Yes | 6.3.7 |
| 13.06 | A list of HDs | Yes | 6.1.4 |
| 13.07 | Storage of HDs | Yes | 6.3.7 |
| 13.08 | Compounding of HDs | Yes | 6.3.7 |

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| 13.09 | Use and maintenance of proper engineering controls (eg, containment primary engineering control [C PECs], containment secondary engineering control [C SECs], and closed system drug transfer device [CSTDs]) to include SOPs for repairs, loss of power, moving, etc. | Yes | 6.3.7 |
| 13.10 | Hand hygiene and proper use of appropriate PPE based on activity (eg, receipt, transport, compounding, administration, spill, disposal). | Yes | 6.3.7 |
| 13.11 | Deactivation, decontamination, cleaning, disinfection SOPs include all of the following: | | 6.3.7 |
| 13.11.01 | Agents used | Yes | |
| 13.11.02 | Dilutions, if used | N/A | |
| 13.11.03 | Frequency | Yes | |

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| 13.11.04 | PPE to be worn (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted--addressed in SOPs) | Yes | |
| 13.11.05 | Documentation requirements | Yes | |
| 13.12 | Receiving SOPs to include communications with suppliers about packaging and visual/other inspection of shipping containers for signs of damage and how to handle damaged containers. | Yes | |
| 13.13 | If a shipping container appears damaged and **does not need to be opened**: | | 6.3.7 |
| 13.13.01 | It is sealed without opening and wrapped in impervious plastic; | Yes | |
| 13.13.02 | Labeled as "hazardous"; and | No | |
| 13.13.03 | Returned to the supplier after contacting the supplier or disposed of as hazardous waste if supplier declines return. | Yes | |
| 13.14 | If a damaged shipping container **must be opened**: | | |
| 13.14.01 | Container is sealed in plastic or an impervious container; | No | |

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|---|---|---|---|
| 13.14.02 | It is transported to the C-PEC before opening, preferably nonsterile compounding C-PEC, if available; | No | |
| 13.14.03 | container is placed on a plastic-backed preparation mat; | No | |
| 13.14.04 | It is opened and undamaged items are removed and wiped down with a disposable wipe; | No | |
| 13.14.05 | Damaged item is enclosed in an impervious container and labeled "hazardous"; | No | |
| 13.14.06 | Damaged item is returned to the supplier or disposed of as hazardous waste; | No | |
| 13.14.07 | Deactivate, decontaminate, and clean the C-PEC in accordance with SOPs; and | No | |
| 13.14.08 | If a sterile compounding C-PEC must be used, it is also disinfected after cleaning prior to resuming any sterile compounding activities. | No | |
| 13.15 | Safe work Practices SOPs | No | |
| 13.16 | Dispensing SOPs | Yes | 6.3.7 |
| 13.17 | Packaging and labeling SOPs | Yes | 6.1.4 |
| 13.18 | Transport SOPs | No | |

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| | | Observatio | Notes |
|---|---|---|---|
| 13.19 | Administering SOPs, if applicable | N/A | |
| 13.20 | ***Recommendation: Environmental monitoring (eg, wipe sampling) SOPs*** | No | |
| 13.21 | HD waste segregation and disposal (including reference to following local, state, and federal regulations) SOPs | Yes | 6.3.7 |
| 13.22 | Spill prevention and direction of spill cleanup and control SOPs must address the following: | | |
| 13.22.01 | Size and scope of spill; | Yes | |
| 13.22.02 | Responsible person for handling spills; | Yes | |
| 13.22.03 | Location of spill kits and clean-up materials; | Yes | |
| 13.22.04 | Capacity of the spill kits; | Yes | |
| 13.22.05 | PPE to be worn during spills; | Yes | |
| 13.22.06 | Handling of worn PPE and any exposed clothing under PPE; | Yes | |

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| 13.22.07 | Use of appropriate full-face, chemical cartridge-type respirator or powered air-purifying respirators (PAPR) if capacity of spill kit is exceeded or known or suspected airborne exposure to vapors/gases; and | Yes | A full face respirator and N95 is fit tested yearly for each compounding technician and each have their own pair of goggles. |
| 13.22.08 | Medical evaluation/incident reporting/documentation/other handling of persons potentially exposed or with direct skin/eye contact to the HD. | Yes | |
| 13.23 | ***Recommendation:*** *Does the pharmacy have a medical surveillance program? (a comprehensive control program to monitor and identify potential worker health care issues from HD exposure.)* | Yes | This process is in the beginning stages. |
| 14.00 | The **hazard communication program** SOP has policies and procedures that ensure worker safety in all aspects of HD handling relevant to the pharmacy and ensure effective personnel training in proper labeling, transport, storage, and disposal of HDs, use of Safety Data Sheets (SDSs), based on the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). | Yes | 6.1.4 |
| 15.00 | The pharmacy's hazard communication program includes, at a minimum, all of the following: | | |
| 15.01 | A written plan that describes how the standard will be implemented; | Yes | |
| 15.02 | How containers of HDs/hazardous chemicals will be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings; | Yes | |

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|---|---|---|---|
| 15.03 | SDSs are maintained for each hazardous chemical they use (29 CFR 1910.1200); | Yes | |
| 15.04 | How SDSs are readily accessible to personnel during each work shift and when they are in their work areas; | Yes | |
| 15.05 | Information and training provided to personnel prior to initial assignment to work with a hazardous chemical and whenever the hazard changes; and | Yes | |
| 15.06 | Personnel of reproductive capability confirm in writing that they understand the risks of handling HDs. | Yes | |
| | **Personnel Training** --*Check four employee files for documentation* | | |
| 16.00 | All personnel handling HDs are trained based on their job function prior to independently handling HDs. | Yes | |
| 17.00 | Personnel file contains the employee's acknowledgement of the risk of handling HD (as part of the hazardous communication program). | Yes | |
| 18.00 | For non sterile HD compounding, personnel competency is observed and assessed at least annually for proper compounding technique, with no concerns identified. | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 19.00 | For sterile HD compounding, personnel competency is observed and assessed at least annually for proper sterile compounding aseptic technique, with no concerns identified. | Yes | Critical point training is completed annually by all pharmacy technician compounders. |
| 20.00 | After initial HD training, personnel are trained prior to introduction of any new HD or new equipment, or prior to any significant change in process or SOP. | Yes | |
| 21.00 | All HD training and assessments are documented for each employee who transports, compounds, or administers HDs, and meets Occupational Safety and Health Administration Standard 1910.120 and any other requirements of law or regulation. | Yes | |
| 22.00 | All personnel who perform custodial HD waste removal and cleaning in HD handling areas are trained in appropriate procedures to protect themselves and the environment. | N/A | |
| 23.00 | HD training, based on employee file review, all of the following are present: | | |
| 23.01 | Overview of pharmacy's HD list and their risks; | Yes | Hazardous reproductive list is provide to each employee when the employee confirms in writing they understand the risks. |
| 23.02 | Review of the SOPs related to HDs; | Yes | |
| 23.03 | Proper use of PPE; | Yes | |
| 23.04 | Proper use of equipment and devices (eg, engineering controls); | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 23.05 | Appropriate procedures for deactivation, decontamination, cleaning, and disinfection (if applicable); | Yes | Critical Point |
| 23.06 | Response to known or suspected HD exposure; | Yes | |
| 23.07 | Spill management; | Yes | Critical Point |
| 23.08 | Proper disposal of HDs and trace-contaminated materials; and | Yes | Critical Point |
| 23.09 | New HD drug/new equipment or prior to any significant change in process or SOP. | Yes | |
| 24.00 | If respiratory protection is needed for any HDs handled, personnel are fit tested and trained in the proper use of the respirator. | Yes | |
| | **Personal Protective Equipment** | | |
| 25.00 | For sterile and nonsterile compounding with HDs, personnel wear gowns; head, hair, and shoe covers; and two pairs of chemotherapy gloves. | Yes | |
| 26.00 | Appropriate PPE is readily accessible where HD is handled, include all of the following: | | |
| 26.01 | Receipt (PPE appropriate to HD as set forth in SOPs, and at a minimum, chemotherapy gloves worn); | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 26.02 | Storage; | Yes | |
| 26.03 | Transport; | Yes | |
| 26.04 | Nonsterile Compounding (if performed by the pharmacy); | Yes | |
| 26.05 | Sterile Compounding (if performed by the pharmacy); | Yes | |
| 26.06 | Administration, if applicable; | N/A | |
| 26.07 | Deactivation/decontamination, cleaning, and disinfecting (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted/addressed in SOPs); | Yes | |
| 26.08 | Spill control; | Yes | |
| 26.09 | Waste disposal; and | Yes | |
| 26.10 | If administering injectable antineoplastics, two pairs of chemotherapy gloves and permeability resistant gowns are worn. | N/A | |
| 27.00 | Disposable PPE is not reused. | Yes | |
| 28.00 | Reusable PPE is decontaminated and cleaned after each use. | N/A | |

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| | | Observatio | Notes |
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| 29.00 | **Gloves**: The pharmacy is using appropriate gloves for the activities conducted (chemotherapy gloves meet ASTM standard D6978 -- or its successor -- and are resistant to cleaning agents used) and are resistant to cleaning agents used. | Yes | |
| 29.01 | **Recommendation**: Are *chemotherapy gloves worn for handling all HDs including non antineoplastics and for reproductive risk only HDs?* | Yes | |
| 29.02 | Chemotherapy gloves are powder free. | Yes | |
| 29.03 | Chemotherapy gloves are inspected for physical defects before use and defective gloves (eg, pin holes, tears, weak spots) are discarded. | Yes | |
| 29.04 | For sterile compounding, the outer chemotherapy gloves are sterile. | Yes | |
| 29.05 | Chemotherapy gloves are changed when torn, punctured, or contaminated. | Yes | |
| 29.06 | **Recommendation**: Are *chemotherapy gloves changed every 30 minutes (unless otherwise recommended by the manufacturer)?* | Yes | |
| 29.07 | Hands are washed with soap and water after removing chemotherapy gloves. | Yes | |

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|---|---|---|---|
| 30.00 | **Gowns**: The pharmacy is using appropriate gowns for the activities conducted (if required for type of compounding based on standards or assessment of risk). | Yes | |
| 30.01 | Gowns are disposable. | Yes | |
| 30.02 | Gowns resist permeability of HDs and are not laboratory coats, surgical scrubs, or isolation gowns (selected based on HDs handled). | Yes | |
| 30.03 | Gowns close in the back, are long sleeved, and have closed cuffs that are elastic or knit. | Yes | |
| 30.04 | Gowns do not have seams or closures that will allow HDs to pass through. | Yes | |
| 30.05 | Gowns are changed in accordance with the manufacturer's instructions, or if no permeation information is available, they are changed every two to three hours or immediately after a spill or splash. | Yes | |
| 30.06 | Gowns worn in HD areas are not worn to other areas. | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 31.00 | **Head, hair** (beard and moustache, if appropriate), **and shoe and sleeve covers.** The pharmacy is using appropriate head, hair, and shoe and sleeve covers for the type of compounding based on standards or assessment of risk to provide protection from contact with HD residue, if required. | Yes | |
| 31.01 | When HD compounding, a second pair of shoe covers are donned before entering the C SEC and doffed when exiting the C SEC. | Yes | |
| 31.02 | Shoe covers worn in HD areas are not worn into other areas of the facility. | Yes | |
| 32.00 | **Eye and Face Protection**: The pharmacy is using appropriate eye and face PPE protection for the activities conducted (based on assessment of risk that HDs are irritating to the eyes and mucous membranes, where there is risk of spills or splashes when working outside of a C PEC), if required. | Yes | |
| 32.01 | If a risk to eyes, goggles (or a full face respirator) are worn. *Eyeglasses or safety glasses with side shields are not substituted for goggles.* | Yes | |
| 32.02 | If a risk to face and eyes, goggles plus a face shield (or a full face respirator) are worn. | Yes | |

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## Hazardous Drugs Handling in Health Care Settings

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**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observatio | Notes |
|---|---|---|---|
| 33.00 | **Respiratory Protection**: The pharmacy is using appropriate respiratory PPE protection for the activities conducted (receiving, transport, compounding, administration, and waste disposal) based on assessment of risk based on type of HD and type of activity, if required. *Indicate what type of PPE which is available to employees (and is fit tested, when required).* | Yes | |
| 33.01 | Fit-tested NIOSH-certified N95 respirator; | Yes | |
| 33.02 | Elastomeric half-mask with a multi-gas cartridge and P100-filter; | N/A | |
| 33.03 | Full-face piece, chemical cartridge-type respirator; | Yes | |
| 33.04 | PAPR; and/or | N/A | |
| 33.05 | Other (describe in notes). | N/A | |
| 34.00 | Surgical masks are **not** used as PPE when respiratory protection is needed. | Yes | |

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| 35.00 | The pharmacy uses an appropriate respiratory PPE for large HD spills; deactivating, decontaminating, and cleaning underneath the work surface of the C-PEC; and when there is known or suspected airborne exposure to powders or vapors. *Indicate what type of PPE which is available to employees (and is fit-tested, when required).* | Yes | |
| 35.01 | Fit-tested NIOSH-certified N95 respirator; | Yes | |
| 35.02 | Elastomeric half-mask with a multi-gas cartridge and P100-filter; | N/A | |
| 35.03 | Full-facepiece, chemical cartridge-type respirator; | Yes | |
| 35.04 | PAPR; and/or | N/A | |
| 35.05 | Other (describe in notes). | N/A | |
| 36.00 | Surgical masks are **not** used as PPE when respiratory protection is needed. | Yes | |
| 37.00 | **Disposal of Used PPE**: Is all PPE worn during handling of HDs considered contaminated with at least trace quantities? | Yes | |

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| 37.01 | Worn PPE is placed in an appropriate HD waste container. | Yes | |
| 37.02 | The HD waste container is located in reasonable proximity to HD PPE doffing activities. | Yes | |
| 37.03 | Chemotherapy gloves, and sleeve covers if worn, are carefully removed and discarded immediately into an approved HD trace waste container inside the C PEC or contained in a sealable bag for discarding outside the C PEC. | Yes | |
| | **Facilities and Engineering Controls** | | |
| 38.00 | There are signs prominently displayed before the entrance to all HD handling areas designating the hazard. | Yes | |
| 38.01 | Access to these areas are restricted to authorized personnel who have been appropriately trained. | Yes | |
| 38.02 | HD areas are located away from breakrooms/refreshment areas for personnel, patients, and/or visitors. | Yes | |
| 39.00 | There are designated HD areas for any of the following: | | |
| 39.01 | Receiving and unpacking of HDs | Yes | |

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| 39.02 | Storage of HDs | Yes | |
| 39.03 | Nonsterile HD compounding (if performed by the pharmacy) | Yes | |
| 39.04 | Sterile HD compounding (if performed by the pharmacy) | Yes | |
| 40.00 | ***Recommendation**: If there is a requirement for certain designated areas to have negative pressure from surrounding areas, is there an uninterrupted power source (UPS) to the ventilation systems in order to maintain negative pressure in the case of power loss?* | Yes | Generator is on site. |
| 41.00 | **Receipt**: Are HDs received and unpacked (removed from external shipping containers) in an appropriate environment? *Describe.* | Yes | Receiving department has a designated stainless countertop with a line of demarcation for hazardous receiving. |
| 41.01 | Antineoplastics and HD APIs are unpacked in an area with air pressure relative to surrounding areas that is either neutral or negative pressure. *Indicate the type of environment. If the environment is positive pressure, it is non-compliant.* | Yes | |
| 41.01.01 | Neutral | Yes | |
| 41.01.02 | Negative | N/A | |

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| 42.00 | HDs are not unpacked in a sterile compounding area (eg, no external containers are brought into C SEC). | Yes | |
| 43.00 | **Storage**: Are HDs stored in a manner to minimize accidental exposure? *Describe.* | Yes | Stored in a negative pressure hazardous storage room |
| 43.01 | HDs are not stored on the floor. | Yes | |
| 43.02 | HDs are stored in a manner to minimize breakage and spillage. | Yes | |
| 43.03 | If facility is in an area prone to specific types of natural disasters, appropriate precautions are taken (eg, raised front lips on shelving in earthquake prone areas). | N/A | |
| 44.00 | Antineoplastic HDs that require manipulation (other than counting and repackaging final dosage forms) and HD API are stored separately from non HDs. | N/A | |
| 44.01 | These HDs are stored in an externally ventilated, negative pressure room. | Yes | |
| 44.02 | The HD storage room has at least 12 air changes per hour (ACPH). | Yes | |

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| 44.03 | Refrigerated antineoplastic HDs are stored in a dedicated refrigerator in a negative pressure area with at least 12 ACPH (eg, storage room, buffer room, or containment segregated compounding area [C SCA]). | N/A | |
| 44.04 | **Recommendation**: *If the refrigerator is located in a buffer room, is an exhaust located adjacent to the refrigerator's compressor and behind the refrigerator?* | N/A | |
| 45.00 | If non antineoplastic, reproductive risk only, and final dosage forms of antineoplastics are stored with other non HD inventory, there is a written policy/SOP addressing it. | Yes | |
| 46.00 | **Compounding**: There are appropriate engineering controls to protect the HD preparation from cross contamination, and if sterile compounding, from microbial contamination, during all phases of the compounding process. | Yes | |
| 47.00 | All HD compounding are performed within a C PEC located in a C-SEC room. | Yes | |
| 47.01 | The C SEC for both sterile and nonsterile HD compounding has all of the following: | | |
| 47.01.01 | Has fixed walls; | Yes | |
| 47.01.02 | Is externally vented; | Yes | |

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| 47.01.03 | Is able to meet (12) or exceed ACPH requirements; | Yes | |
| 47.01.04 | Is physically separated (ie, a different room) from other preparation areas; and | Yes | |
| 47.01.05 | Has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to all adjacent areas. | Yes | |
| 48.00 | The C PEC operates continuously if it supplies some or all of the negative pressure in the C SEC or if it is used for sterile compounding. | Yes | |
| 49.00 | There is a sink readily available for handwashing on the hazardous side. | Yes | |
| 49.01 | There is an eyewash station readily available. | Yes | |
| 49.02 | Water sources and drains are a minimum of 1 meter away from the C PEC. | Yes | |
| 50.00 | Does the pharmacy engage in **nonsterile HD compounding**? If yes, complete 50.01 54. If no, skip to 55: | Yes | |
| 50.01 | Select the location where **nonsterile HD compounding** is performed type(s): | | |
| 50.01.01 | C-PECs used for sterile HD compounding are located in a different room than C-PECs used for nonsterile HD compounding | Yes | |
| 50.01.02 | C-PECs used for sterile HD compounding are located in the same room as C-PECs used for nonsterile HD compounding. | N/A | |

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| 50.02 | Select the type(s) of containment primary engineering control(s) used for **nonsterile HD compounding**: | | |
| 50.02.01 | Class I biological safety cabinet (BSC) | N/A | |
| 50.02.02 | Class II BSC | N/A | |
| 50.02.03 | Containment ventilated enclosure (CVE) | Yes | |
| 50.02.04 | Compounding aseptic containment isolator (CACI) | N/A | |
| 50.02.05 | Other, describe | N/A | |
| 51.00 | Indicate if the C-PEC used for **nonsterile HD compounding** (must be one of two below in order to be compliant): | | |
| 51.01 | Is externally vented *(preferred)* ; **and/or** | N/A | |
| 51.02 | Has redundant High Efficiency Particulate Air (HEPA) filters in series | Yes | |
| 52.00 | Does the pharmacy use the same C PEC (Class II BSC or CACI) used for sterile HD compounding and nonsterile HD compounding? | No | |
| 52.01 | Is **nonsterile HD compounding** only "occasional"? */* *If yes, please describe frequency and quantity.* | N/A | |
| 52.02 | Is the **nonsterile HD compounding** activity only occurring when sterile HD compounding is not being performed? | N/A | |

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| 52.03 | Is the C PEC decontaminated, cleaned, and disinfected prior to resuming sterile compounding? | N/A | |
| 53.00 | The C SEC has at least 12 ACPH. *Verify documentation and monitoring.* | Yes | |
| 54.00 | The ceilings, walls, floors, fixtures, shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, and non shedding. *If non-compliant describe.* | Yes | |
| 55.00 | Does the pharmacy engage in **sterile HD compounding**? If yes, complete 55.01 61.02.03. If no, skip to 62. | Yes | |
| 55.01 | Select the type(s) of containment primary engineering control(s) used for **sterile HD compounding**: | | |
| 55.01.01 | CACI | Yes | |
| 55.01.02 | Class II BSC, Type A1 (formerly Type A and not suitable for volatile toxic chemicals and volatile radionuclides) | N/A | |
| 55.01.03 | Class II BSC, Type A2 (formerly Type B3) | N/A | |
| 55.01.04 | Class II BSC, Type B1 | N/A | |
| 55.01.05 | Class II BSC, Type B2 (total exhaust for volatile components) | N/A | |
| 55.01.06 | Class III BSC | N/A | |

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| 55.01.07 | LAFW (not for antineoplastics) | N/A | |
| 55.01.08 | CAI (not for antineoplastics) | N/A | |
| 56.00 | The C PEC maintains ISO Class 5 or better air quality and is under continuous operation, unless power loss or repair occurs. | Yes | |
| 57.00 | Is the C-PEC used for **sterile HD compounding** externally vented? | Yes | |
| 58.00 | If a BSC or CACI that is used for **sterile HD compounding** is also used for non HD preparations, is the non HD preparation placed into a protective outer wrapper during removal from the C PEC? | N/A | |
| 58.01 | If used for both, is the non HD preparation labeled to require PPE handling precautions? | N/A | |
| 59.00 | If the C SEC is an unclassified containment segregated HD compounding area (C SCA: enclosed separate room with fixed walls, but not ISO classified), beyond-use dates (BUDs) are limited in accordance with <797> as Category 1 compounded sterile preparations. | N/A | |
| 59.01 | The C SEC (C-SCA) has at least 12 ACPH.<br>*Verify documentation and monitoring.* | N/A | |

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| 59.02 | A handwashing sink is at least one meter or more away from the C-PEC | N/A | |
| 59.02.01 | Describe whether the sink is inside the C-SCA or directly outside the C-SCA | | |
| 60.00 | If BUDs are longer than the Category 1 BUDs specified in <797>, the PEC is located in a C SEC, which is an ISO Class 7 buffer room adjacent to an ISO Class 7 anteroom. | Yes | |
| 60.01 | The buffer room has fixed walls. | Yes | |
| 60.02 | The buffer room is externally vented. | Yes | |
| 60.03 | The buffer room has HEPA filtered supply air. | Yes | |
| 60.04 | The buffer room has at least 30 ACPH. | Yes | |
| 60.05 | The buffer room has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to the anteroom. | Yes | |
| 60.06 | The anteroom has fixed walls. | Yes | |
| 60.07 | The ante room has a minimum of 30 ACPH of HEPA filtered supply air. | Yes | |
| 60.08 | The ante room maintains positive pressure of at least 0.02 inches water column relative to any adjacent unclassified areas. | Yes | |

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| 60.09 | The handwashing sink is located in the anteroom at least 1 meter or more away from the door to the buffer room to prevent contamination into the negative pressure buffer room. | Yes | |
| 61.00 | If the negative pressure HD buffer room is entered through a positive pressure non HD buffer room, there is a line of demarcation within the buffer room for donning and doffing PPE. | Yes | |
| 61.01 | There is a design and method to contain and minimize HD contamination when **transporting** HDs, HD CSPs, and HD waste into and out of the negative pressure buffer room: | Yes | |
| 61.02 | Indicate how HD contamination is minimized: | | |
| 61.02.01 | Pass-through chamber between negative pressure buffer room and adjacent space included in the facility's certification not compromising air quality in the buffer room *(verified in the facility's semi-annual certification report that pass through has not compromised air quality in the buffer room).* | Yes | |
| 61.02.02 | Use of sealed containers | Yes | |
| 61.02.03 | Other, *describe* | N/A | |

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| | **Environmental Quality and Control - Surface wipe sampling** | | |
| 62.00 | **Recommendation**: **Surface wipe sampling** is performed routinely (initially and at least every six months) to monitor HD containment processes and trends, which includes all of the following: | No | |
| 62.01 | Interior of C-PEC and equipment within the C-PEC | N/A | |
| 62.02 | Pass-through chambers | N/A | |
| 62.03 | Surfaces in staging or work areas near the C-PEC | N/A | |
| 62.04 | Areas adjacent to the C-PEC (eg,. floors directly under, staging, and dispensing areas) | N/A | |
| 62.05 | Areas immediately outside the HD buffer room or the C-SCA | N/A | |
| | **Receiving** | | |
| 63.00 | **Recommendation**: HDs are packaged by the supplier in impervious plastic to segregate them from other drugs and decrease possibility of exposure during unpacking and internal transfer. | Yes | |
| 64.00 | HDs are delivered to the HD storage area immediately after unpacking. | Yes | |
| 65.00 | A spill kit is readily accessible in the receiving area. | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 66.00 | Containers are visually examined for signs of damage or breakage prior to opening. | Yes | |
| 67.00 | If a shipping container appears damaged and does not need to be opened, it is sealed, enclosed in an impervious container, labeled "hazardous" on the outside, and returned to the supplier after contact or disposed of as hazardous waste. | No | |
| 67.01 | If a damaged shipping container must be opened, it is done so according to SOPs, to include sealing the container in plastic or an impervious container, transporting it to the C PEC for unpacking, removing, and wiping the outside of the undamaged items with disposable wipes, resealing the damaged items in an impervious container and marking it "hazardous," returning it to the supplier after contact or disposing as hazardous waste, and deactivating, decontaminating, and cleaning the C PEC.\ | No | |
| 68.00 | Damaged packages are considered spills and reported to the designated person.<br>***List last date of damaged package receipt.*** | Yes | There have been no damaged packages received. |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Hazardous Drugs Handling in Health Care Settings

**The information and comments obtained in the Hazardous Drugs Handling in Health Care Settings Inspection is based on USP Chapter <800>.**

**Any items marked "Recommendation" are considered "best practices" and are not considered requirements for compliance with USP standards, but the information is collected as it may be a requirement under state law.**

**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Everwell Specialty Pharmacy, LLC dba Everwell Specialty Pharmacy

**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observatio | Notes |
|---|---|---|---|
| | **Labeling, Packaging, Transport, and Disposal** | | |
| 69.00 | HDs requiring special HD handling are always clearly labeled as hazardous during transport and in accordance with any laws related to labeling of HDs. | No | |
| 70.00 | Labeling processes do not introduce contamination into non HD handling areas. | Yes | |
| 71.00 | Packaging materials are chosen that protect the HD and healthcare worker against damage, leakage, contamination, and degradation during transport, but also maintains the physical integrity, stability, and sterility of the HD. | Yes | |
| 72.00 | Pneumatic tubes are not used for transporting any liquid HDs or antineoplastic HDs. | Yes | |
| 73.00 | Labeling on HDs shipped outside the pharmacy meets all of the following requirements: | | |
| 73.01 | Labeling specified in SDS for transport; | Yes | |
| 73.02 | Storage and disposal instructions; and | Yes | |
| 73.03 | Labeled with HD category. | No | |

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**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observatio | Notes |
|---|---|---|---|
| | **Dispensing, Packaging, and Compounding Processes** | | |
| 74.00 | Counting of antineoplastics is done by hand (eg, not placed into automated counting devices). | N/A | No antineoplastics are maintained at this location. |
| 75.00 | Clean, dedicated (not used for non HD purposes), or disposable equipment is used for counting, packaging, and compounding of HDs. | Yes | |
| 75.01 | **Recommendation**: Equipment is decontaminated after every use. | Yes | |
| 75.02 | **Recommendation**: When compounding, a plastic backed preparation mat is placed on the C PEC work surface and changed and discarded appropriately as HD waste. All of the following should apply in order to make this a Yes. | No | |
| 75.02.01 | Immediately if a spill occurs | N/A | |
| 75.02.02 | Regularly during use | N/A | |
| 75.02.03 | At the end of a shift | N/A | |
| 76.00 | APIs or other powdered HDs are handled in a C PEC during particle generating activities, such as crushing, opening capsules, and weighing powders. | Yes | |

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**e-Profile ID:** 765119

**Inspection Date:** 4/12/2024, 4/17/2024 & 4/18/2024

| | | Observatio | Notes |
|---|---|---|---|
| | **Deactivating and Decontaminating (Cleaning and Disinfecting are performed in accordance with Chapters <795> and <797>)** | | |
| 77.00 | The pharmacy has chosen appropriate oxidizing agent(s) for deactivation and decontamination and proven effective by testing. | Yes | |
| 78.00 | Wipes or other appropriate delivery mechanisms (eg, not a spray bottle) are used for deactivation and decontamination. | Yes | |
| 79.00 | The C-PEC must be decontaminated.<br>*All of the following must be done to be compliant:* | Yes | |
| 79.01 | Between compounding of different HDs | Yes | |
| 79.02 | At least daily when used | Yes | |
| 79.03 | Any time a spill occurs | Yes | |
| 79.04 | Before and after certification | Yes | |
| 79.05 | Any time voluntary interruption occurs | Yes | |
| 79.06 | If the ventilation tool is moved | Yes | |
| 80.00 | HD containers are wiped down prior to placing them in the C PEC and the solution used does not alter the product label. | Yes | |

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| | | Observatio | Notes |
|---|---|---|---|
| 81.00 | Areas, other than the work surface of the C PEC, where contamination can build up (such as areas under the work tray), are deactivated, decontaminated, and cleaned at least monthly. | Yes | |
| 82.00 | Additional PPE (eg, respirator) is used in accordance with SOPs, to protect the worker if containment airflows are compromised by opening the cabinets to get to these areas. | Yes | |
| | **Spill Control** | | |
| 83.00 | Spills are contained and cleaned immediately. | Yes | |
| 84.00 | Trained/qualified personnel are always available during operation with HDs to handle spills. | Yes | |
| 85.00 | Only trained/qualified personnel engage in spill containment and cleanup. | Yes | |
| 86.00 | There are signs available to restrict access to spill areas. | Yes | |
| 87.00 | Spill kits, containing all ingredients necessary to clean HD spills, are readily available in all areas where HDs are routinely handled. | Yes | |
| 88.00 | Spill materials are disposed of as hazardous waste. | Yes | |
| 89.00 | The circumstances and management of all spills are documented. ***Review documentation for spills for the last year and list the most recent date.*** | Yes | There have been no spills in the last 5 years. |

# 4XX

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| **Facility Location** | **Application Type (check all applicable)** | **Pharmacy Type (check all applicable)** | **Services the Pharmacy will Provide (check all applicable)** |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-Nevada | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)<br><br>* Current license #:<br>PH_____ | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☒ Other: Veterinary | ☒ Retail/Community<br>☒ Dangerous drugs<br>☒ Controlled substances<br>DEA #: _____<br>☒ Non-sterile Compounding<br>☒ Sterile Compounding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| **Days of Operation** | | **Ownership Type (check applicable box)** |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

**Section 1: General Information**

Pharmacy Name: Mixlab TX, LLC

Physical Address: 953 Hilltop Dr

City: Weatherford State: TX Zip: 76086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (888) 901-4480 Toll Free # (NAC 639.708, NRS 639.23286): (888) 901-4480

Fax: (212) 967-0892 Contact Email: licensingtx@mixlab.com

Website: www.mixlab.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Vinh Dam

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23369

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Vinh Dam | NV Pharmacist Registration #: 23369 |
| Name: Taylor Lerena | NV Pharmacist Registration #: 23320 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Mixlab, Inc.

Corporation/Organization Name: Mixlab TX, LLC

Mailing Address: 953 Hilltop Dr

City: Weatherford State: TX Zip: 76086

Telephone: (888) 901-4480 Email: licensingtx@mixlab.com

Contact Person Name: Rita Peyem

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

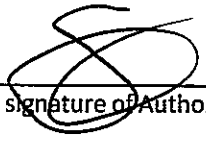
**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Chief Executive Officer (title) for Mixlab TX, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Frederic Dijols

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

10/22/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frederic Dijols

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

10/22/24

Date

| Board Use Only | Date Received: 11/5/24 | Amount: $300-CC |
|---|---|---|

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIXLAB TX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIXLAB TX, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2024.

Jeffrey W. Bullock, Secretary of State

2935766 8300

SR# 20243735510

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204439492

Date: 09-19-24

1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

# Notice of Inspection

## Facility Information

Name: *MIXLAB TX, LLC*

License Number:

Address: *953 HILLTOP DR , WEATHERFORD , TX 76086*

Phone: *888-901-4480*

Email:

Class of License: *AS*

License Expiration:

DEA #: *None*

DEA Expiration:

## Inspection Information

Type: *Compliance*

Purpose: *Change of Ownership*

Date: *03/22/2024*

Arrival Time: *12:00 PM*

## Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



*Taylor Lerena* *PIC* *66475*

## Witness



*Robert Moura*

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

# Inspection Report

## Facility Information

Name: *MIXLAB TX, LLC* License Number:

Class of License: *AS*

## Inspection Information

Type: *Compliance* Purpose: *Change of Ownership*

Date: *03/22/2024* Arrival Time: *12:00 PM* Departure Time: *1:30 PM*

Action Taken: *Inspection*

General Comments:

## Pre-Inspection Checklist

| | |
|---|---|
| Verify Owner/Owner's Representative ID | *Ye* |
| Name: *Dam Vinh* | Title: *Owner's Representative* |
| Verify PIC ID | *Ye* |
| Name: *Taylor Lerena* | Title: *PIC* |
| 1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy. | *Ye* |
| 2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed. | *Ye* |
| 3. Electrical supply exists. | *Ye* |
| 4. A sink with hot and cold running water available exclusive of the restroom facilities. | *Ye* |
| 5. Pharmacy arranged in an orderly fashion and kept clean. | *Ye* |
| 6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to: | *Ye* |
| 6a. data processing system including a printer or comparable equipment; | *Ye* |
| 6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration; | *Ye* |
| 6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers; | *Ye* |
| 6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy; | *Ye* |

6e. appropriate equipment necessary for the proper preparation of prescription drug orders; Ye

6f. metric-apothecary weight and measure conversion charts; Ye

6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy. Ye

7. A reference library is on site and current: Ye

7a. Texas Pharmacy Laws and Regulations (publication year: _____) Ye

Publication Year
: *Online*

7b. Drug Interactions Reference (publication year: _____) Ye

Publication Year
: *Online*

7c. General Information Reference (publication year: _____) Ye

Publication Year
: *Online*

7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations) Ye

7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions) Ye

7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center. Ye

8.If the pharmacy is compounding sterile preparations, the following references are also required: Ye

8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations Ye

8b. Chapter 71 of the USP/NF concerning Sterility Tests Ye

8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test Ye

8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding Ye

8e. Handbook on Injectable Drugs (publication year: _____) Ye

Publication Year
: *Online*

8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs) Ye

9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site. Ye

| | |
|---|---|
| 10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit. | Ye |
| 11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E) | Ye |
| 12. An area suitable for confidential patient counseling, if the pharmacy serves the general public | Not Applicabl |
| 13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded. | Ye |
| 14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators). | Ye |
| 15. Certified clean room(s) (e.g. ante area, buffer area). | Ye |

## Discussion Items

| | |
|---|---|
| The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed. | Ye |
| Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b). | Ye |
| Pharmacy will need to conduct an opening inventory on the first day of business. | Ye |
| Pharmacy will need to report all controlled substances to the PMP as required. | Ye |

## Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



*Taylor Lerena*



*Robert Moura*

## Pharmacist in Charge Attestation:

**hereby attest the following statements are true and accurate (initial each statement below):**

- I am the Pharmacist-in-Charge (PIC) of *MIXLAB TX, LLC*, pharmacy license number , and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *03/22/2024*.
- I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.
- I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.
- If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.
- I was present and completed this Attestation during the Compliance Inspection.

not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector or your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.



**igned:**

**Date:** *03/22/2024*

**rinted Name:** *Taylor Lerena*

**License No.(if applicable):** *66475*

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

*Check all that apply:*

| | |
|---|---|
| | (1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy |
| | (2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume. |
| | (3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs. |
| | (4) The prescriptions for controlled substances contain nonspecific or no diagnoses. |
| | (5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities. |
| | (6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions. |
| | (7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms. |
| | (8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy. |
| | (9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate. |
| | (10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants. |
| | (11) Drugs prescribed are inconsistent with the prescriber's area of practice. |
| | (12) The prescriber of the drugs is located a significant distance from your pharmacy. |
| | (13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action. |
| | (14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies. |
| | (15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office. |
| | (16) Multiple persons with the same address present prescriptions from the same prescriber. |
| | (17) Persons pay with cash or credit card more often than through insurance. |
| | (18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy). |
| | (19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies. |
| | (20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders. |
| | (21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday. |
| | (22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems. |
| | (23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility). |

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 35296

(Date PDF Version Generated: 3/25/2024)

COPY

## HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

**An up-to-date License Verification is always available on the Board's website:** http://www.pharmacy.texas.gov/

CERTIFICATE OF THE TEXAS BOARD OF PHARMACY

COPY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **35296** Expiration Date: **03/31/2026**

Balances: **4**

**MIXLAB TX, LLC**
**953 HILLTOP DR**
**WEATHERFORD, TX 76086**

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

# TEXAS STATE BOARD OF PHARMACY

## Texas Pharmacy License # 35296

## MIXLAB TX, LLC

### License Information

**License Status** Active
**License #** 35296
**Expiration Date** 03/31/2026
**Date License Issued** 03/25/2024

### Address

953 HILLTOP DR
WEATHERFORD, TX 76086
**County** PARKER
**Phone** (888) 901-4480

### Pharmacy Details

**Prior Disciplinary Orders*** No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

**Class of Pharmacy** Community Sterile Compounding
**Type of Ownership** LLC
**Type of Pharmacy** Community Independent
**# of Hospital beds**

### Employment Information

**Pharmacist in Charge**
LERENA, TAYLOR RACHELE

### Pharmacy Profile ¥

| | |
|---|---|
| **Accessible to disabled persons?** | Yes |
| **Participates in the Texas Medicaid program?** | No |
| **Translating services (Listed Below If Available)** | |
| Spanish | |

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

### Remedial Plans and Inspection Reports

- 3347708 35296 MIXLABTXLLC 2024-03 03-2029.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

### Services Provided

| | |
|---|---|
| **Nuclear** | No |
| **Out-Patient Prescriptions** | No |
| **Ship Prescription Out of State** | Yes |
| **Class D (Expanded Formulary)** | No |
| **Class D (Alternative Visit Schedule)** | No |
| **Compounding Sterile-Risk Level Low** | Yes |
| **Compounding Sterile-Risk Level Med** | Yes |
| **Compounding Sterile-Risk Level High** | Yes |
| **Compounding Non-Sterile** | Yes |
| **24 Hour Service** | No |
| **Closed Door** | No |
| **Compounding, Office Use** | Yes |
| **Home Delivery** | Yes |
| **Infusion** | No |
| **Pharmacist Administered Immunizations** | No |
| **Veterinary Prescriptions** | Yes |
| **In-Patient Medication Orders** | No |
| **Out-Patient Surgery** | No |

| | |
|---|---|
| **Rural Hospital** | No |
| **Tech Check Tech** | No |
| **503b Outsourcing Facility** | No |
| **Other Services** | No |

| Pharmacist Name | License # | Registr. Date | Expir. Date | Emp. Status | License Status |
|---|---|---|---|---|---|
| LERENA, TAYLOR RACHELE | 66475 | 03/19/2020 | 01/31/2026 | PIC | Active |
| LERENA, TAYLOR RACHELE | 66475 | 03/19/2020 | 01/31/2026 | Staff | Active |

Page 1 of 1 20 View 1 - 2 of 2

| Technician/Trainee Name | License # | Registr. Date | Expir. Date | Emp. Status | Reg. Status |
|---|---|---|---|---|---|
| ALVARADO, AMBER | 224537 | 10/22/2013 | 11/30/2025 | Staff | Active |
| BRADBERRY, JOHN | 220435 | 06/18/2013 | 06/30/2025 | Staff | Active |
| BROOM, TIFFANY KRISHA | 241010 | 03/09/2015 | 06/30/2026 | Staff | Active |
| BROWN, DENISE | 241386 | 03/18/2015 | 07/31/2024 | Staff | Delinquent |
| CARPENTER, BRITNEY MASHAE | 341285 | 07/01/2022 | 07/31/2026 | Staff | Active |
| COHEN, LITAL | 210171 | 07/18/2012 | 05/31/2025 | Staff | Active |
| GARCIA, HEATHER | 307222 | 04/10/2020 | 04/30/2026 | Staff | Active |
| GODWIN, KENNEDIE | 346034 | 10/06/2022 | 06/30/2025 | Staff | Active |
| KILGORE, SYDNEY FAITH | 320544 | 04/19/2021 | 02/28/2026 | Staff | Active |
| MALDONADO, YOLANDA NANNETT | 262756 | 10/31/2016 | 10/31/2026 | Staff | Active |
| SELBY, VIVIAN SUSANNE | 165832 | 07/17/2009 | 11/30/2025 | Staff | Active |
| VRAZEL, SCOTT AUSTIN | 199661 | 08/26/2011 | 08/31/2025 | Staff | Active |

Page 1 of 1 20 View 1 - 12 of 12

| Remote Pharmacy Name | Registr. # | Address | City | State | Zipcode |
|---|---|---|---|---|---|

Page 0 of 0 20 No records to view

| Owner Name | Owner Title | Address | City | State | Zipcode |
|---|---|---|---|---|---|
| MIXLAB TX, LLC | OWNER | , | | | |
| DIJOLS, FREDERIC | OFFICER | , | | | |

Page 1 of 1 20 View 1 - 2 of 2

**The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.**

mixlab

Mixlab TX, LLC
953 Hilltop Dr.
Weatherford, TX 76086

## Officers and Shareholders

Frederic Dijols, CEO

**Shareholder:** Mixlab, Inc.
**Ownership:** 100%
336 W 37th St.
Suite 850
New York, NY 10018

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Mixlab TX LLC

Pharmacy/Wholesaler License # (if applicable): 35296 (TX)

Physical Address: 953 Hilltop Dr

City: Weatherford State: TX Zip: 76086

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-599-8449 Website: mixlab.com

Licensing Company Email: licensingtx@mixlab.com

**Section 2: Personal Information**

First: Taylor Middle: Rachele Last: Lerena

Alias(es, nicknames, name changes, etc.): Maiden Name: Smith

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Lipan State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Southwestern Oklahoma State University | | 08/14 - 12/19 | |
| **Address** | **City** | **State** | **Zip** |
| 100 W Campus Dr | Weatherford | OK | 73096 |
| **Diploma/Degree obtained, if any** | | | |
| PharmD, Bachelor of Science in Chemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Southwestern Oklahoma State University- Sayre Campus | | 08/12 - 05/14 | |
| **Address** | **City** | **State** | **Zip** |
| 409 E Mississippi Ave | Sayre | OK | 73662 |
| **Diploma/Degree obtained, if any** | | | |
| Associates Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Erick High School | | 08/08 - 05/12 | |
| **Address** | **City** | **State** | **Zip** |
| 400 Oak Ave | Erick | OK | 73645 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | |
|---|---|---|---|---|
| 01/20 - current | [redacted] | Lipan | TX | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 01/19 - 12/19 | | El Reno | OK | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 01/16 - 12/18 | | Weatherford | OK | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 08/14 - 12/15 | | Weatherford | OK | |

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mixlab TX LLC | | | 03/24 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 953 Hilltop Dr | Weatherford | TX | 76086 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 877-599-8449 | Pharmacist in Charge | | 1200 |
| **Description of Duties** | | | |
| Oversight of staff and compounding. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| NexGen Pharmaceuticals | | | 06/20 - 03/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 953 Hilltop Dr | Weatherford | TX | 76086 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 877-599-8449 | Pharmacist/Pharmacist in Charge | | 8000 |
| **Description of Duties** | | | |
| Oversight of staff and compounding. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

I, Taylor Lerena, **certify that as the designated representative for**

Mixlab TX LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. TL I am at least 21 years of age;
3. TL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Taylor Lerena

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-31-24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Taylor Lerena

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-31-24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Texas, ss. County of Parker

I, Taylor Lerena, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10-31-24

**Date**

Subscribed and Sworn to before me this 31 day of October 2024

**Notary Public Signature**

NOTARY PUBLIC STATE OF TEXAS
Vivian Susanne Selby
My Commission Expires
03/31/2025
ID No 133010123

**(Seal)**

mixlab

Mixlab TX, LLC
953 Hilltop Dr.
Weatherford, TX 76086

Dear Sir/Madam:

The personal history form is not applicable since the owner is Mixlab, Inc., which is a corporation, not an individual.

Thank you,

Frederic Dijols, CEO

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FM4038041 | 01-31-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 04-18-2024 |

MIXLAB TX, LLC
953 HILLTOP DR
WEATHERFORD, TX 760868811

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FM4038041 | 01-31-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 04-18-2024 |

MIXLAB TX, LLC
953 HILLTOP DR
WEATHERFORD, TX 760868811

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: Mixlab TX, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): n/a

Physical Address: 953 Hilltop Dr

City: Weatherford State: TX Zip: 76086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-901-4480 Toll Free # (NAC 639.708, NRS 639.23286): 888-901-4480

Fax: 212-967-0892 Contact Email: licensingtx@mixlab.com

Website: www.mixlab.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Vinh Dam

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23369

Name of Designated Person(s) as defined by revised USP-797 guidelines: Taylor Lerena

Email of Designated Person(s): taylor.lerena@mixlabrx.com

Telephone of Designated Person(s): 888-901-4480

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 11/15/24

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Weekly

10. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

See Attached.

12. What laboratory performs your sterility or endotoxin testing?

Name: Compounder's International Analytical Laboratory

Address: 4760 Castleton Way

City: Castle Rock State: CO Zip: 80109

Telephone: 303-471-8015

13. What is your procedure for visual inspection of compounded sterile products?
See Attached SOP MLTX-09-002

14. How often do you perform glove fingertip and medial fill testing?
Quarterly

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Initial and annual didactic training which includes reading USP <797> and all sterile compounding SOPs, completing ACPE sterile certification coursework, and completing acknowledgments and quizzes as applicable.

Initial and annual hands-on training which includes observation and performance with and without assistance of hand washing, garbing, setting up, compounding, cleaning, performing compounding with assistance, and performing compounding without assistance.

All compounders must complete Media Fill testing and gloved fingertip testing as part of competency quarterly.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
PEC(s) are cleaned at the beginning of each shift on days when compounding occurs, after spills, and when surface contamination is known or suspected between compounding CSPs with different components using Peridox RTU followed by 70% IPA.

Pass-through chambers and work surfaces outside the PEC are cleaned daily on days when compounding occurs, after spills, and when surface contamination is known or suspected using 70% IPA.

Floors are deactivated, decontaminated, cleaned and disinfected daily using DECON-QUAT 200C (following the labeled contact time).

Walls, doors, door frames, ceilings, storage shelving and bins, and equipment outside the PEC are cleaned weekly or after spills, when visibly soiled, and when surface contamination is known or suspected using Peridox RTU followed by 70% IPA.

17. Who performs the sterile compounding process at your facility?

Lab pharmacists and registered pharmacy technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?
Taylor Lerena

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
All shipments are sent in boxes or mailers where items contained in the shipment are bubble wrapped or placed with vial dividers to ensure safe shipping. Cold products are shipped overnight, with ice and a temperature tag to ensure the item is cold upon arrival.

| Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility?<br>Class II A2 Biological Safety Cabinet | | |
| 2. Are you complying with all USP 800 guidelines? | ■ Yes | ☐ No |
| 3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process? | ■ Yes | ☐ No |
| 4. Is your BSC or CACI vented 100% to the outside? | ■ Yes | ☐ No |
| 5. Do you have a negative pressure buffer room at your facility? | ■ Yes | ☐ No |
| 6. Will you be compounding with antineoplastic HDs or HD API? | ■ Yes | ☐ No |
| 7. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ■ Yes | ☐ No |
| 8. Will you be utilizing a closed system transfer device? | ☐ Yes | ■ No |
| 9. If yes, list the name of the device: | | |

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

A drug information sheet is printed and sent with all hazardous drug prescriptions explaining proper handling and disposal of the hazardous item provided.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Initial and ongoing didactic training which includes reading USP <800>, all hazardous drug sterile compounding SOPs, disposal and spill clean-up practice guidelines, and completing acknowledgments and quizzes as applicable.

Initial and ongoing hands-on training which includes observation and performance of hand washing, garbing for hazardous drug compounding, setting up compounding within the biological safety cabinet, compounding to minimize contamination and exposure, deactivating, decontaminating, and cleaning finished preparations, BSC, all work surfaces, floors, walls, ceilings, doors, and pass throughs.

**Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)**

1. List the specific Category 3 sterile products that your facility compounds:

See Attached.

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Quarterly

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes ☐ No

4. What is the frequency for completing volumetric active air sampling?

Monthly

| | | |
|---|---|---|
| 5. What is the frequency for completing surface sampling?<br>Daily after each batch | | |
| 6. What is the frequency for using sporicidal agents?<br>Daily | | |
| 7. Is an endotoxin test performed for all products compounded from one or more nonsterile component? | ■ Yes | ☐ No |
| 8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method? | ■ Yes | ☐ No |

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Taylor Lerma

Name of Person who Completed the Form

Pharmacist

Title

[signature]

Signature (copies or stamps not accepted)

12-9-24

Date

| Board Use Only | Date Received:_____ Date Approved:_____ Approved By:_____ |
|---|---|

1.0 Purpose

1.1 The purpose of this procedure is to establish a process for inspecting finished products to determine the presence or absence of particulate matter according to USP <797> standards.

2.0 Definitions

2.1 N/A

3.0 Procedure

3.1 All finished sterile drug products must be individually inspected after compounding and, if not distributed promptly, prior to leaving the pharmacy.

3.2 Common sources of particulates include chemicals (undissolved substances, trace contaminants), solvent impurities, packaging components (glass, plastic, rubber, intravenous administration sets), environmental contaminants (air, surfaces, insect parts), processing equipment (glass, stainless steel, rubber, rust), fibers, and people (skin, hair).

3.3 Observations include visual checks for precipitation, cloudiness, leakage, and gas formation, as indicated by a stopper's bulging outward, cracks in the container, and particulates, as described above.

3.4 Visual Inspection Procedure:

3.4.1 Hold the container against a white light source for 5 SECONDS and inspect for:

3.4.1.1 Precipitates

3.4.1.2 Undissolved particles

3.4.1.2 Small rubber cores

3.4.1.3 Crystals

3.4.1.4 Any other foreign matter

3.4.2 Hold the container against a black background for 5 SECONDS and inspect for the foreign materials listed above.

3.4.3 Inspect the contents, container, and closure during this procedure.

Note: The container should be free of labels or attachments.

3.4.4 If leaks are detected, the container must be discarded.

3.4.5 Check the container for excess trapped air, particularly in:

3.4.5.1 Medications dispensed in small volume pump cassettes

3.4.5.2 Medications dispensed in elastomeric infusers

3.4.6 Do not dispense the container if it contains excess air. The air must be removed.

3.4.7 Use a dampened, non linting wipe to remove any external particles.

3.4.8 Hold the container by its top and carefully swirl the contents by rotating the wrist in a circular motion. Note: Avoid vigorous swirling. Air bubbles will rise to the top and can be discounted.

3.4.9 Slowly invert the container, even if you observe no particles, and watch for heavy particles that may be on the bottom of the container and that may slide down the container walls.

3.4.10 Record the results of the observation on the formulation record.

3.4.11 Any product found to be of unacceptable quality (e.g., observed defects) must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.

3.4.12 When a product will not be released or dispensed on the day of preparation, a visual inspection must be conducted immediately before it is released or dispensed during final pharmacist verification, to make sure that the product does not exhibit any defects such as precipitation, cloudiness, or leakage, which could develop during storage. Any product found to be of unacceptable quality (e.g., observed defects) during final verification must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.

4.0 References

4.1 Texas Board of Pharmacy Laws and Regulations

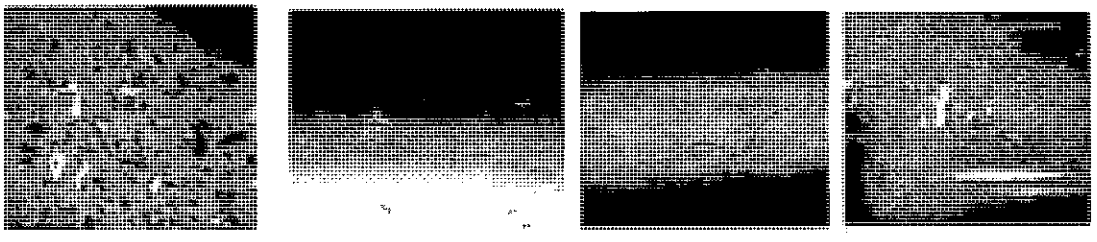
4.2 USP <797> Pharmaceutical Compounding – Sterile Preparations

4.3 G. L. Shearer, "Taking a Closer Look at Parenteral Contaminants," *Pharmaceutical Technology* 40 (9) 2016

## 5.0 Attachments

5.1 Pictograms of Common Unacceptable Particulate Matter

Glass Precipitant Filament Coring



## Revision History:

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At a minimum, include the Revision History of the current revision and three previous revisions.

| Revision: | Effective Date: | Author | Description of Changes | Justification for Changes |
|---|---|---|---|---|
| N/A - Original Document | 12/12/2020 | Thanh Ngo | N/A | N/A |
| 2.0 | 7/24/2024 | Taylor Lerena | Updated Formatting to Match Mixlab's Template | N/A |
| 3.0 | | | | |
| 4.0 | | | | |

| | Sterile Products List: |
|---|---|
| 1 | Acetyl-D-Glucosamine 200 mg/mL, Injectable Solution, 100mL |
| 2 | Adrenocorticotropic Hormone (ACTH) 80 IU/ml, Injection, 10mL |
| 3 | Albuterol Sulfate 5mg/mL, Solution for Inhalation, 100mL |
| 4 | Altrenogest 150 mg/mL, Injection, 10mL |
| 5 | Altrenogest 225 mg/mL, Injection, 10mL |
| 6 | Altrenogest 60 mg/mL, Injection, 50mL |
| 7 | Amikacin Sulfate 300 mg/mL, Injectable Solution, 10mL |
| 8 | Amino Acids Vitamin Concentrate (Double A Concentrate, Sodium Acetate Trihydrate, Dextrose, Super B Complex, Electrolytes with Dextrose) Injectable Solution, 500mL |
| 9 | Ammonium Sulfate 7.5 mg/mL, Injectable Solution, 100mL |
| 10 | Arginine (L) 100 mg/mL, Injectable Solution, 100mL |
| 11 | Atipamezole HCl 20 mg/mL, Injectable Solution, 30mL |
| 12 | Atipamezole HCl 40 mg/mL, Injectable Solution, 30mL |
| 13 | Atropine Sulfate 15 mg/mL, Injectable Solution, 50mL |
| 14 | B-Quiet (Tryptophan + Magnesium Chloride + Thiamine + Calcium Levulinate), Injectable Solution, 100mL |
| 15 | Bleeder Stop Vitamin Combo (Vitamin C + L-Histidine + L-Arginine + L-Lysine + Vitamin B-6), Injectable Solution, 100mL |
| 16 | Buserelin Acetate 1 mg/mL, Injection, 10mL |
| 17 | Butorphanol Tartrate 50 mg/mL, Injectable Solution, 10mL |
| 18 | Calcium Levulinate 20%, Injectable Solution, 100mL |
| 19 | Carnitine (L) 200 mg/mL, Injectable Solution, 100mL |
| 20 | Detomidine HCl 10 mg/mL + Xylazine HCl 50 mg/mL, Injectable Solution, 30mL |
| 21 | Detomidine HCl 2 mg/mL + N-Butylscopolammonium Bromide 20 mg/mL, Injectable Solution, 50mL |
| 22 | Detomidine HCl 2.5 mg/mL + Xylazine HCl 100 mg/mL, Injectable Solution, 30mL |
| 23 | Detomidine HCl 20 mg/mL, Injectable Solution, 10mL |
| 24 | Detomidine HCl 5 mg/mL, Injectable Solution, 20mL |
| 25 | Dexamethasone Sodium Phosphate 24 mg/mL, Injectable Solution, 100mL |
| 26 | Estradiol Cypionate 10 mg/mL, Injection, 50mL |
| 27 | Estradiol Cypionate 2 mg/mL, Injection, 50mL |
| 28 | Fluoxetine HCL 32 mg/mL, Injectable Solution, 50mL |
| 29 | Fluticasone Propionate 2 mg/mL + Amikacin Sulfate 50 mg/mL, Injectable Suspension, 10mL |
| 30 | Fluticasone Propionate 2 mg/mL, Injectable Solution, 10mL |
| 31 | Folic Acid 50 mg/mL, Injectable Solution, 100mL |
| 32 | Guaifenesin 50 mg/mL + Dextrose 50 mg/mL, Sterile Solution, 500mL |
| 33 | Guanabenz Acetate 20 mg/mL, Injectable Solution, 30mL |
| 34 | Guanabenz Acetate 8 mg/mL, Injectable Solution, 30mL |
| 35 | Histrelin Acetate, 0.5 mg/mL, Long-Acting Injection, 10mL |
| 36 | Iron Sucrose 20 mg/mL, Injectable Solution, 100mL |
| 37 | Isoflupredone Acetate 2 mg/mL, Injectable Suspension, 100mL |
| 38 | Ketamine HCl 200 mg/mL, Injectable Solution, 10mL |
| 39 | Ketoprofen 100 mg/mL + Acetyl-D-Glucosamine 100 mg/mL + Arginine (L) 105 mg/mL, Injectable Solution, 100mL |

| | |
|---|---|
| 40 | Lactanase 2x (Calcium Chloride Dihydrate, Magnesium Chloride, Potassium Chloride, Sodium Acetate Trihydrate, Dextrose), Injectable Solution, 100mL |
| 41 | Magnesium Sulfate 500 mg/mL, Injectable Solution, 100mL |
| 42 | Medetomidine HCl 10 mg/mL, Injectable Solution, 10mL |
| 43 | Medetomidine HCl 40 mg/mL, Injectable Solution, 10mL |
| 44 | Medroxyprogesterone Acetate 200 mg/mL, Injectable Suspension, 100mL |
| 45 | Meloxicam 20 mg/mL, Injectable Solution, 100mL |
| 46 | Metabolite Vitamin Combo (Vitamin B12, Dextrose, Amino Acids, Electrolytes), Injectable Solution, 500mL |
| 47 | Methylprednisolone Acetate 40 mg/mL + Amikacin Sulfate 50 mg/mL, Injectable Suspension, 10mL |
| 48 | Methylprednisolone Acetate 50 mg/mL, Injectable Suspension, 100mL |
| 49 | Midazolam HCl 50 mg/mL, Injectable Solution, 10mL |
| 50 | MK (Ketamine HCl 150 mg/mL + Medetomidine HCl 5 mg/mL), Injectable Solution, 30mL |
| 51 | MK2 (Ketamine HCl 200 mg/mL + Medetomidine HCl 10 mg/mL), Injectable Solution, 30mL |
| 52 | MKB (Medetomidine HCl 10 mg/mL + Ketamine HCl 50 mg/mL + Butorphanol Tartrate 25 mg/mL), Injectable Solution, 10mL |
| 53 | MKB2 (Medetomidine HCl 20 mg/mL + Ketamine HCl 100 mg/mL + Butorphanol Tartrate 50 mg/mL), Injectable Solution, 10mL |
| 54 | MKBM (Medetomidine HCl 20 mg/mL, Ketamine HCl 100 mg/mL, Butorphanol Tartrate 30 mg/mL, Midazolam HCl 20 mg/mL), Injectable Solution, 10mL |
| 55 | MKM (Medetomidine HCl 3.3 mg/mL + Ketamine HCl 150 mg/mL + Midazolam HCl 5 mg/mL), Injectable Solution, 10mL |
| 56 | N-Butylscopolammonium Bromide 40 mg/mL, Injectable Solution, 50mL |
| 57 | Naltrexone HCl 25 mg/mL, Injectable Solution, 10mL |
| 58 | Naltrexone HCl 50 mg/mL, Injectable Solution, 10mL |
| 59 | Naltrexone HCl 50 mg/mL, Injectable Solution, 30mL |
| 60 | Notieup (Potassium Chloride, Magnesium Chloride, Niacin, Arginine HCl, L-Lysine HCl, Cyanocobalamin), Injectable Solution, 100mL |
| 61 | Progesterone 150 mg/mL + Altrenogest 18 mg/mL, Injection, 100mL |
| 62 | Progesterone 150 mg/mL, Injection, 100mL |
| 63 | Progesterone 200 mg/mL, Injection, 100mL |
| 64 | Reserpine 2.5 mg/mL, Injectable Solution, 30mL |
| 65 | Romifidine HCl 1%, Injectable Solution, 20mL |
| 66 | Sarraceniaceae (Sarracenia/Pitcher Plant) 0.5 mg/mL, Injectable Solution, 100mL |
| 67 | Sodium Salicylate 200 mg/mL, Injectable Solution, 100mL |
| 68 | SUPERFECTA® VITAMIN JUG (Multi-Vitamin Concentrate), Injectable Solution, 500mL |
| 69 | Tolazoline HCl 100 mg/mL, Injectable Solution, 100mL |
| 70 | Tolazoline HCl 200 mg/mL, Injectable Solution, 30mL |
| 71 | Triamcinolone Acetonide 2 mg/mL, Injectable Suspension, 100mL |
| 72 | Tryptophan (L) 100 mg/mL, Injectable Solution, 100mL |
| 73 | Xylazine HCl 200 mg/mL, Injectable Solution, 100mL |
| 74 | Xylazine HCl 300 mg/mL, Injectable Solution, 30mL |
| 75 | Xylazine HCl 333 mg/mL, Injectable Solution, 100mL |
| 76 | Yohimbine HCl 10 mg/mL, Injectable Solution, 30mL |

# Category 3 Compounds

| | Sterile Products List: |
|---|---|
| 1 | Acetyl-D-Glucosamine 200 mg/mL, Injectable Solution, 100mL |
| 2 | Adrenocorticotropic Hormone (ACTH) 80 IU/ml, Injection, 10mL |
| 3 | Albuterol Sulfate 5mg/mL, Solution for Inhalation, 100mL |
| 4 | Altrenogest 150 mg/mL, Injection, 10mL |
| 5 | Altrenogest 225 mg/mL, Injection, 10mL |
| 6 | Altrenogest 60 mg/mL, Injection, 50mL |
| 7 | Amikacin Sulfate 300 mg/mL, Injectable Solution, 10mL |
| 8 | Amino Acids Vitamin Concentrate (Double A Concentrate, Sodium Acetate Trihydrate, Dextrose, Super B Complex, Electrolytes with Dextrose) Injectable Solution, 500mL |
| 9 | Ammonium Sulfate 7.5 mg/mL, Injectable Solution, 100mL |
| 10 | Arginine (L) 100 mg/mL, Injectable Solution, 100mL |
| 11 | Atipamezole HCl 20 mg/mL, Injectable Solution, 30mL |
| 12 | Atipamezole HCl 40 mg/mL, Injectable Solution, 30mL |
| 13 | Atropine Sulfate 15 mg/mL, Injectable Solution, 50mL |
| 14 | B-Quiet (Tryptophan + Magnesium Chloride + Thiamine + Calcium Levulinate), Injectable Solution, 100mL |
| 15 | Bleeder Stop Vitamin Combo (Vitamin C + L-Histidine + L-Arginine + L-Lysine + Vitamin B-6), Injectable Solution, 100mL |
| 16 | Buserelin Acetate 1 mg/mL, Injection, 10mL |
| 17 | Butorphanol Tartrate 50 mg/mL, Injectable Solution, 10mL |
| 18 | Calcium Levulinate 20%, Injectable Solution, 100mL |
| 19 | Carnitine (L) 200 mg/mL, Injectable Solution, 100mL |
| 20 | Detomidine HCl 10 mg/mL + Xylazine HCl 50 mg/mL, Injectable Solution, 30mL |
| 21 | Detomidine HCl 2 mg/mL + N-Butylscopolammonium Bromide 20 mg/mL, Injectable Solution, 50mL |
| 22 | Detomidine HCl 2.5 mg/mL + Xylazine HCl 100 mg/mL, Injectable Solution, 30mL |
| 23 | Detomidine HCl 20 mg/mL, Injectable Solution, 10mL |
| 24 | Detomidine HCl 5 mg/mL, Injectable Solution, 20mL |
| 25 | Dexamethasone Sodium Phosphate 24 mg/mL, Injectable Solution, 100mL |
| 26 | Estradiol Cypionate 10 mg/mL, Injection, 50mL |
| 27 | Estradiol Cypionate 2 mg/mL, Injection, 50mL |
| 28 | Fluoxetine HCL 32 mg/mL, Injectable Solution, 50mL |
| 29 | Fluticasone Propionate 2 mg/mL + Amikacin Sulfate 50 mg/mL, Injectable Suspension, 10mL |
| 30 | Fluticasone Propionate 2 mg/mL, Injectable Solution, 10mL |
| 31 | Folic Acid 50 mg/mL, Injectable Solution, 100mL |
| 32 | Guaifenesin 50 mg/mL + Dextrose 50 mg/mL, Sterile Solution, 500mL |
| 33 | Guanabenz Acetate 20 mg/mL, Injectable Solution, 30mL |
| 34 | Guanabenz Acetate 8 mg/mL, Injectable Solution, 30mL |
| 35 | Histrelin Acetate, 0.5 mg/mL, Long-Acting Injection, 10mL |
| 36 | Iron Sucrose 20 mg/mL, Injectable Solution, 100mL |
| 37 | Isoflupredone Acetate 2 mg/mL, Injectable Suspension, 100mL |
| 38 | Ketamine HCl 200 mg/mL, Injectable Solution, 10mL |
| 39 | Ketoprofen 100 mg/mL + Acetyl-D-Glucosamine 100 mg/mL + Arginine (L) 105 mg/mL, Injectable Solution, 100mL |

| | |
|---|---|
| 40 | Lactanase 2x (Calcium Chloride Dihydrate, Magnesium Chloride, Potassium Chloride, Sodium Acetate Trihydrate, Dextrose), Injectable Solution, 100mL |
| 41 | Magnesium Sulfate 500 mg/mL, Injectable Solution, 100mL |
| 42 | Medetomidine HCl 10 mg/mL, Injectable Solution, 10mL |
| 43 | Medetomidine HCl 40 mg/mL, Injectable Solution, 10mL |
| 44 | Medroxyprogesterone Acetate 200 mg/mL, Injectable Suspension, 100mL |
| 45 | Meloxicam 20 mg/mL, Injectable Solution, 100mL |
| 46 | Metabolite Vitamin Combo (Vitamin B12, Dextrose, Amino Acids, Electrolytes), Injectable Solution, 500mL |
| 47 | Methylprednisolone Acetate 40 mg/mL + Amikacin Sulfate 50 mg/mL, Injectable Suspension, 10mL |
| 48 | Methylprednisolone Acetate 50 mg/mL, Injectable Suspension, 100mL |
| 49 | Midazolam HCl 50 mg/mL, Injectable Solution, 10mL |
| 50 | MK (Ketamine HCl 150 mg/mL + Medetomidine HCl 5 mg/mL), Injectable Solution, 30mL |
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| 54 | MKBM (Medetomidine HCl 20 mg/mL, Ketamine HCl 100 mg/mL, Butorphanol Tartrate 30 mg/mL, Midazolam HCl 20 mg/mL), Injectable Solution, 10mL |
| 55 | MKM (Medetomidine HCl 3.3 mg/mL + Ketamine HCl 150 mg/mL + Midazolam HCl 5 mg/mL), Injectable Solution, 10mL |
| 56 | N-Butylscopolammonium Bromide 40 mg/mL, Injectable Solution, 50mL |
| 57 | Naltrexone HCl 25 mg/mL, Injectable Solution, 10mL |
| 58 | Naltrexone HCl 50 mg/mL, Injectable Solution, 10mL |
| 59 | Naltrexone HCl 50 mg/mL, Injectable Solution, 30mL |
| 60 | Notieup (Potassium Chloride, Magnesium Chloride, Niacin, Arginine HCl, L-Lysine HCl, Cyanocobalamin), Injectable Solution, 100mL |
| 61 | Progesterone 150 mg/mL + Altrenogest 18 mg/mL, Injection, 100mL |
| 62 | Progesterone 150 mg/mL, Injection, 100mL |
| 63 | Progesterone 200 mg/mL, Injection, 100mL |
| 64 | Reserpine 2.5 mg/mL, Injectable Solution, 30mL |
| 65 | Romifidine HCl 1%, Injectable Solution, 20mL |
| 66 | Sarraceniaceae (Sarracenia/Pitcher Plant) 0.5 mg/mL, Injectable Solution, 100mL |
| 67 | Sodium Salicylate 200 mg/mL, Injectable Solution, 100mL |
| 68 | SUPERFECTA® VITAMIN JUG (Multi-Vitamin Concentrate), Injectable Solution, 500mL |
| 69 | Tolazoline HCl 100 mg/mL, Injectable Solution, 100mL |
| 70 | Tolazoline HCl 200 mg/mL, Injectable Solution, 30mL |
| 71 | Triamcinolone Acetonide 2 mg/mL, Injectable Suspension, 100mL |
| 72 | Tryptophan (L) 100 mg/mL, Injectable Solution, 100mL |
| 73 | Xylazine HCl 200 mg/mL, Injectable Solution, 100mL |
| 74 | Xylazine HCl 300 mg/mL, Injectable Solution, 30mL |
| 75 | Xylazine HCl 333 mg/mL, Injectable Solution, 100mL |
| 76 | Yohimbine HCl 10 mg/mL, Injectable Solution, 30mL |

# 4YY

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: OSRX, Inc.

Physical Address: 1120 Kensington Ave, Suite E

City: Missoula State: MT Zip Code: 59801

Telephone: 406-641-6121 Fax: 406-541-6267

Toll Free Number: 855-466-1076 (Required per NAC 639.708)

E-mail: info@osrxpharmaceuticals.com Website: osrxpharmaceuticals.com

Supervising Pharmacist: Corbin Christiaens Nevada License #: 23738

**SERVICES PROVIDED**

| Yes | No | |
|---|---|---|
| ☐ | ☒ | Parenteral |
| ☒ | ☐ | Sterile Compounding |
| ☐ | ☒ | Non Sterile Compounding |
| ☒ | ☐ | Mail Service Sterile Compounding |
| ☐ | ☒ | Other Services: _____ |

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 5/15/24 Amount: $500 check 151237

FEI Number (From FDA application): 3014549846

Please provide the name of the facility as registered with the FDA and the registration number:
OSRX, Inc.

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Brian Holdorf Nevada License Number: 21529

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20243014231

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Amy Frost

Original Signature of Person Authorized to Submit Application, no copies or stamps

Amy Frost

Print Name of Authorized Person

5/9/24

Date

## OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Address: 1120 Kensington Ave, Suite E

City: Missoula State: MT Zip: 59801

Telephone: 406-541-6121 Fax: 406-541-6267

Contact Person: Amy Frost

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Amy Frost [redacted] Roman Drive. Stevensville, MT. 59870
Name Address

b) Anthony Sampietro [redacted] 4th Street. Hermosa Beach, CA. 90254
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 80,000

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? 11/5/2018

5) ✓Provide a copy of the corporation's stock register evidencing the above information ✓

## Include with the application for a non publicly traded corporation

– Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

✓ List of officers and directors

# Delaware

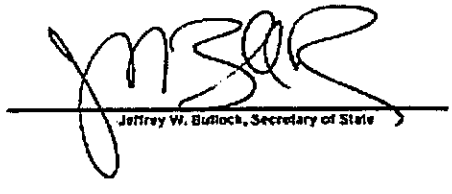
The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSRX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSRX, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2018.*




6862461 8300

SR# 20242005270

Authentication: 203442414

Date: 05-09-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

SECRETARY OF STATE

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OSRX, Inc.**, as a FOREIGN CORPORATION (80) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/25/2024, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/25/2024. •

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202401254296283
You may verify this certificate online at http://www.nvsos.gov

NV Business ID: NV20243014231
Entity Number: E37801752024-7

## List of officers and directors

**OSRX, Inc.**

**1120 Kensington Ave. Suite E**

**Missoula, MT. 59801**

**FEIN: 83-0669663**

| Name | Title |
|---|---|
| Amy Frost | Owner, Vice-President, CPO |
| Anthony Sampietro | Owner, President, CEO |
| Eric Garner | Chief Commercial Officer |
| Brian Holdorf | Chief Formulation Officer |
| Frank Allen | Director of Operations |

| OSRX, Inc. - Cap Table - Stakeholder Details Report with Voting Rights (report run on 08-Sep-2023 for | | | | | | | |
|---|---|---|---|---|---|---|---|
| Employee Number | Last Name | First Name | COMMON STOCK | Total Outstanding | Percent of Total | Fully Diluted | Percent of Fully |
| SAMPIETRO A | Sampietro | Anthony | 48,000 | 48,000 | 60.00% | 48,000 | 60.00% |
| FROST A | Frost | Amy | 32,000 | 32,000 | 40.00% | 32,000 | 40.00% |
| | | | **80,000** | **80,000** | **100.00%** | **80,000** | **100.00%** |

# Registered Outsourcing Facilities

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## Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 3/29/2024

- Information Concerning Outsourcing Facility Registration
- Outsourcing Facility Product Reporting Information

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

| Facility Name | Contact Name and Phone Number | Initial Date of Registration as an Outsourcing Facility[1] | Date of Most Recent Registration as an Outsourcing Facility[1] | End Date of Last FDA Inspection Related to Compounding[2] | Was a Form FDA-483 Issued?[3] | Was a recall conducted?[9] | Other Action, if Any, Based on Last Inspection[4,5] | Intends to Compounds Sterile Drugs From Bulk Drug Substances[6] |
|---|---|---|---|---|---|---|---|---|
| OSRX, Inc., Missoula, MT | Amy Frost 406-541-5121 | 10/28/2023 | 10/28/2023 | Not yet inspected | N/A | N/A | N/A | Yes |

Montana Department of
LABOR & INDUSTRY

Montana Department of Labor and Industry
Employment Standards Division
301 South Park Ave.
Helena MT, 59620

# Montana Board of Pharmacy
# On-Site Inspection Report

| | |
|---|---|
| **License Number:**<br>PHA-WDD-APP-99388 | **Licensee Name:**<br>OSRX INC. |
| **Licensee Address and Phone Number:**<br>1120 KENSINGTON AVE STE E Missoula, MT<br>406-541-6121 | **Pharmacist-in-charge Name and Email:**<br>Amy Frost<br>aafrost@osrxpharmaceuticals.com |
| **Inspection Date:**<br>4/30/2024 | **Inspector Name:**<br>Mark Klawitter |
| **Inspector E-mail:**<br>Mark.Klawitter@mt.gov | **Inspector Phone:**<br>(406) 459-8847 |
| **Inspection Type:** ☑ **Initial**<br>☐ **Annual**<br>☐ **Re-Inspection** | **Inspection Status:** ☑ **Passed**<br>☐ **Failed**<br>☐ **Passed with Conditions** |

## Comments:

- Prelicensure inspection of Outsourcing Facility(503B), to be licensed as a wholesale drug distributor (WDD), and a sterile compounding assessment of the related community pharmacy license PHA-PHR-LIC-58632 at the same address.
- Scope: Non-sterile to sterile compounding of opthalmic injection and opthalmic topical drops.
- The supplemental "Outsourcing Facility (503B) Inspection Report" will also be added to the community pharmacy license record, PHA-PHR-LIC-58632, as an update to the 2/22/2024 annual inspection report to indicate 503B operations.
- This inspection includes WDD and a supplemental Outsourcing Facility(503B) reports.
- The Outsourcing Facility(503B) clean room was operational as of 3/1/2024.
- The facility is currently registered with the FDA as an Outsourcing Facility(503B) as of 10/28/2023.

*Note that neither remote nor on-site Board inspections evaluate compliance with all requirements.*

Links to REFERENCE information: ARM and MCA

Montana Department of
LABOR & INDUSTRY

Montana Board of Pharmacy Inspection Form –On-site
Wholesale Drug Distributor (WDD)

SCOPE OF SERVICES

| | | REFERENCE | CORRECTIVE ACTION/COMMENTS |
|---|---|---|---|
| Identify scope of service(s) | Check all that apply>> | MCA, 37-7-601, 602 | WHOLESALE DISTRIBUTOR<br>☑YES ☐NO<br>THIRD-PARTY LOGISTICS PROVIDER (3PL)<br>☐YES ☑ NO<br>REPACKAGER<br>☐YES ☑NO<br>MANUFACTURER (including MEDICAL GAS DISTRIBUTOR/MANUFACTURER)<br>☐YES ☑NO<br>MEDICAL GAS SUPPLIER<br>☐YES ☑NO<br>NON-DRUG DEVICES/DME ONLY<br>☐YES ☑NO |
| Does the Opioid Seller's License requirement with the Montana Department of Revenue apply to this facility? | ☐YES<br>☑N/A | MCA, 15-64-1001-1002 | N/A |
| If, yes, is the license current? | ☐YES<br>☐NO<br>☑N/A | MCA, 15-64-1001-1002 | N/A |

FACILITY

| | | REFERENCE | CORRECTIVE ACTION/COMMENTS |
|---|---|---|---|
| Are sanitation and equipment requirements met? | ☑YES<br>☐NO<br>☐NEEDS IMPROVEMENT | ARM 24.174.819 | Reviewed |
| Is the liability insurance maintained? | ☑YES<br>☐NO<br>☐NEEDS IMPROVEMENT | MCA 37-7-604(4) | *Expiration date:*<br>1/30/2025 |

Montana Department of
LABOR & INDUSTRY

| | | | |
|---|---|---|---|
| Does the facility maintain restricted access? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☐ N/A | MCA 37-7-604(4) | Reviewed - Cameras, motion detectors, after hours notification. |
| Does the facility maintain an afterhours security system? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT | MCA 37-7-604(4) | *Describe the current system for afterhours notification.*<br>Security monitoring by Western Montana Security. |
| Are DEA controlled substances maintained with proper security? | ☐ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☑ N/A | ARM 24.174.1201(6) | N/A |
| Does the facility maintain adequate storage conditions and facilities? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT | ARM 24.174.1211 | Temperature and humidity control with monitoring and recording where appropriate. |
| Are outdated, damaged, or adulterated prescription products stored separately and properly? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☐ N/A | ARM 24.174.1211(1) | Designated quarantine areas and separation from other active areas. |
| Is there a current/documented quality assurance program in place? | ☑ YES<br>☐ NO | ARM 24.174.407 | *What is the last date of the program review?*<br>Continuous monitoring and assessment of multiple areas with internal communication for a comprehensive quality management program. |
| Are there policies and procedures in place to meet the requirements of Wholesale Drug Distribution Services? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT | MCA 37-7-604(4) | Reviewed |
| Have personnel been properly trained for their roles? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT | ARM 24.174.1203 | Detailed training and evaluation of advancement within organization. |

Montana Department of
LABOR & INDUSTRY

## LICENSES AND ENDORSEMENTS

| | | REFERENCE | CORRECTIVE ACTION/COMMENTS |
|---|---|---|---|
| Is the current facility license posted in a conspicuous place? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT | MCA 37-7-321 | This initial prelicensure inspection is prior to issuing license.<br>This application currently holds a community pharmacy license PHA-PHR-LIC-58632, which is posted. |
| Is the facility DEA registration current? | ☐ YES<br>☐ NEEDS IMPROVEMENT<br>☑ N/A | 21 CFR 1301.11 | N/A |
| Is the pharmacy Montana Dangerous Drug registration current? | ☐ YES<br>☐ NO<br>☑ N/A | ARM 24.174.1401(2) | N/A |
| If a medical gas supplier, is the respiratory care practitioner's license current? | ☐ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☑ N/A | ARM 24.174.1205(3) | *List the practitioners' name, license number and expiration date below.*<br>N/A |

## RECORD KEEPING

| | | REFERENCE | CORRECTIVE ACTION/COMMENTS |
|---|---|---|---|
| Are temperature and humidity logs maintained? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☐ N/A | ARM 24.174.1211(5) | Temperature and humidity control with monitoring and recording where appropriate. |
| Are records of activities available, accessible and stored for 2 years? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT | MCA 37-7-604(4) | Reviewed requirement - current policy is for 5 year retention |
| Are prescriptions for medical oxygen current? | ☐ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☑ N/A | MCA 37-7-401 | *Review at least 3 patient records and verify that their prescription for medical oxygen has been authorized within the 1-year time frame.*<br>N/A |

| | | | |
|---|---|---|---|
| Can the facility track and trace a recall by lot number? | ☑ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☐ N/A | ARM 24.174.1212(5) | *Review this process with staff.*<br>Detailed records for ability to communicate if needed in an adverse event. |
| Purity logs and records available at the filling facility? | ☐ YES<br>☐ NO<br>☐ NEEDS IMPROVEMENT<br>☑ N/A | ARM 24.174.1201(7) | *Review logs and records.*<br>N/A as this is unrelated to medical oxygen.<br><br>Extensive records available for 503B compounding including facility verification of API,COA from their independent laboratory. |

MEDICAL GAS

| | | REFERENCE | CORRECTIVE ACTION/COMMENTS |
|---|---|---|---|
| List medical gas endorsement(s). | ☐ DISTRIBUTOR<br>☐ SUPPLIER | ARM 24.174.1204, 1205, 1206 | *Check all that apply.*<br>N/A |
| Are activities limited to medical gas distribution? | ☐ YES<br>☐ NO<br>☑ N/A | ARM 24.174.1204 | N/A |
| If a medical gas distributor, list activities. | ☐ DISTRIBUTION<br>☐ FILLING<br>☐ MANUFACTURE | ARM 24.174.1204 | *Check all that apply.*<br>N/A |

Montana Department of
LABOR & INDUSTRY

# Outsourcing Facility (503B) Inspection Report

*Note that Board of Pharmacy inspections do not evaluate compliance with **all** requirements. Compliance with the Code of Federal Regulations (CFR) 21 CFR 211, Current Good Manufacturing Practices For Finished Pharmaceuticals, is expected.*

## 21 CFR 211 Subpart B – Organization and Personnel

| | | |
|---|---|---|
| Is there a quality control (QC) unit as required and are the responsibilities and procedures in writing? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed - Continuous monitoring and assessment of multiple areas with internal communication for a comprehensive quality management program. Detailed SOP's for implementation. |
| Is the QC unit independent so as not to take on other responsibilities of the facility? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the QC unit SOP's which includes a detailed independent review of multiple areas within the facility for continuous quality improvement. |
| Does the QC unit approve or reject all components, drug product containers, closures, in process materials, packaging materials, labeling and drug products? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the multiple individual steps for the evaluation of components through the process by the QC unit. |
| Does the QC unit review and approve all production and control records for errors, investigations, and corrective action if errors have occurred? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the multiple individual steps for the evaluation of production elements through the process by the QC unit. |
| Are facilities adequate for testing and approval or rejection of components, drug product containers, closures, packaging materials, in-process materials, and drug products? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the SOP's related to these areas as well as a review of the documented steps in the records related to these areas. |

| | | |
|---|---|---|
| Are personnel appropriately trained and with sufficient frequency for the particular area or job function required of them? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the documented training programs and related required documented assessments of personnel. |
| Is there an adequate number of qualified personnel to perform and supervise the manufacture, processing, packing, or holding of each drug product? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed and observed workflow and related supervision of multiple areas within the facility. |
| Are personnel practicing good personal hygiene and wearing appropriate clothing such as head, face, hand, and arm coverings as necessary to protect drug products from contamination? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed recorded activity as well as current in-process activities. |

**21 CFR 211 Subpart C – Buildings and Facilities**

| | | |
|---|---|---|
| Is the facility of suitable size and constructed to facilitate cleaning, maintenance, and proper operations? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed facility for appropriate construction and appropriate finishes to facilitate cleaning and maintenance, pursuant to proper operations. |
| Is there adequate space to prevent mix-ups and for the flow of components, drugs, containers, labels and in-process materials? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the workflow, documented steps and quality control measures the assure safety in these areas. |
| Is the flow of components, drug product containers, closures, labeling, in-process materials, and drug products through the building designed to prevent contamination? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Facility design was utilized with these considerations at the inception of construction and is monitored and evaluated by the QC unit independently. |
| Are there designated areas for processing, packaging and labeling, and quarantine prior to release of finished drug products? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed the SOP's as well as the documented records related to these areas. |

| | | |
|---|---|---|
| Is the aseptic processing environment equipped with floors, walls and ceilings that are smooth and easily cleanable? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Facility design was utilized with these considerations at the inception of construction and is monitored and evaluated by the QC unit independently. |
| Does the aseptic processing area have temperature and humidity controls? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed SOP's as well as records related to the temperature and humidity conditions. |
| Are surfaces that contact components, in-process materials, or drug products not reactive, additive, or absorptive, so as not to alter the quality, safety, or purity of the drug products? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Facility design was utilized with these considerations at the inception of construction and is monitored and evaluated by the QC unit independently. |
| Does the aseptic processing area have appropriate air supply through HEPA filters under positive pressure? *(Note the location of HEPA filters and air return vents)* | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Facility design was utilized with these considerations at the inception of construction and is monitored and evaluated by the QC unit independently. Reviewed certification of suite and observed the positive pressure gauges and recorded monitoring. |
| Is there a system in place for monitoring environmental conditions in all aseptic processing areas? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Continuous monitoring and recording of environmental conditions as well as scheduled surface and air sampling. Independent review of information by the QC unit. |
| Is the facility adequately maintained including lighting, plumbing, washing and toilet facilities, trash disposal, and pest control so as to operate in a sanitary manner at all times? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Facility design was utilized with these considerations at the inception of construction and is monitored and evaluated by the QC unit independently. Reviewed several associated SOP's and observed during the facility evaluation. |
| Does the facility process or manufacture products containing penicillin, and if so, are operations performed in facilities separate from those used for other drug products for human use? | ☐ Yes<br>☐ No<br>☐ Needs Improvement<br>☑ N/A | N/A - no penicillin or related Beta-Lactams utilized. |

## 21 CFR 211 Subpart D – Equipment

| | | |
|---|---|---|
| Is equipment used in the manufacture, processing, packing, or holding of drug product of appropriate design, size, and suitably located for its intended use and to facilitate cleaning? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Equipment selection was utilized with these considerations at the inception of operation and is monitored and evaluated by the QC unit independently. |
| Is there a written record of cleaning and maintenance of equipment, including utensils used in the manufacture, processing, packing, or holding of a drug product? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed as well as records and certifications. Operation does not reuse utensils. Monitoring is reviewed by the QC unit independently. |
| Are written procedures for cleaning and maintenance established and followed, and do the procedures describe schedules, methods, equipment, and materials used in cleaning and sanitizing? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed SOP's and records for these areas. Monitoring is reviewed by the QC unit independently. |
| Is automatic, mechanical, or electronic equipment used in the manufacture, processing, packing, or holding of drug product routinely inspected and calibrated to ensure proper functioning? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed SOP's, certifications and records for these areas. Monitoring is reviewed by the QC unit independently. |

## 21 CFR 211 Subpart E – Control of Components and Drug Product Containers and Closures

| | | |
|---|---|---|
| Are written procedures for receipt, identification, storage, handling, sampling, testing, and approval or rejection followed for all components, containers, and closures? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed SOP's and records for these areas. Monitoring is reviewed by the QC unit independently. |
| Are components identified with a distinctive code for each lot in each shipment received to identify as to the status of the component (quarantined, approved, rejected)? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | All components are evaluated and identified by an internal coding following the status determination. Components that are rejected are quarantined separately from other components. |

| | | |
|---|---|---|
| Are components tested to identify conformity with purity, strength, and quality, and approved or rejected by quality control unit during the production process? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed records of components which indicate that the QC unit has reviewed these areas and has independently evaluated the outcome. |
| Are all components stored appropriately to prevent contamination and facilitate cleaning around them? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Facility design was utilized with these considerations at the inception of construction and is monitored and evaluated by the QC unit independently. |
| Are procedures followed to ensure any samples collected for testing are not contaminated during the process including being done in a sterile environment when necessary? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed to evaluate these procedures. Monitoring is reviewed by the QC unit independently. |
| Are sample containers identified with the name of the material sampled, the lot number, the container from which the sample was taken, the date on which the sample was taken, and the name of the person who collected the sample? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed records. |
| Are samples tested for identity, purity, strength, and quality; and are microbiological tests completed on each lot of components, drug product containers, or closures if appropriate? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed records. |
| Are components, drug product containers, or closures retested or reexamined after storage for long periods or after exposure to air, heat or other conditions that might adversely affect them? | ☐ Yes<br>☐ No<br>☐ Needs Improvement | N/A - The components are utilized in a time frame that does not include extended storage. The current SOP's therefore do not include extended storage elements. |

| | | |
|---|---|---|
| Are components, drug product containers, and closures approved for use rotated so that the oldest approved stock is used first? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed process and facility SOP's allow for the independent flexibility when needed to consolidate some lot numbers for efficiency. 503B compliance allows for this. Monitoring is reviewed by the QC unit independently. |
| Are processes in place for quarantining rejected drug product containers, closures, and components to ensure they are not used in the manufacture or processing operations? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Any rejected components are quarantined and discarded appropriately. |

**21 CFR 211 Subpart F – Production and Process Controls**

| | | |
|---|---|---|
| Are there written procedures for production and process control designed to assure that the drug products have the identity, strength, quality, and purity they purport or are represented to possess? And are the procedures followed? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed and records indicate compliance. Also, monitoring is reviewed by the QC unit independently. |
| Are in process materials tested for identity, strength, quality, and purity, and approved or rejected by quality control unit during production process? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed "in-process" material records that indicate compliance. Also, monitoring is reviewed by the QC unit independently. |
| Are all procedures for measuring, weighing, documenting, and verifying components followed and is the quality control unit monitoring? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |
| Are actual yields and percentages of theoretical yields determined at the conclusion of each phase of manufacturing, processing, packaging, or holding of the drug product? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |

| | | |
|---|---|---|
| Does the facility use 2-person verification when components are added to the batch or, if the components are added by automated equipment only verified by one person? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |
| Are there written procedures to assure batch uniformity and integrity of drug products, that describe the in-process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch prior to release? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |
| Do written procedures include quarantine of drug products before release by the quality unit and are procedures followed? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |

**21 CFR 211 Subpart G – Packaging and Labeling Control**

| | | |
|---|---|---|
| Do written procedures describe the receipt, identification, storage, handling, sampling, examination and/or testing of labeling and packaging material and are procedures followed? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |
| Are records maintained for each shipment received of each different labeling and packaging material indicating receipt, examination/testing, and whether they were accepted or rejected? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed and indicate compliance with the SOP's. Monitoring is reviewed by the QC unit independently. |

| | | |
|---|---|---|
| Are labels and other labeling materials stored separately with suitable identification for each different drug product and is access to storage areas limited to authorized personnel? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Storage and access evaluated. Monitoring is reviewed by the QC unit independently. |
| Are filled drug product containers that are set aside unlabeled identified with drug name, strength, quantity of contents, and lot or control number of each container and stored in a manner to prevent labeling mix-ups? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed to evaluate these procedures. Observed labeling activity and process. Monitoring is reviewed by the QC unit independently. |
| Do written procedures specify how to reconcile quantity of labels that are issued, used, and returned, and evaluating any discrepancies between quantity of drug product finished and the quantity of the labeling issued? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed SOP's and observed labeling activity. Current labeling activity includes the utilization of an electronic device that records and verifies product. Monitoring is reviewed by the QC unit independently. |
| Are obsolete and outdated labels, labeling and packaging materials destroyed appropriately? Are excess labeling bearing lot and control numbers destroyed appropriately? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Quarantined and destroyed appropriately by outside vendor. |

**21 CFR 211 Subpart H – Holding and Distribution**

| | | |
|---|---|---|
| Do written procedures describing warehousing of finished drugs include quarantine of drug product before release by QC unit and storage under appropriate temperature, humidity, and light? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed SOP's as well as observed storage area and records. Monitoring is reviewed by the QC unit independently. |
| Do written procedures describing the distribution of drug products include a procedure whereby the oldest approved stock of a drug product is distributed first? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Reviewed process and facility SOP's allow for the independent flexibility when needed to consolidate some lot numbers for efficiency. 503B compliance allows for this. Monitoring is reviewed by the QC unit independently. |

| | | |
|---|---|---|
| Do written procedures describing the distribution of drug products include a system by which the distribution of each lot of drug product can be readily determined to facilitate its recall if necessary? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |

**21 CFR 211 Subpart I – Laboratory Controls**

| | | |
|---|---|---|
| Are laboratory controls and procedures established using scientifically sound and appropriate specifications, standards, sampling plans, and test procedures? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |
| Are laboratory controls designed to assure that components, drug product containers, closures, in-process materials, labeling, and drug products conform to appropriate standards of identity, strength, quality, and purity? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |
| Is all laboratory equipment calibrated in accordance with an established written program containing specific directions, schedules, limits for accuracy and precision, and provisions for remedial action if the event limits are not met? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |
| Is there a written testing program designed to assess the stability characteristics of drug products, and are results of stability testing used to determine appropriate storage conditions and expiration dates? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |

| | | |
|---|---|---|
| Is each batch of drug product tested to determine satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |
| Are drug products that fail to meet established standards or specifications rejected by the quality control unit? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |
| Do all batches purporting to be sterile and/or pyrogen free have appropriate laboratory testing to determine conformance to such requirements? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |
| Does the facility store a reserve sample of each lot of each drug for 1 year after the expiration date of the last lot of the drug product containing the active ingredient for visual testing? | ☐ Yes<br>☐ No<br>☐ Needs Improvement | N/A - 503B compliance allows for 30 day retention following expiration date. SOP's and records indicate compliance. Monitoring is reviewed by the QC unit independently. |

**21 CFR 211 Subpart J – Records and Reports**

| | | |
|---|---|---|
| Are all production, control, or distribution records retained for at least 1 year after the expiration date of the batch or 2 years, whichever is longer, including all components, drug product containers, and closures? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records indicate a 5 year retention policy. Monitoring is reviewed by the QC unit independently. |
| Are master production and control records for each drug product prepared, dated, and signed (full signature, handwritten) by one person and independently checked, dated, and signed by a second person? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed. Monitoring is reviewed by the QC unit independently. |

| | | |
|---|---|---|
| Do batch production records include documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished and include all required elements related to product control? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed. Monitoring is reviewed by the QC unit independently. |
| Does the batch record include identifying the equipment used during manufacture, and identifying persons involved in production and supervision of each significant step? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Records reviewed. Monitoring is reviewed by the QC unit independently. |
| Do distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product? | ☐ Yes<br>☐ No<br>☐ Needs Improvement | N/A - prelicensure inspection. SOP's include compliance requirements. |
| Are written procedures established and followed to document product complaints including provisions for review by the quality control unit, and to determine whether the complaint represents a serious and unexpected adverse drug experience which is required to be reported to the Food and Drug Administration? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed. |
| Do documented complaints contain the name and strength of the drug product, lot number, name of complainant, nature of complaint, reply to complainant, and all investigation findings and follow-up? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed. Monitoring is reviewed by the QC unit independently. |

| | | |
|---|---|---|
| Are unexplained discrepancies or the failure of a batch, or any of its components to meet any of its specifications thoroughly investigated? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | Monitoring is reviewed by the QC unit independently. |
| Are investigations extended to other batches of the same drug product and other drug products that may have been associated with the specific failure or discrepancy? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed.<br>Monitoring is reviewed by the QC unit independently. |
| When an investigation is conducted, do the written records include the findings of the investigation and follow up? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed.<br>Monitoring is reviewed by the QC unit independently. |
| When an investigation is not conducted, do the written records include the reason the investigation was found not to be necessary and the name of the responsible person making such a determination? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed.<br>Monitoring is reviewed by the QC unit independently. |

**21 CFR 211 Subpart K – Returned and Salvaged Drug Products**

| | | |
|---|---|---|
| Are records of returned drug products maintained and do they include the name and potency of the drug product, lot/control/batch number, reason for the return, quantity returned, date of disposition, and ultimate disposition of the returned drug product? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's and records reviewed.<br>Monitoring is reviewed by the QC unit independently. |
| Have any investigations been conducted if returned product indicates a problem with a batch? | ☐ Yes<br>☐ No<br>☐ Needs Improvement<br>☑ N/A | N/A |

**Wholesaling Activity: 21 CFR 205.50 Minimum Requirements for the Storage and Handling of Prescription Drugs and for the Establishment of Prescription Drug Distribution Records**

| | | |
|---|---|---|
| Are records of distribution activities for all finished drug products available and include the name, address, and state license number of the purchaser? | ☐ Yes<br>☐ No<br>☐ Needs Improvement<br>☑ N/A | N/A - prelicensure inspection. SOP's include compliance requirements. |
| Are distribution activities limited to patients, health care professionals for administration, health care professionals for dispensing pursuant to a prescription, and state-licensed pharmacies for dispensing pursuant to a prescription? | ☐ Yes<br>☐ No<br>☐ Needs Improvement<br>☑ N/A | Current dispensing is for 503A patient specific prescriptions pursuant to community pharmacy license. (PHA-PHR-LIC-58632)<br><br>N/A - prelicensure inspection for WDD 503B distribution.<br>SOP's include distribution compliance requirements for health care professionals for administration, health care dispensing, where applicable. Currently, no plan for distribution to state-licensed pharmacies. |
| Are policies available for handling recalls, including notification to all affected purchasers? | ☑ Yes<br>☐ No<br>☐ Needs Improvement | SOP's reviewed.<br>Monitoring is reviewed by the QC unit independently. |
| Does the facility maintain appropriate licensure in all states in which they distribute to? | ☑ Yes<br>☐ No<br>☐ Needs Improvement<br>☑ N/A | Current dispensing is for 503A patient specific prescriptions pursuant to community pharmacy license. (PHA-PHR-LIC-58632)<br><br>N/A - prelicensure inspection.<br>SOP's include compliance requirements for WDD 503B distribution. |

**References:**

- FDA Rules: 21 CFR 211 Current Good Manufacturing Practices for Finished Pharmaceuticals
- FDA Guidance: Current Good Manufacturing Practice – Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act Guidance for Industry. Draft Guidance for Industry. January 2020
- FDA Guidance: Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug and Cosmetic Act Guidance for Industry. June 2023
- FDA Rules: 21 CFR 205.50 Minimum requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records.
- FDA Statute: 21 USC 353b. Outsourcing Facilities (Section 503B of the FD&C Act)
- FDA Webpage: Information for Outsourcing Facilities
- Montana Statute: 37-7-102, MCA, Definition of Outsourcing Facility

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

| DISTRICT OFFICE ADDRESS AND PHONE NUMBER | DATE(S) OF INSPECTION |
|---|---|
| Seattle District Office<br>22215 26th Ave. SE, Suite 210,<br>Bothell, WA 98021<br>(425) 302-0340<br>Industry Information: www.fda.gov/oc/industry | 09/15/21 to 09/23/21*<br>FEI NUMBER<br>3014549846 |

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Dr. Amy K. Frost, Pharmacist-in-Charge

| FIRM NAME | STREET ADDRESS |
|---|---|
| OSRX, Inc. ~~dba Pinnacle Compounding~~ SMK 9/23/21 | 1120 Kensington Ave., Unit E |
| CITY, STATE AND ZIP CODE | TYPE OF ESTABLISHMENT INSPECTED |
| Missoula, MT 59801 | Producer of Sterile Drug Products |

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

OBSERVATION 1

Your firm's current laminar airflow studies (smoke studies) of the ISO 5 Horizontal Laminar Airflow Workstation were not performed under conditions showing aseptic operations that are representative of your current compounding practices nor did they emulate all critical unit operations and interventions used during compounding of your sterile drug products. Specifically,

Smoke studies conducted by your firm in May of 2021 were not conducted under dynamic conditions that fully simulate the normal operating conditions of the sterile drug production.

1) You did not simulate the entire filling process, including the priming of the pump used to fill the vials with the compounded drug product.

2) You also did not simulate the practice of two operators working together in your ISO 5 Laminar Air Flow Hood during filling, capping and sealing operations.

*DATES OF INSPECTION:
09/15/2021 (Wed), 09/16/2021 (Thu), 09/17/2021 (Fri), 09/20/2021 (Mon), 09/21/2021 (Tue), 09/22/2021 (Wed), 09/23/2021 (Thu)

Add Continuation Page

| SEE REVERSE OF THIS PAGE | EMPLOYEE(S) SIGNATURE | EMPLOYEE(S) NAME AND TITLE (Print or Type) | DATE ISSUED |
|---|---|---|---|
| | Sangeeta M. Khurana | Sangeeta M. Khurana Investigator<br>Kenneth O. Gee Investigator | 09/23/2021 |

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or

2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgement, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

## INTRODUCTION

From October 15 to October 25, 2024, U.S. Food and Drug Administration (FDA) Investigator Jazmine N. Brown conducted an inspection of OSRX, Inc. ("OSRX") (FEI 3014549846) located at 1120 Kensington Avenue, Missoula, MT 59801. On October 25, 2024, at the conclusion of the inspection, Investigator Brown issued an FDA Form-483 ("483"). This written communication provides our initial response to this 483.

Product quality and patient safety are of utmost importance to OSRX. We recognize and take seriously the observations in the 483 and are committed to taking actions necessary to ensure that our manufacturing complies with the Federal Food, Drug, and Cosmetic Act (FDCA) and its implementing regulations. We appreciate Investigator Brown's feedback and we look forward to improving our operations as we operate as a 503B Outsourcing Facility.

**Overview of OSRX's Approach to Quality**

OSRX is committed to delivering high-quality "Made in the USA" pharmaceutical products to patients in the U.S. We operate our outsourcing facility through a Quality System that meets regulatory requirements, and we are committed to continual improvement of this system. We also recognize the importance of continuous improvement of the manufacturing processes through continuous monitoring and training of all employees.

**Summary of Our Post-Inspection Commitments**

As described in more detail herein, we make the following commitments to address FDA's observations:

- For Observation 1, OSRX has already completed a CAPA and SOP updates to require incubation for all APS units. OSRX intends to complete operator retraining on revised gowning documents by Q1 2025. Additionally, OSRX has a repeat smoke study planned for December 2024, to address the observation that both operators were not visible in the prior March 2024 study.
- For Observation 2, OSRX opened and has completed a CAPA to address FDA's observations related to incubation tests even for non-integral units that are to be discarded and not sold.
- For Observation 3, OSRX has already completed retraining on lot-specific surface sampling. We intend to complete updates to SOP-CC-0026 regarding action and alert levels by Q2 2025, and conduct fingertip sample retraining by Q1 2025
- For Observation 4, OSRX has already corrected its CoAs to remove the verbiage that led to this observation and no further action is necessary at this time.
- For Observation 5, OSRX will update SOP-INSP-0001 and SOP-INSP-0003 to further specify the elements of OSRXs visual inspection training program.
- For Observation 6, OSRX will update its SOP to require outer labeling with the requirements under FDCA Section 503B(a)(10)(B). These new labels are on order and will be implemented upon receipt, which is anticipated by Q1 2025.

With each observation, we have included a table outlining the supporting documentation, commitments and any associated CAPAs.

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**OBSERVATION 1**
**Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established and followed.**

**Specifically,**

A. **Your firm's personal media fill is deficient in that aseptic operators only aseptically fill 50 container units, semi-annually, to fully qualify their sterile operators, under procedure, SOP-CC-0003, *Personnel Media Fill Qualification.* For example, to successfully qualify operator JMC, to produce sterile drug product in your cleanroom only 50 units were filled aseptically taking a total of 6 minutes to manufacture. This is not an adequate assessment of operator's aseptic technique when manufacturing a maximum batch size of 1600 units that takes 2-4 hours to complete.**

B. **Your firm failed to incubate all integral units of the media fill performed under protocol VALRPT-001. In Cleanroom Suite 100, the following units were filled in ISO 5 BSC and then removed for torque testing and production loss reasons. All units removed were not incubated with documented justification:**

**Droptainers:**

| Lots | Filled Units | Total Removed | Incubated Units |
|---|---|---|---|
| 103478 | 1550 | 8 | 1542 |
| 103482 | 1600 | 8 | 1591 |
| 103486 | 1600 | 23 | 1577 |
| 103509 | 1600 | 19 | 1581 |
| 103546 | 1600 | 69 | 1529 |
| 103552 | 1600 | 16 | 1584 |

**Vials:**

| Lots | Filled Units | Total Removed | Incubated Units |
|---|---|---|---|
| 103500 | 1470 | 11 | 1459 |
| 103482 | 1470 | 23 | 1447 |
| 103499 | 1464 | 15 | 1449 |

C. **There is no gowning qualification program at your facility to enter into the Cleanroom Suite 100, room# 1(ISO 7) and room# 2 (ISO 7), from the gowning in airlock (room #109), to ensure sterile gowning is donned without contamination.**

D. **Your smoke study, performed on March 29, 2024, was not conducted under dynamic conditions to simulate aseptic processing behavior of the sterile drug production that includes two employees working inside of the ISO 5 Vertical Biosafety Cabinet (BSC) simultaneously to perform check weighing, filling, and capping activities.**

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## OBSERVATION 1A RESPONSE

The development and oversight of a robust training program for operators is integral to the operations at OSRX. We follow a stepwise instructional approach which includes both didactic and skills training. As explained in SOP-CC-0023 (attached), the training program as referenced in Observation 1A is not a singular event for an operator to be fully qualified according to SOP-CC-0003. Rather, operators are trained in segments as they achieve proficiency at each level, and the operators' roles align with their level of qualification. These segments are separate qualification activities intended to validate separate areas of production and operator skill.

Operators who successfully complete these qualification activities are determined to be provisionally and fully qualified as outlined below:

1. Qualification Media Fills: Operators demonstrate sterile media fill competency by performing media fill on a set of 50 units. This training is not intended to fully qualify operators. Rather, it is intended to demonstrate competence sufficient to allow the operators to enter the ISO 5 hood and perform media fill operations alongside fully qualified operators. Operators that have successfully demonstrated media fills on 50 units are only considered provisionally qualified and cannot operate independently in the ISO 5 room.
2. Aseptic Process Validation: Operators conduct aseptic process simulation (APS) for a full-scale batch. Operators who have demonstrated competency in conducting the APS are considered to be fully qualified.

As reflected in OSRX's SOP and in practice, operators who have completed qualification media fills and are only provisionally qualified do not work independently but are instead paired with a fully qualified operator who is able to provide oversight and instruction.

## OBSERVATION 1B RESPONSE

OSRX considers the media fill program of critical importance to evaluate and support our ability to consistently produce sterile drug products. Since January of 2024 OSRX has completed the Aseptic Process Simulations listed below.

The units that were identified in the Observation are 'non-integral' units, meaning that an aberration was detected during routine production that could impact the integrity of the container. OSRX's procedure is to discard these units and not distribute them into interstate commerce. Because these units are not sold, OSRX had not performed incubation testing, with an understanding that such units would be discarded regardless of the results of the incubation test. Similarly, OSRX discards product considered "production loss" and those units used for "torque check," which are two specific ways that a unit can be considered non-integral for purposes of the Aseptic Process Simulation. These units therefore would not qualify for further processing and would not be incubated. Similarly, during a media fill where the process is simulated to replicate routine production, operators are instructed to follow normal procedures. As such, OSRX historically has not incubated these non-integral units during APS. As shown below, these non-integral units comprise only a small percentage of the overall units filled during the APSs. Also, as demonstrated below, for the APSs after May 14, 2024, when all

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units were subjected to incubation, the fail rate was one unit total, suggesting a very low probability that the non-integral units not subject to incubation would have resulted in additional failures.

| Date | Container Type | Cleanroom | Lot # | Quantity | Yield | Yield Justification | Total Units Inspected | Result | Status |
|---|---|---|---|---|---|---|---|---|---|
| 24JAN24 | Droptainer | CR2 1X | 103478 | 1550 | -8 | -8 torque | 1542 | Pass | Qualified |
| 25JAN24 | Droptainer | CR2 X2 | 103482 | 1600 | -9 | -8 torque -1 production loss | 1591 | Pass | |
| 26JAN24 | Droptainer | CR2 X3 | 103486 | 1600 | -23 | -8 Torque -15 production loss | 1577 | Pass | |
| 30JAN24 | Droptainer | CR1 X1 | 103509 | 1600 | -19 | -8 torque -11 production loss | 1581 | Pass | Qualified |
| 01FEB24 | Droptainer | CR1 X2 | 103546 | 1600 | -71 | -8 torque -63 production loss **Loss was given to QA, count not performed by operations | 1529 | Pass | |
| 02FEB24 | Droptainer | CR1 X3 | 103554 | 1600 | -16 | -8 torque -8 production loss | 1584 | Pass | |
| 27JAN24 | Vials | CR2 1X | 103500 | 1470 | -11 | -2 loss -9 loss | 1459 | Pass | Not Active, supply chain |
| 28JAN24 | Vials | CR2 2X | 103496 | 1470 | -23 | -23 loss | 1447 | Pass | |
| 29JAN24 | Vials | CR2 3X | 103499 | 1464 | -15 | -15 loss | 1449 | Pass | |
| 14MAY24 | Droptainer | CR2 1X | 104129 | 5000 | 0 | N/A | 5000 | Pass | Qualified |
| 29MAY24 | Droptainer | CR2 2X | 104201 | 5000 | 0 | N/A | 5000 | Pass | |
| 12JUN24 | Droptainer | CR2 3X | 104266 | 5000 | 0 | N/A | 5000 | Pass | |

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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 26JUN24 | Droptainer | CR1 X1 | 104334 | 5000 | 0 | N/A | 5000 | Fail (1 unit) | CAPA |
| 10JUL24 | Droptainer | CR1 X2 | 104404 | 5000 | 0 | N/A | 5000 | Pass | |
| 24JUL24 | Droptainer | CR1 X3 | 104481 | 5000 | 0 | N/A | 5000 | Pass | |
| 10OCT24 | Droptainer | CR1 X1 | 104797 | 5000 | 0 | N/A | 5050 | Pass | In Process |
| 6NOV24 | Droptainer | CR1 X2 | 104899 | 5000 | 0 | N/A | 5050 | | |
| Scheduled Dec 2024 | Droptainer | CR1 X3 | | 5000 | 0 | N/A | 5050 | | |

As a corrective action for this Observation, OSRX opened CAPA QEPA-2024-0077.1, which was completed and closed on October 16, 2024. As part of the actions under this CAPA, OSRX has revised its SOP-CC-0003 to specify that all APS units will be incubated. The revised SOP is attached.

**OBSERVATION 1C RESPONSE**

In response to this Observation the firm has taken immediate corrective action, as reflected in the following documents:

**CC-2024-0056**: Updated the procedures for the qualification of operators for aseptic production and activities in ISO classed rooms.

**FRM-CC-0004.1:**

a. Updated form to include detail of each assessment in the specified area/ ISO Class in which the evaluation will occur. Combined steps that were previously listed as sequential to simplify and clarify instructions.

b. Added specific instruction for the ISO-8 Pre-Gowning/Prep Rooms to confirm independent operator assessment of handwashing and the gathering of materials before moving to the next ISO Class.

c. Clarified which steps are executed in the designated room for assessment as part of ISO 7 evaluation.

d. Added sampling locations as part of competency assessment to include forehead, mask, chest, collar of the coverall, and right & left thighs.

e. ISO-5 sampling. Include instructions for evaluator.

**SOP-CC-0023:** Updated section 7.1.2. Gowning qualification now describes the five elements. Updated the sampling locations to include the additional locations and listed in FRM-CC-0004.1. Added figure 1 as an instructional guide.

**TRAIN-0005:** A new training tool created to explain the importance of proper gowning procedures and include a robust explanation of the assessment.

**FRM-CC-0007.2:** Change title to Personnel Monitoring ISO 5, remove Garbing competency assessment. Update name to reflect ISO 5.

**FRM-CC-0023.1:** New form to record the updated procedure for garbing qualification.

These corrective actions received Quality and SME review and approval on November 3, 2024. OSRX conducted training on these revised policies on November 4, 2024, and began to assess the retraining on November 5, 2024. Results will be incubated according to schedule and sequential assessments scheduled. Operators who do not successfully complete the assessment will conduct retraining and

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then be reassessed. Operators must successfully complete three successive assessments to pass the retraining. OSRX aims to complete the operator retraining assessment by Q1 2025.

**OBSERVATION 1D RESPONSE**

OSRX has taken significant steps to improve its smoke study program in recent years, including developing robust training on Smoke Study Techniques and Assessments. OSRX utilizes FRM-CC-0021.1 to ensure that its smoke studies meet all acceptance criteria.

While OSRX has made improvements in its training and purchased new equipment to better record its studies, OSRX acknowledges that in the March 29, 2024, smoke study video, the second operator in the biosafety cabinet (BSC) was not visible due to the camera angle. While the video does not reflect the second operator, the written report for the smoke study, FRM-CC-0021.1, recorded the details of that study, including that two operators were present. In fact, that report (attached) provided the names of each identified operator present during the event and the activities of each individual. Therefore, when the report is reviewed, the smoke study criteria were met as identified in SOP-CC-0021 Airflow Pattern Analysis - Smoke Study.

As a corrective action for this Observation, moving forward, OSRX intends to conduct a repeat smoke study in December 2024, and will be sure to use a camera angle that can better capture the details of the smoke study in BSC-01.

**Observation 1 Commitments and CAPAs**

| No. | Description | Estimated Completion Date / Completion Date | Completed |
|---|---|---|---|
| 1-1 | Observation 1B: QEPA-2024-0077.1 | October 16, 2024 | X |
| 1-2 | Observation 1B: SOP-CC-0003 updates | October 16, 2024 | X |
| 1-3 | Observation 1C: Complete retraining on revised gowning documents | Q1 2025 | |
| 1-4 | Observation 1D: Conduct repeat smoke study | December 2024 | |

**Observation 1 Attached Documents**

| |
|---|
| SOP-CC-0023 |
| QEPA-2024-0077.1 |
| SOP-CC-0003 |
| Document Change Request (DCR) 2024-0114 to Update Procedures for Operator Gowning Qualifications |
| FRM-CC-0021.1 for March 29, 2024 Smoke Study |
| OSRX Smoke Study Techniques and Assessment Training |

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**OBSERVATION 2**

**There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.**

**Specifically,**

**A) Your firm failed to thoroughly investigation quality events that had environmental monitoring recoveries that exceeded specification limits without adequate corrective actions, scientific justification, and impact assessment documented. For example,**

**i.~~QA-2024-0048~~ QE-2024-0048 was initiated due to 1 cfu recovery of Staphylococcus epidermidis on an ISO 5 active viable air sample plate that was performed during the production of Brimonidine tartrate/ dorzolamide 1%2%, Lot:104051, BUD: 23July2024. The batch was released without the proper batch impact assessment, corrective actions, and scientific rationale applied to the event prior to releasing and distributing the drug product to market.**

**ii. ~~QA-2024-0071~~ QE-2024-0071 was initiated due several environmental recoveries in Cleanroom Suite 100, but there was 1 cfu recovery of Staphylococcus lentus of an ISO 5 active viable air sample plate that was performed during the production of Prednisolone Phosphate Moxifloxacin ~~Bromide~~ Bromfenac 1%0.5%0.075%, Lot: 104196 Expiry BUD: 25Nov2024. The batch was released without the proper batch impact assessment, corrective actions, and scientific rationale applied to the event prior to releasing and distributing the drug product to market.**

**B) Your firm failed to investigate ~~visual~~ labeling inspection failures that exceeded the specification limits without adequate documentation, impact assessment, and corrective actions in place prior to releasing and distributing the drug product, in example, Prednisolone Phosphate 1%/ Moxifloxacin 0.5% Ophthalmic solution 5ml, Lot: 104272, BUD: 10Dec2024.**

**OBSERVATION 2A RESPONSE**

i. As demonstrated by QE-2024-0048, OSRX conducted an investigation into this excursion, which demonstrated a single colony forming unit of Staphylococcus epidermidis present on the sample plate. Additional samples were collected throughout the production timeframe and no other growth was identified. Industry resources provide that when an excursion is identified, it can be analyzed by reviewing the limits for a particular classified area, such as ISO 5. For example, USP <1116>, states that excursions beyond 15 cfu in ISO 5 zones should happen very infrequently, and that recoveries between 1-5 cfu are the more typical range.

In accordance with OSRX process and USP <1116> OSRX also conducted a review of the historical recovery rates in the weeks prior to the excursion. The environmental monitoring analysis did not demonstrate any trends or patterns to suggest a loss of environmental control or concern with operator technique. Based upon the findings of the investigation, OSRX concluded that the event was most likely an isolated excursion, and that environmental control

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was maintained in the ISO 5 area. Accordingly, OSRX determined that it was appropriate to ship the product. Information regarding OSRX's investigation is attached.

Additionally, OSRX would like to clarify that pursuant to FDA Guidance for Industry, Current Good Manufacturing Practice—Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act, environmental monitoring programs should contain appropriate detection components to verify state of control of the environment. ICH Q10 states that effective monitoring and control systems and processes for establishing and maintaining a state of control should provide assurance of continued suitability and capability of processes. OSRX's investigation demonstrated that there was no loss of environmental control.

ii. We recognize that the complete investigation was not explained and documented in the QE file. Accordingly, after this issue was brought to OSRX's attention by the investigator, OSRX immediately corrected the QE to reflect the full investigation via an addendum to the initial QE. Please see the attached addendum QE-2024-0071, which is supplemental to the initial investigation QE-2024-0071. OSRX's investigation conclusion determined that the cause of the 1 cfu recovery was likely human source during the sampling procedure, rather than a result indicative that the environmental control in the cleanroom had been breached because: (1) the single cfu of pathogen identified was Staphylococcus lentus, a species that is part of the normal human skin flora; (2) the growth pattern is consistent with touch contamination and not consistent with dimpling of a viable air sample; and, (3) review of operating conditions supports that environmental control was maintained throughout production activities. OSRX would like to further clarify that Staphylococcus lentus is non-pathogenic, readily killed by the cleaning agents utilized by OSRX, and unable to replicate in the conditions of the cleanroom, which contributed to OSRX's decision not to reject the batch based upon an isolated environmental finding of the microorganism. OSRX further notes no complaints, adverse events or other quality events related to Prednisolone Phosphate Moxifloxacin Bromfenac 1%0.5%0.075%, Lot: 104196 Expiry BUD: 25Nov2024.

**OBSERVATION 2B RESPONSE**

The failure of the label inspection during this event was due to the detection of a wrinkle during the application of the label on 11 units, which exceeded the acceptable quality limit (AQL ) according to criteria. In accordance with OSRX procedures, OSRX's Quality Assurance lead was notified, instruction was given and executed to remove labeling, confirm accountability for all labels removed from the batch, and to re-issue and re-execute labeling of the batch. OSRX followed its documented process for addressing labeling defects above the AQL as documented in the batch record. Both documents are attached.

OSRX believes that the labeling issue encountered in Lot 104272 is a minor defect and was handled according to OSRX's process for similar minor labeling excursions, and did not require an investigation given the nature of the defect. That said, as a corrective action here, OSRX conducted an investigation, documented in QE-2024-0133, attached.

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**Observation 2 Commitments and CAPAs**

| No. | Description | Estimated Completion Date / Completion Date | Completed |
|---|---|---|---|
| 2-1 | Observation 2Ai: QE-2024-0048 | May 13, 2024 | X |
| 2-2 | Observation 2Aii: QE-2024-0071.1 | October 25, 2024 | X |
| 2-3 | Observation 2B: QE-2024-0133 | December 8, 2024 | |

**Observation 2 Attached Documents**

| |
|---|
| QE-2024-0048 |
| Certificate of Analysis for Lot 104051 |
| QE-2024-0071 |
| QE-2024-0071.1 |
| Certificate of Analysis for Lot 103685 |
| USP-NF <1116> Microbiological Control and Monitoring of Aseptic Processing Environments |
| Lot 104272 Batch Records |
| SOP-LBL-0003 |
| QE-2024-0133 |

**OBSERVATION 3**

**Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.**

**Specifically,**

**A) There are no ISO 5 viable surface samples taken during the earlier lots being manufactured in clean room # 1 (ISO7) and clean room # 2 (ISO7) on each day of aseptic production. For example, Atropine 0.01%, Sulfate Monohydrate, Lot:104819, BUD 14Apr25, and Prednisolone Phosphate 1% / Moxifloxacin 0.5% / Bromfenac 0.075%, Lot:104822, BUD:15Apr25, both were manufactured on 10/16/2024 and did not have an associated surface sample of the ISO 5 Biosafety Cabinet performed at the end of each batch operation.**

**B) Your firm's procedure, SOP-CC-0026, Routine Environmental Monitoring Cleanroom 100, lists the action level for viable surface sample at >3 colonies per forming units per sampling device, which is not appropriate for an ISO 5 environment.**

**C) On 10/17/2024, I observed a fingertip sample being performed on an operator during end of production batch, Atropine Sulfate Monohydrate 0.05% Ophthalmic Solution 3.5ml, Lot:104821, BUD:15APR2025, and it appears that the operator does not fully engage their fingers onto the agar with a rolling technique.**

**OBSERVATION 3A RESPONSE**

OSRX appreciates that surface sampling must be conducted frequently enough to ensure that the ISO 5 environment remains suitable for sterile compounding. Consistent with FDA Guidance for Industry, Current Good Manufacturing Practice—Guidance for Human Drug Compounding Outsourcing

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Facilities Under Section 503B of the FD&C Act, OSRX conducted sampling at least daily. However, OSRX recognizes that its SOP proposed sampling after each batch. Noting the language of its SOP, OSRX implemented this change to its practices during the inspection and has and will continue to conduct environmental sampling after each batch run. To address the misalignment between the written procedure and the current practice, OSRX added this issue to CAPA QEPA-2024-0121.1. Further, OSRX has conducted retraining to emphasize surface sampling with each compounded lot and as of October 18, 2024, lot specific surface samples are being collected. This aspect of the CAPA is now complete.

**OBSERVATION 3B RESPONSE**

SOP-CC-0026 reflects OSRX's prior alert and action levels for ISO 5 cleanrooms, where one or more colony forming units per $m^3$ was considered an "alert level" and three or more were considered an "action level." Note that while OSRX used this terminology, it treats "alerts" from the BSC as if it was an "action level" in its approach to remediation, such as documenting Quality Events, conducting investigations, and taking corrective actions based on the investigation. While in practice, OSRX has been following these steps for both alerts and actions, and has communicated as such to its employees, in response to this Observation, OSRX intends to revise its SOP to reclassify one or more colony forming units as an "action level" rather than an "alert level." OSRX anticipates completing this update in Q2 2025, as it is currently in the process of implementing SherpaPharma, a digital technology platform for the management of environmental monitoring, and that system must be fully in place before further updates to SOPs can take effect. In the interim, OSRX will continue its current practice of treating alert levels as action levels, including documenting the Quality Event, conducting an investigation, and taking corrective actions based on the result of the investigation.

**OBSERVATION 3C RESPONSE**

OSRX conducts annual training for all operators, including modules on how to take environmental monitoring samples, including proper fingertip sampling technique. Respectfully, consistent with its SOP that specifies use of all four fingers to apply pressure to the plate without cracking the agar, OSRX believes its operators understand how to properly perform the fingertip sampling technique. While this training is typically conducted in August of each year, in light of this Observation, OSRX will conduct retraining on fingertip samples during an upcoming monthly training meeting to be completed in Q1 2025.

**Observation 3 Commitments and CAPAs**

| No. | Description | Estimated Completion Date | Completed |
|---|---|---|---|
| 3-1 | Observation 3A: Retraining on lot specific surface sampling | October 18, 2024 | X |
| 3-2 | Observation 3A: QEPA-2024-0121.1 | October 21, 2024 | X |
| 3-3 | Observation 3B: SOP-CC-0026, Routine Environmental Monitoring Cleanroom 100 update | Q2 2025 | |
| 3-4 | Observation 3C: Conduct fingertip sample retraining | Q1 2025 | |

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**Observation 3 Attached Documents**

QEPA-2024-0121.1

**OBSERVATION 4**

**Each batch of drug product purporting to be sterile and pyrogen-free is not laboratory tested to determine conformance to such requirements.**

**Specifically, your firm performed an early release of drug product, Brimonidine Tartrate 0.1%, Dorzolamide 2%, 2ml Ophthalmic Solution, Lot:103685, BUD:26May2024, without the sterility testing being completed by your third party laboratory as documented in QE-2024-0032.**

**OBSERVATION 4A RESPONSE**

OSRX's drug product, Brimonidine Tartrate 0.1%, Dorzolamide 2%, 2ml Ophthalmic Solution is not labeled as pyrogen-free, although it is sterile. Therefore, OSRX respectfully believes that no pyrogen testing is required for this topical drug product. As for the testing by the outside laboratory for sterility, OSRX does utilize an outside lab. Consistent with 21 C.F.R. 211.165 and UPS <71>, OSRX ran two sterility tests in parallel for the lot in question. Upon release, OSRX had the results of a rapid ScanRDI that demonstrated sterility of the product, as well as Day 7 results from the outside lab confirming the lot's sterility. Post-release, OSRX received the confirmed sterility results from its outside laboratory in accordance with USP <71>.

Consistent with its commitment to quality, OSRX documented that its "belt and suspenders" approach to sterility testing for this batch deviated in that the release occurred based on a rapid sterility test and Day 7 results rather than the confirmed USP <71> results. To be clear, as reflected in the Certificate of Analysis for Lot 103685, the lot was validated in accordance with USP <71> and OSRX had appropriate testing in place to support release. *See* Current Good Manufacturing Practice—Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act, footnote 32 ("Sterility testing should be conducted using USP General Chapter <71> Sterility Tests. Any other method used for sterility testing should be validated. See, for example, USP General Chapter <1223> Validation of Alternative Microbiological Methods or PDA Technical Report No. 33 (see Parenteral Drug Association 2013) for recommended validation methods."). Instead, the document implied that both tests were required to release a batch, and therefore it is understandable that the investigator observed a release that did not comport to OSRX's form. Rest assured, Lot 103685 had a confirmed passing CoA sterility result based on a rapid sterility test, tested with ScanRDI, as well as a 7-day USP <71> test.

In response to this observation, OSRX opened a Quality Event to explain the deviation from the process to not require a test under USP <71> for batch release and updated the CoA to indicate that batch release requires *either* a sterility test under USP <1223> *or* USP <71>. As documented in QE-2024-0032, OSRX investigated the issue, determined the root cause related to the nature of the form, updated the form, and then closed the QE and released the Lot. Additionally, OSRX notes that the final USP <71> sterility test result was also passing.

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| No. | Description | Estimated Completion Date | Completed |
|---|---|---|---|
| 4-1 | Observation 4: QE-2024-0032 | March 8, 2024 | X |

**Observation 4 Attached Documents**

| |
|---|
| QE-2024-0032 |
| SOP-QC-0011 |

**OBSERVATION 5**

**The responsibilities and procedures applicable to the quality control unit are not in writing and fully followed.**

**Specifically, your firm's procedure SOP-INSP-0001, entitled, *Visual Inspection of Sterile Compounded Topical Ophthalmic Preparations,* fails to implement adequate specifications to prevent significant product quality issues from occurring, as follows:**

- **A. There is no sound visual inspection program that contains a qualified visual inspection sample defect kit used to train visual inspectors to inspect topical ophthalmic solutions manufactured in opaque droptainers.**
- **B. You does not examine 100% of units produced for topical ophthalmic drug products. Instead, you only perform an examination of 125 opaque topical droptainers as a form of Acceptable Quality Limit (AQL) inspection without scientific rationale. Your firm only performs an 100% inspection of the rejected AQL inspection for that failed defect category with a second AQL using the same accept/ reject limits.**
- **C. There is no total reject rate for an accumulated total of rejects per inspection. Your firm uses an accept/ reject rate per defect type and not as a total for the critical/ major/ minor classification categories.**
- **D. Furthermore, during the AQL inspection, 125 opaques topical droptainers are sampled randomly and sampling is not representative of the entire lot (beginning, middle and end of fill).**

**OBSERVATION 5A RESPONSE**

OSRX takes seriously the need to visually inspect samples to ensure that defects can be identified during production. In addition to SOP-INSP-0001, OSRX's visual inspection program is documented in SOP-INSP-0003 (attached). We note that FDA's observation does not reference SOP-INSP-0003, and therefore FDA may not have the full picture of OSRX's visual inspection program. Respectfully, OSRX believes that its current program, as reflected across SOP-INSP-0001 and SOP-INSP-0003 includes the elements for a sound visual inspection program. Specifically, SOP-INSP-0003 documents OSRX's procedures for training visual inspectors.

As part of its visual inspection program, OSRX utilizes a defect library consisting of both physical units, where feasible, as well as an image library with sample images of defective product. FDA does not explicitly require use of a defect kit over a defect library. (*See* Inspection of Injectable Products for Visible Particulates Guidance for Industry at 12-13.) The choice between a defect kit and a reference library may depend on product factors such as product type, risk level, and nature of potential defects. OSRX believes that its reference library, which has been collated during routine visual inspection and

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is more representative of the defects observed in topically applied ophthalmic products than a generic defect kit.

Additionally, OSRX performs on-the-job training of operators through triplicate, successive live runs. Such training was observed by FDA during the course of the inspection, though it is not listed in the observation. We are attaching here the training qualification form, which is another part of OSRX's visual inspection program, and which demonstrates the qualification requirements to begin visual inspection including: (1) reviewing the SOP, and (2) reviewing the visual inspection defect library, and (3) that the operator was trained on how to detect defects.

While OSRX believes that is current program satisfies the regulatory requirements, OSRX opened a change control to update several SOPs, the net effect of which will be the creation of a defect kit approach to operator training on visual defects. Once implemented, the revised policies for topicals will require operators to use the defect kits for training rather than relying on the defect library. In this way, OSRX's policies and procedures that discuss operator qualifications will reference the defect kit, consistent with OSRX's approach to training operators handling of visual inspections of injectables.

**OBSERVATION 5B RESPONSE**

FDA has recognized that for topical ophthalmic drug products packaged in opaque containers, appropriate technologies should be used to identify particulates within the accepted visible size range. Therefore, for ophthalmic products in opaque containers, which are "difficult to inspect" products, FDA guidance does not require a 100% visual inspection. (*See* Quality Considerations for Topical Ophthalmic Drug Products Guidance for Industry at 4) This is consistent with USP <1790> which recognizes that for difficult-to-inspect products, such as product in opaque containers, 100% visual inspection is not feasible and alternative inspection strategies are necessary. USP and ANSI ASQ-Z1.4-2003 provides the rationale for using 125 units as the representative sample given the mathematical calculation it recommends based on batch size currently produced and the number of units to be inspected. The approach to visual inspection at OSRX is rooted in these industry best practices. Pursuant to cGMP requirements under 21 C.F.R. § 211.160, OSRX's approach is scientifically sound and appropriate given the nature of the opaque droptainers as well as the lower risk profile for topical ophthalmic drugs compared to injectables. OSRX has demonstrated that its current visual inspection process of examining 125 opaque droptainers is as effective as the destructive testing recommended in FDA guidance Quality Considerations for Topical Ophthalmic Drug Products, as demonstrated in the attached Topical QA Risk Assessment document (attached).

**OBSERVATION 5C RESPONSE**

OSRX's batch records (sample attached) classify defect types into Critical, Major, and Minor. While OSRX's batch records denote the specific Critical / Major / Minor defects and the number of units where each type of defect is present. OSRX finds this type of defect tracking to be a more useful way to understand product defects, as it is more specific and granular than simply collecting aggregate data about all defects regardless of severity. Moreover, if the total number of failing units in any category (Critical / Major / Minor) across all defect types exceeds the AQL, the batch fails. Thus, OSRX's approach is more stringent than the FDA's proposed approach to only gather aggregate defect data.

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The historical trend data is reviewed for potential drifts in the manufacturing process as a means to detect the defect at its source and respond with improved controls.

**OBSERVATION 5D RESPONSE**

As discussed above, under cGMP requirements, facilities must establish scientifically sounds and appropriate sampling plans. OSRX's approach to sampling for visual inspection is to select 125 droptainers at random. The samples are selected at random from the two totes that the batches are placed in, with 62 samples selected from one tote, and 63 from the other, and thus are representative of the entire batch. This methodology is scientifically sound as the attached literature, *On the Theory of Sampling from Finite Populations* by Morris H Hansen and William N. Hurwitz and *On the Two Different Aspects of the Representative Method: The Method of Stratified Sampling and the Method of Purposive Selection* by Jerzy Neyman has demonstrated that such randomized sampling avoids bias that can be introduced when samples are selected from the beginning, middle, and end of the fill as indicated in the observation.

**Observation 5 Commitments and CAPAs**

| No. | Description | Estimated Completion Date | Completed |
|---|---|---|---|
| 5-1 | Observation 5A: Update SOP-INSP-0001 and SOP-INSP-0003 | Q1 2025 | |

**Observation 5 Attached Documents**

| |
|---|
| SOP-INSP-0003 Visual Inspector Qualifications |
| FRM-INSP-0001.1 Visual Inspection Topical Defect Classification |
| FRM-INSP-0001.2 Visual Inspection Injectable Defect Classification |
| FRM-INSP-0001.3 Quality Event Visual Review |
| FRM-INSP-0003.2 Personnel Visual Inspection Qualification Form Topicals |
| USP-NF <1790> Visual Inspection of Injections |
| OSRX Visual Inspection Topical QA Risk Assessment |
| Sample Batch Record |
| *On the Theory of Sampling from Finite Populations* by Morris H Hansen and William N. Hurwitz |
| *On the Two Different Aspects of the Representative Method: The Method of Stratified Sampling and the Method of Purposive Selection* by Jerzy Neyman |

**OBSERVATION 6**

**The container of your outsourcing facility's drug products does not include information required by section 503B(a)(10)(B) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).**

**Specifically, your containers do not include a label that includes the following information: Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1–800–FDA–1088; and Directions for use, including, as appropriate, dosage and administration.**

**Examples of your container labels that do not contain this information:**

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i. **Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% 8mL Sterile Ophthalmic Solution**
ii. **Atropine Sulfate 0.05% 3.5mL Sterile Ophthalmic Solution**
iii. **Timolol 0.5% Brimonidine Tartrate 0.1% Dorzolamide 2% 5mL Sterile Ophthalmic Solution**
iv. **Moxifloxacin 0.5% Bromfenac 0.075% 5mL Sterile Ophthalmic Solution**
v. **Prednisolone Phosphate 1% Moxifloxacin 0.5% 5mL Sterile Ophthalmic Solution**
vi. **Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% 8mL Sterile Ophthalmic Solution**
vii. **Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% 5mL Sterile Ophthalmic Solution**
viii. **Prednisolone Phosphate 1% Bromfenac 0.075% 5mL Sterile Ophthalmic Solution**
ix. **Atropine Sulfate 0.01% 3.5mL Sterile Ophthalmic Solution**
x. **Atropine Sulfate 0.025% 3.5mL Sterile Ophthalmic Solution**
xi. **Atropine Sulfate 0.05% 3.5mL Sterile Ophthalmic Solution**
xii. **Timolol 0.5% Bimatoprost 0.01% 5mL Sterile Ophthalmic Solution**
xiii. **Timolol 0.5% Brimonidine Tartrate 0.1% Dorzolamide 2% 5mL Sterile Ophthalmic Solution**
xiv. **Timolol 0.5% Brimonidine Tartrate 0.1% Dorzolamide 2% Bimatoprost 0.01% 5mL Sterile Ophthalmic Solution**
xv. **Tropicamide 1% Phenylephrine HCl 2.5% 2mL Sterile Ophthalmic Solution**
xvi. **Brimonidine Tartrate 0.1% Dorzolamide 2% 2mL Sterile Ophthalmic Solution**
xvii. **Dexamethasone Phosphate 0.1% Moxifloxacin HCl 0.5% 1mL Sterile Ophthalmic Solution PF**

## OBSERVATION 6 RESPONSE

OSRX currently labels the individual eye drop bottles with all required labeling information, and then packages 20 of these bottles into a clear plastic box through which the labeling information is visible. We understand that FDA considers this clear plastic box to be the eye drop "container" for purposes of Section 503B. Respectfully, OSRX believes that its current system satisfies the statutory requirements under FDCA Section 503B(a)(10)(B) as the individual vials with labeling information, including the information required under 503B(a)(10)(B), are visible through the clear plastic packaging, and thus are visible at container packaging level.

That said, in accordance with Observation 6, OSRX is in the process of updating its SOP-DST-0002 to include a step for labeling the clear plastic container with a label (sample attached) that contains the information required under 503B(a)(10)(B). OSRX will implement the new labeling during Q1 2025, as it may take some time to receive the printed labels that are based on the sample.

**Observation 6 Commitments and CAPAs**

| No. | Description | Estimated Completion Date | Completed |
|---|---|---|---|
| 6-1 | Observation 6: Initiate new outer package labeling | Q1 2025 | |
| 6-2 | Observation 6: SOP-DST-002 update | Q1 2025 | |

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**Observation 6 Attached Documents**

| |
|---|
| Outer Labeling Mockups for Pred+Moxi-Brom 8ml and Tim+Brim+Dor+Bim Ophthalmic Solutions |

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
FOOD AND DRUG ADMINISTRATION

| DISTRICT ADDRESS AND PHONE NUMBER | DATE(S) OF INSPECTION |
|---|---|
| 22215 26th Ave SE Suite 210<br>Bothell, WA 98021<br>(425)302-0340 Fax:(425)302-0404 | 10/16/2024-10/25/2024*<br>FEI NUMBER<br>3014549846 |

| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | |
|---|---|
| Amy A. Frost, Pharmacist- In- Charge | |
| FIRM NAME<br>OSRX Inc. | STREET ADDRESS<br>1120 Kensington Ave |
| CITY, STATE, ZIP CODE, COUNTRY<br>Missoula, MT 59801-5619 | TYPE ESTABLISHMENT INSPECTED<br>Outsourcing Facility |

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

**DURING AN INSPECTION OF YOUR FIRM I OBSERVED:**

## OBSERVATION 1

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established and followed.

Specifically,

A. Your firm's personal media fill is deficient in that aseptic operators only aseptically fill 50 containers units, semi-annually, to fully qualify their sterile operators, under procedure, SOP-CC-0003, *Personnel Media Fill Qualification*. For example, to successfully qualify operator, JMC, to produce sterile drug product in your cleanroom only 50 units were filled aseptically, taking a total of 6 minutes to manufacture. This is not an adequate assessment of an operators aseptic technique when manufacturing a maximum batch size of 1600 units that takes 2-4 hours to complete.

B. Your firm failed to incubate all integral units of the media fill performed under protocol VALRPT-001. In Cleanroom Suite 100, the following units were filled in ISO 5 BSC and then removed for torque testing and production loss reasons. All units removed were not incubated with documented justification:

Droptainers:

| Lots | Filled Units | Total Removed | Incubated Units |
|---|---|---|---|

| SEE REVERSE OF THIS PAGE | EMPLOYEE(S) SIGNATURE<br>Jazmine N Brown, Investigator | X | DATE ISSUED<br>10/25/2024 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 103478 | 1550 | 8 | 1542 |
| 103482 | 1600 | 8 | 1591 |
| 103486 | 1600 | 23 | 1577 |
| 103509 | 1600 | 19 | 1581 |
| 103546 | 1600 | 69 | 1529 |
| 103552 | 1600 | 16 | 1584 |

Vials:

| Lots | Filled Units | Total Removed | Incubated Units |
|---|---|---|---|
| 103500 | 1470 | 11 | 1459 |
| 103482 | 1470 | 23 | 1447 |
| 103499 | 1464 | 15 | 1449 |

C. There is no gowning qualification program at your facility to enter into the Cleanroom Suite 100, room# 1(ISO 7) and room# 2 (ISO 7), from the gowning in airlock (room #109), to ensure sterile gowning is donned without contamination.

D. Your smoke study, performed on March 29, 2024, was not conducted under dynamic conditions

to simulate aseptic processing behavior of the sterile drug production that includes two employees working inside of the ISO 5 Vertical Biosafety Cabinet (BSC) simultaneously to perform check weighing, filling, and capping activities.

**OBSERVATION 2**

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

A) Your firm failed to thoroughly investigation quality events that had environmental monitoring recoveries that exceeded specification limits without adequate corrective actions, scientific justification, and impact assessment documented. For example,

i. QA-2024-0048 was initiated due to 1 cfu recovery of *Staphylococcus epidermidis* on an ISO 5 active viable air sample plate that was performed during the production of Brimonidine tartrate/ dorzolamide 1%2%, Lot:104051, BUD: 23July2024. The batch was released without the proper batch impact assessment, corrective actions, and scientific rationale applied to the event prior to releasing and distributing the drug product to market.

ii. QA-2024-0071 was initiated due several environmental recoveries in Cleanroom Suite 100, but there was 1 cfu recovery of *Staphylococcus lentus* of an ISO 5 active viable air sample plate that was performed during the production of Prednisolone Phosphate Moxifloxacin Bromide 1%0.5%0.075%, Lot 104196 Expiry 25Nov2024. The batch was released without the proper batch impact assessment, corrective actions, and scientific rationale applied to the event prior to releasing and distributing the drug product to market.

B) Your firm failed to investigate visual inspection failures that exceeded the specification limits

| DISTRICT ADDRESS AND PHONE NUMBER | DATE(S) OF INSPECTION |
|---|---|
| 22215 26th Ave SE Suite 210<br>Bothell, WA 98021<br>(425)302-0340 Fax:(425)302-0404 | 10/16/2024-10/25/2024*<br>FEI NUMBER<br>3014549846 |

| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | |
|---|---|
| Amy A. Frost, Pharmacist- In- Charge | |
| FIRM NAME<br>OSRX Inc. | STREET ADDRESS<br>1120 Kensington Ave |
| CITY, STATE, ZIP CODE, COUNTRY<br>Missoula, MT 59801-5619 | TYPE ESTABLISHMENT INSPECTED<br>Outsourcing Facility |

without adequate documentation, impact assessment, and corrective actions in place prior to releasing and distributing the drug product, in example, Prednisolone Phosphate 1%/ Moxifloxacin 0.5% Ophthalmic solution 5ml, Lot: 104272, BUD: 10Dec2024.

**OBSERVATION 3**

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,

A) There are no ISO 5 viable surface samples taken during the earlier lots being manufactured in clean room# 1 (ISO7) and clean room# 2 (ISO7) on each day of aseptic production. For example, Atropine 0.01%, Sulfate Monohydrate, Lot:104819, BUD 14Apr25, and Prednisolone Phosphate 1% / Moxifloxacin 0.5% / Bromfenac 0.075%, Lot:104822, BUD:15Apr25, both were manufactured on 10/16/2024 and did not have an associated surface sample of the ISO 5 Biosafety Cabinet performed at the end of each batch operation.

B) Your firm's procedure, SOP-CC-0026, *Routine Environmental Monitoring Cleanroom 100*, lists the action level for viable surface sample at >3 colonies per forming units per sampling device, which is not appropriate for an ISO 5 environment.

C) On 10/17/2024, I observed a fingertip sample being performed on an operator during end of production batch, Atropine Sulfate Monohydrate 0.05% Ophthalmic Solution 3.5ml, Lot:104821, BUD:15APR2025, and it appears that the operator does not fully engage their fingers onto the agar with a rolling technique.

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| 22215 26th Ave SE Suite 210<br>Bothell, WA 98021<br>(425)302-0340 Fax:(425)302-0404 | 10/16/2024-10/25/2024*<br>FEI NUMBER<br>3014549846 |

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| Amy A. Frost, Pharmacist- In- Charge | |
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## OBSERVATION 4

Each batch of drug product purporting to be sterile and pyrogen-free is not laboratory tested to determine conformance to such requirements.

Specifically, your firm performed an early release of drug product, Brimonidine Tartrate 0.1%, Dorzolamide 2%, 2ml Ophthalmic Solution, Lot:103685, BUD:26May2024, without the sterility testing being completed by your third party laboratory as documented in QE-2024-0032.

## OBSERVATION 5

The responsibilities and procedures applicable to the quality control unit are not in writing and fully followed.

Specifically, your firm's procedure SOP-INSP-0001, entitled, *Visual Inspection of Sterile Compounded Topical Ophthalmic Preparations,* fails to implement adequate specifications to prevent significant product quality issues from occurring, as follows:

A. There is no sound visual inspection program that contains a qualified visual inspection sample defect kit used to train visual inspectors to inspect topical ophthalmic solutions manufactured in opaque droptainers.

B. You does not examine 100% of units produced for topical ophthalmic drug products. Instead, you only perform an examination of 125 opaque topical droptainers as a form of Acceptable Quality Limit (AQL) inspection without scientific rationale. Your firm only performs an 100% inspection of the rejected AQL inspection for that failed defect category with a second AQL using the same accept/ reject limits.

Jazmine N Brown
Investigator
Signed By: Jazmine N. Brown -S
Date Signed: 10-25-2024
EST-05:00

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C. There is no total reject rate for an accumulated total of rejects per inspection. Your firm uses an accept/ reject rate per defect type and not as a total for the critical/ major/ minor classification categories.

D. Furthermore, during the AQL inspection, 125 opaques topical droptainers are sampled randomly and sampling is not representative of the entire lot (beginning, middle and end of fill).

**OBSERVATION 6**

The container of your outsourcing facility's drug products does not include information required by section 503B(a)(10)(B) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically, your containers do not include a label that includes the following information:

A. Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1–800–FDA–1088; and

B. Directions for use, including, as appropriate, dosage and administration.

Examples of your container labels that do not contain this information:

i. Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% 8mL Sterile Ophthalmic Solution

ii. Atropine Sulfate 0.05% 3.5mL Sterile Ophthalmic Solution

iii. Timolol 0.5% Brimonidine Tartrate 0.1% Dorzolamide 2% 5mL Sterile Ophthalmic Solution

iv. Moxifloxacin 0.5% Bromfenac 0.075% 5mL Sterile Ophthalmic Solution

v. Prednisolone Phosphate 1% Moxifloxacin 0.5% 5mL Sterile Ophthalmic Solution

vi. Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% 8mL Sterile Ophthalmic Solution

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| DISTRICT ADDRESS AND PHONE NUMBER | DATE(S) OF INSPECTION |
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| 22215 26th Ave SE Suite 210<br>Bothell, WA 98021<br>(425)302-0340 Fax:(425)302-0404 | 10/16/2024-10/25/2024*<br>FEI NUMBER<br>3014549846 |

| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | |
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| Amy A. Frost, Pharmacist- In- Charge | |
| FIRM NAME<br>OSRX Inc. | STREET ADDRESS<br>1120 Kensington Ave |
| CITY, STATE, ZIP CODE, COUNTRY<br>Missoula, MT 59801-5619 | TYPE ESTABLISHMENT INSPECTED<br>Outsourcing Facility |

vii. Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% 5mL Sterile Ophthalmic Solution
viii. Prednisolone Phosphate 1% Bromfenac 0.075% 5mL Sterile Ophthalmic Solution
ix. Atropine Sulfate 0.01% 3.5mL Sterile Ophthalmic Solution
x. Atropine Sulfate 0.025% 3.5mL Sterile Ophthalmic Solution
xi. Atropine Sulfate 0.05% 3.5mL Sterile Ophthalmic Solution
xii. Timolol 0.5% Bimatoprost 0.01% 5mL Sterile Ophthalmic Solution
xiii. Timolol 0.5% Brimonidine Tartrate 0.1% Dorzolamide 2% 5mL Sterile Ophthalmic Solution
xiv. Timolol 0.5% Brimonidine Tartrate 0.1% Dorzolamide 2% Bimatoprost 0.01% 5mL Sterile Ophthalmic Solution
xv. Tropicamide 1% Phenylephrine HCl 2.5% 2mL Sterile Ophthalmic Solution
xvi. Brimonidine Tartrate 0.1% Dorzolamide 2% 2mL Sterile Ophthalmic Solution
xvii. Dexamethasone Phosphate 0.1% Moxifloxacin HCl 0.5% 1mL Sterile Ophthalmic Solution PF

***DATES OF INSPECTION**
10/16/2024(Wed), 10/17/2024(Thu), 10/18/2024(Fri), 10/21/2024(Mon), 10/22/2024(Tue), 10/23/2024(Wed), 10/24/2024(Thu), 10/25/2024(Fri)

Jazmine N Brown
Investigator
Signed By: Jazmine N. Brown -S
Date Signed: 10-25-2024
20:08:03

| SEE REVERSE OF THIS PAGE | EMPLOYEE(S) SIGNATURE | | DATE ISSUED |
|---|---|---|---|
| | Jazmine N Brown, Investigator | X | 10/25/2024 |

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

**State of Montana**
Employment Standards Division
Board of Pharmacy

This certificate verifies licensure as:
**WHOLESALE DRUG DISTRIBUTOR**
Person In Charge: AMY FROST

# PHA-WDD-LIC-103074

Status: **Active**
Expires: **11/30/2025**

**OSRX INC**
**1120 KENSINGTON AVE STE E**
**MISSOULA, MT 59801**

Montana Department of
LABOR & INDUSTRY
RENEW OR VERIFY YOUR LICENSE AT:
https://ebiz.mt.gov/pol

**Renew online at https://ebiz.mt.gov/pol by signing in with your username and password.**

The renewal cycle for your board opens 60 days prior to the expiration date on your current license. Renew your license prior to your expiration date to avoid being charged a late fee(s).

**Remember to maintain your online account information with a password, security question and a valid email address. You can update your account information by accessing the 'Account Management' link when logged in.**

# Montana Department of LABOR & INDUSTRY

## Board of Pharmacy

**11/13/2024**

**JASMINE L OLSON**
**1120 KENSINGTON AVE. SUITE E**
**MISSOULA, MT 59808**

I do certify that a standard search of available records of the office of the Montana Board of Pharmacy is considered the primary source and indicates the following:

| | | | |
|---|---|---|---|
| **Licensee Name:** | **OSRX INC** | | |
| **Mailing Address:** | **1120 KENSINGTON AVE STE E**<br>**MISSOULA, MT 59801** | | |
| **License Number:** | **PHA-WDD-LIC-103074** | **License Type:** | **WHOLESALE DRUG DISTRIBUTOR** |
| **Original License Date:** | **05/02/2024** | **Expiration Date:** | **11/30/2025** |
| **License Status:** | **Active** | **Licensure Method:** | **Application** |

**Actions:**

Our records show no adverse information concerning this licensee.

This verification is accurate for all disciplinary actions occurring after July 1, 1996. We cannot guarantee the accuracy of disciplinary actions prior to this date. However, every reasonable effort has been made to provide complete and accurate information. For information about related rules and regulations, go to http://www.pharmacy.mt.gov .

Acting on behalf of the Montana Board of Pharmacy.

Kevin Bragg — Bureau Chief

Signature — Title

**Montana Department of Labor & Industry**
Employment Standards Division
301 S. Park Avenue
PO Box 200513
Helena, MT 59620
(406) 444-6880
DLIBSDHelp@mt.gov

October 12, 2021

CDR Steven Porter
U.S. Food & Drug Administration
Seattle District Office
22215 26th Ave. SE, Suite 201
Bothell, WA 98021

**Re: Inspection of OSRX, Inc., FEI No. 3014549846**

Dear CDR Steven Porter,

We are writing to respond to the Form FDA 483 Notice of Observations issued by the United States Food & Drug Administration ("FDA") on September 23, 2021, pertaining to the inspection of OSRX, Inc. located at 1120 Kensington Ave., Suite E, Missoula, MT, between September 15, 2021 and September 23, 2021. This inspection included multiple days spent on-site by FDA Investigators Sangeeta M. Khurana and Kenneth O. Gee, and direct correspondence between the Pharmacy and the FDA's Center for Drug Evaluation and Research and Office of General Counsel. At the close of the inspection, the FDA issued a Form FDA 483 which included one observation pertaining to equipment validation.

We respectfully request that this response, excluding the attached SOP and supporting documentation, be posted on the FDA's website with the Form FDA 483 and be included any time the FDA provides a copy of OSRX, Inc.'s Form FDA 483 to anyone outside the FDA. I hereby authorize the FDA to publicly disclose the information described below on the FDA's website.

Information to be disclosed: OSRX, Inc.'s Response to the Form FDA 483 Issued September 23, 2019. The waiver shall extend only to OSRX, Inc.'s response to the Form FDA 483. The waiver shall not extend to the attached SOP and supporting documentation or to any other documents referenced, implicated, or related to the observation in the Form FDA 483 or the Pharmacy's response thereto.

Before responding to the specific observation, we would like to note that the Pharmacy is a compounding pharmacy compliant with Section 503A of the Food, Drug & Cosmetic Act ("FD&C") and as such the Pharmacy is subject to and operates in accordance with the requirements of the Montana Board of Pharmacy and United States Pharmacopeia Chapters <795> and <797>. The Pharmacy engages only in patient-specific pharmacy compounding.

*Observation 1:*

*Your firm's current laminar airflow studies (smoke studies) of the ISO 5 Horizontal Laminar Airflow Workstation were not performed under conditions showing aseptic operations that are representative of your current compounding practices nor did they emulate all critical unit operations and interventions used during compounding of your sterile drug products. Specifically,*

*Smoke studies conducted by your firm in May of 2021 were not conducted under dynamic conditions that fully simulate the normal operating conditions of sterile drug production.*

1) *You did not simulate the entire filling process, including the priming of the pump used to fill the vials with the compounded drug product.*
2) *You also did not simulate the practice of two operators working together in your ISO 5 Laminar Air Flow Hood during filling, capping and sealing operations.*

Response: We disagree that the May 2021 smoke study was not performed under dynamic conditions which were appropriately representative of the Pharmacy's current aseptic operations and capable of demonstrating that appropriate unidirectional air flow is maintained during aseptic operations. First, we would like to clarify the reference in Observation 1 to "priming the pump" used to fill vials. The activity referred to as "priming the pump" is the assembly of the sterile filter, which is connected via tubing to a repeater pump that remains outside the ISO-5 hood. The only portion of the assembly that occurs within the ISO-5 hood is the assembly of the hose barb connector to the sterile filter which is then connected to sterile tubing. The sterile tubing is assembled into the repeater pump which is outside the ISO-5 hood.

The Pharmacy re-certifies the ISO-5 laminar airflow workbench bi-annually as required by USP <797>. The airflow velocity measured at five different points across the face of the diffuser is consistently 98 ft/min +/- 2. Please see the attached Certification Data for ISO-5 PEC, which states the average airflow recorded during each recertification. The reports from the recent recertification documenting this air velocity were provided during the inspection. At this rate of airflow, the presence of an additional operator during aseptic operations is not expected to alter or impede sufficient horizontal laminar flow over critical sites.

Smoke studies are an important equipment validation process required by USP <797>. Their purpose is visual qualification of horizontal laminar airflow. Smoke studies are performed bi-annually and reviewed by the Quality Management Team. Smoke studies are conducted under dynamic conditions that represent the Pharmacy's most challenging aseptic processes. To date,

all of the Pharmacy's smoke studies have passed evaluation, including the smoke study provided to the FDA in February of 2019.

The Pharmacy's robust process validations (which are independent from equipment validations) such as media fills, PATT testing, sterility testing, and environmental monitoring provide satisfactory reassurance that the sterile environment is maintained within the ISO-5 hood.

Corrective Action: Out of an abundance of caution, the Pharmacy performed an additional smoke study on October 6, 2021. This smoke study was performed under dynamic conditions which specifically included the two elements discussed in Observation 1. The portion of the filter assembly process which occurs in the ISO-5 hood was performed during the smoke study and continuity of unidirectional air flow and lack of turbulence or stagnation during these aseptic manipulations was confirmed. Two operators were also present during the smoke study. This smoke study demonstrates that uninterrupted, unidirectional air flow is maintained in the ISO-5 hood under representative dynamic conditions while the maximum number of personnel that are allowed in the cleanroom are present. The Pharmacy has updated its SOP 6.12 – Airflow Pattern Analysis – Smoke Study to specify that dynamic conditions should reflect the number of operators allowed to be present during the compounding of sterile preparations. A copy of the updated SOP is attached. A video of the smoke study is provided under separate cover.

Timeline: Completed

Responsible Individual: B. Holdorf and K. Tripp

Amy Frost, PharmD

Chief Pharmacy Officer

OSRX, Inc.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: OSRX, Inc.

NV Pharmacy or Outsourcing facility license # (if applicable): NV Pharmacy #PH03149/Outsourcing: applying for

Physical Address: 1120 Kensington Ave. Suite E

City: Missoula State: MT Zip: 59801

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): 1-855-466-1076

Fax: 1-406-541-6267 Contact Email: info@osrxpharmaceuticals.com

Website: osrxpharmaceuticals.com

Nevada Business License # (if applicable) NV20243014231

Supervising/Managing Pharmacist Name (NRS 639.220): Amy Frost

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23738

Name of Person with direct knowledge of compounding procedures: Corbin Christiaens

Email of Person with direct knowledge of compounding procedures: cmchristiaens@osrxpharmaceuticals.com

Telephone of Person with direct knowledge of compounding procedures: 406-541-6121

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

1. Atropine Sulfate Monohydrate 0.01% 3.5ml
2. Atropine Sulfate Monohydrate 0.025% 3.5ml
3. Atropine Sulfate Monohydrate 0.05% 3.5ml
4. Moxifloxacin 0.5% + Bromfenac 0.075% 5ml
5. Prednisolone Phosphate 1% + Bromfenac 0.075% 5ml
6. Prednisolone Phosphate 1% + Moxifloxacin 0.5% 5ml
7. Prednisolone Phosphate 1% + Moxifloxacin 0.5% + Bromfenac 0.075 % 5ml & 8ml
8. Prednisolone Phosphate 1% + Moxifloxacin Hydrochloride 0.5% + Ketorolac Tromethamine 0.5% 8ml
9. Timolol 0.5% + Bimatoprost 0.01% 5ml
10. Timolol 0.5% +Brimonidine Tartrate 0.1% + Dorzolamide 2% 5ml
11. Timolol 0.5% +Brimonidine Tartrate 0.1% + Dorzolamide 2% + Bimatoprost 0.01% 5ml
12. Tropicamide 1% + Phenylephrine Hydrochloride 2.5% 2ml
13. Brimonidine Tartrate 0.1% + Dorzolamide 2% 2ml

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
OSRX has transitioned to being regulated under the 503B outsourcing pharmacy regulations. As such, OSRX established a formal stability program to support the Expiration Date EXP applied to get completed finished products for commercial distribution as defined in FDA Guidance for Industry document: Current Good Manufacturing Practice Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act Guidance for Industry. The design of stability studies is based on knowledge of the behavior and properties of the drug substance(s) used in the compounded solutions, results from previous stability studies on the drug product, and experience gained from formulation development. The design of stability studies is based on knowledge of the behavior and properties of the drug substance(s) used in the compounded solutions, results from previous stability studies on the drug product, and experience gained from formulation development. The development of initial Expiration Date for new and significantly modified drug products will follow regulatory guidance, such as ICH Q6A, to refer to proposed specifications and justification. Reliable, meaningful, and specific test methods with defined acceptance criteria for the physical, chemical, biological, and microbiological attributes testing, preservative content, and functionality testing are used as appropriate for the product being tested and stage of product development. Assessment of Critical Quality Attributes outlined in USP <771> for Topical Ophthalmic Solution and Injectable Ophthalmic Solutions.

6. What laboratory performs this additional testing?
Name: ARL Bio Pharma
Address: 840 Research Pkwy #546
City: Oklahoma City State: OK Zip: 73104
Telephone: 405-271-1144

7. What is your procedure for visual inspection of compounded sterile products?
USP General Chapter <1> Injections and Implanted Drug Products (Parenterals) Product Quality Tests states that [t]he inspection process should be designed and qualified to ensure that every lot of all parenteral preparations is essentially free from visible particulates as defined in USP General Chapter <790> Visible Particulates in Injections. Injectable products with a USP monograph are required to meet the applicable criteria from these USP General Chapters (see section 501(b) of the FD&C Act). Noncompendial products should also be essentially free from visible particulates as defined in USP General Chapter <790>. Full compliance with CGMP requirements is needed to ensure the continued supply of pure, safe, and effective injectable products.

8. How often do you perform glove fingertip and medial fill testing?
Operators in production are sampled each shift GFTS. Media Fill Initial validation of an aseptic process 1. Each new type of process shall be validated with media fills prior to regular production. Personal Media Fill Qualifications will be assessed in addition to APS activities and rotated every six months making the rotation for assessment every 3 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
If an operator fails a qualification they must repeat the hand hygiene SOP training and restart the qualification to achieve three consecutive passes. If an operator fails a second time, they will be prevented from cleanroom activities and a complete retraining of the following must be performed. If three consecutive failures are recorded the operations manager and QA will meet to discuss and determine an appropriate course of action and document in the employee training file. Production: If an operator fails a qualification they must repeat the gowning SOP training and repeat the test on a separate occasion. If an operator fails a second time, they will be prevented from performing critical operations and required to repeat the initial gowning qualification according to this SOP and the steps outlined herein

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Personnel who prepare Compounded Sterile Preparations (CSPs) are trained through multimedia instructional sources and professional publications in the principles and practical skills of garbing procedures, aseptic work practices, cleaning, and disinfection procedures. Hand Hygiene-> Visual evaluation of the trainee by the SCS using form FRM-CC-0004.1 Competency Assessment - Hand Hygiene and Garbing initially and when performing aseptic skills assessment. Glove fingertip sampling 3 times initially and semi-annually thereafter immediately after completing aseptic skills assessment. Additional didactic and competency program instruction include Aseptic Processing, Cleaning and Disinfecting, Filter Integrity Testing. Operators are categorized within a Qualification Status to allow manager to assess and conitinue training or offer re-training and improvements where identified. Monthly meetings focus on instruction to Cleanroom team and additional resources for education and improvement outcomes.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Schedules are implemented based guidance from PDA TR.70 and FDA Aseptic Processing Guide. EM trend data is used to evaluate the effectiveness of the cleaning program. The schedule is a tiered approach of complexity for daily, weekly, monthly with the ability for the program to increase or adjust based on trend data.

Agents:
Sodium Hypochlorite 0.52%, Virex II 256, Isopropyl Alcohol 70% USP (Sterile), Isopropyl Alcohol 70% Wipes, Decon-Spore 200 Plus, PreEmpt RTU.

12. Who performs the sterile compounding process at your facility?
Pharmacist perform the compounding activity and a combination of pharmacists and cleanroom operators perform production filling and closure.

13. Who is responsible and accountable for the sterile compounding process at your facility?
Production is accountable, Quality Assurance is responsible.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Available couriers and services: USPS; ground advantage, Fedex; 2nd day, standard overnight, priority overnight, first overnight, Saturday delivery. Quality Assurance is responsible for assessing the packaging to determine at regular intervals, in various seasons and climates to ensure the safe and reliable transportation of medications via shipping studies. Currently medications are designated for room temperature storage and do not require special packing measures for temperature control, they can be shipped in standard packaging within average transit durations regardless of the season. Recipients that receive packages with extended transit time due to unforeseen courier delays will be managed by a customer service representative for triage and appropriate handling.

| **Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)** | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility? | | |
| 2. Is your BSC or CACI vented 100% to the outside? | ☐ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ☐ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ☐ Yes | ☐ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ☐ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ☐ No |
| 7. If yes, list the name of the device: | | |
| 8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? | | |
| 9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? | | |

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

1. Atropine Sulfate Monohydrate 0.01% 3.5ml
2. Atropine Sulfate Monohydrate 0.025% 3.5ml
3. Atropine Sulfate Monohydrate 0.05% 3.5ml
4. Moxifloxacin 0.5% + Bromfenac 0.075% 5ml
5. Prednisolone Phosphate 1% + Bromfenac 0.075% 5ml
6. Prednisolone Phosphate 1% + Moxifloxacin 0.5% 5ml
7. Prednisolone Phosphate 1% + Moxifloxacin 0.5% + Bromfenac 0.075 % 5ml & 8ml
8. Prednisolone Phosphate 1% + Moxifloxacin Hydrochloride 0.5% + Ketorolac Tromethamine 0.5% 8ml
9. Timolol 0.5% + Bimatoprost 0.01% 5ml
10. Timolol 0.5% +Brimonidine Tartrate 0.1% + Dorzolamide 2% 5ml
11. Timolol 0.5% +Brimonidine Tartrate 0.1% + Dorzolamide 2% + Bimatoprost 0.01% 5ml

2. What sterilization methods are utilized at your facility?

Filtration, 0.2 um PES Sterilizing Grade Filter.

3. Does your facility utilize biological indicators? ☐ Yes ☒ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Frost

Name of Person who Completed the Form

Chief Pharmacy Officer

Title

Signature (copies or stamps not accepted)

16Jul24

Date

| Board Use Only | Date Received:_____ Date Approved:_____ Approved By:_____ |
|---|---|

Montana Department of
LABOR & INDUSTRY

Home Help License Search Permit Search

Underground Utility Incident Report Search Continuing Education Search

**ATTN: Our Citizen Portal will be unavailable from 5:00pm on Thursday, July 18th until the morning of Monday, July 22nd. If you have any questions, please call us at (406) 444-6880 during business hours.**

## State of Montana

Business Standards Division

Professional and Occupational Licensing Bureau

Board of Pharmacy

Click here for a disclaimer

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### License Information

**Licensing Board/Program:** Board of Pharmacy

**License Type:** Community Pharmacy License

**License Number:** PHA-PHR-LIC-58632

**License Status:** Active

**License Expiration Date:** 11/30/2024

**License Issued Date:** 03/04/2019

## License Holder

**Business Name:** OSRX INC

**Name:**

**Name:**

**City, State:** MISSOULA, MT

**Zip:** 59801

## Facility Information

**Address:** 1120 KENSINGTON AVE STE E

**City, State:** MISSOULA, MT

**Zip:** 59801

## Relationships

Person In Charge: AMY FROST

## Endorsements

With endorsements of:

* *TECHNICIAN UTILIZATION PLAN*

* DISPENSER OF DANGEROUS DRUGS

## Public Documents

Our records show no public documentation for this licensee.

## Discipline

Our records show no adverse information concerning this licensee.

Back

Montana Department of
LABOR & INDUSTRY



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## State of Montana

Business Standards Division
Professional and Occupational Licensing Bureau
Board of Pharmacy

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### License Information

**Licensing Board/Program:** Board of Pharmacy

**License Type:** Wholesale Drug Distributor License

**License Number:** PHA-WDD-LIC-103074

**License Status:** Active

**License Expiration Date:** 11/30/2024

**License Issued Date:** 05/02/2024

## License Holder

**Business Name:** OSRX INC

**Name:**

**City, State Zip:** MISSOULA, MT 59801

## Facility Information

**Address:** 1120 KENSINGTON AVE STE E

**City, State Zip:** MISSOULA, MT 59801

## Relationships

Person In Charge: AMY FROST

## Public Documents

Our records show no public documentation for this licensee.

## Discipline

Our records show no adverse information concerning this licensee.

Back

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**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-Nevada | ☐ New Pharmacy<br>☒ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)<br><br>* Current license #:<br>PH 04071 | ☐ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☒ Other:<br>Mail-Order, Closed-Door | ☐ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☒ Non-sterile Compounding<br>☐ Sterile Compounding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Apostrophe Pharmacy LLC

Physical Address: 1440 N. Fiesta Blvd., Suite 100

City: Gilbert State: AZ Zip: 85233

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 480-621-8274 Toll Free # (NAC 639.708, NRS 639.23286): 844-333-6693

Fax: 480-210-8364 Contact Email: pharmacy@apostrophe.com

Website: https://www.apostrophepharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Kamal Saliba

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21222

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Kamal Saliba | NV Pharmacist Registration #: 21222 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Arizona

Parent Company (if any): H&H Pharmacy Holdings, Inc.

Corporation/Organization Name: Apostrophe Pharmacy LLC

Mailing Address: 1440 N. Fiesta Blvd., Suite 100

City: Gilbert State: AZ Zip: 85233

Telephone: 480-621-8274 Email: pharmacy@apostrophe.com

Contact Person Name: Kristen Hundt

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the President (title) for Apostrophe Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Melissa Baird

Print Name of Authorized Person

Melissa M

Original signature of Authorized Person (~~copies or stamps~~ not accepted)

12/13/24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Melissa Baird hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Apostrophe Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Melissa Baird
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of december, 2024

Notary Public

BASIL LEIGH JOHNSON MR.
Notary Public
State of Washington
Commission # 21022334
My Comm. Expires Jun 28, 2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa Baird (President)

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Melissa Baird 12/13/24

Original signature of Authorized Person (copies or stamps not accepted) Date

| Board Use Only | Date Received: 1/21/25 | Amount: $500 - CK#36732 |
|---|---|---|

# STATE OF ARIZONA

**Office of the**
**CORPORATION COMMISSION**

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**Apostrophe Pharmacy LLC**

ACC file number: 1901016

was incorporated under the laws of the State of Arizona on 09/19/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **08/19/2024**

**Douglas R. Clark, Executive Director**

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

## DEMOGRAPHICS

| | | |
|---|---|---|
| AZ permit# : Y009632 | AZ Permit Exp.Date : 10/31/2024 | Business Name : Apostrophe Pharmacy LLC |
| Address : 1440 N. Fiesta Blvd. | | |
| Zip : 85233 | City : Gilbert | State : AZ |
| Phone : (480) 621-8274 | Fax : (480) 210-8364 | Email : pharmacy@apostrophe.com |
| Inspection Date : 09/11/2024 | PIC : Luke wright | DEA # : FA3545146 |
| Inspection Reviewed With : PIC | Inspection type : Routine | |

Inspection Conducted By : Max Jacobson

## Facility Data

| # Rxs/Week | RPh Hours/Week | # Rxs/Hours |
|---|---|---|
| 77000 | 1800 | 42.77777777777778 |

## PERMITS

1 Arizona

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(A); R4-23-606(A)

Reminder to post permit.

2 DEA

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 3 | Suppliers<br><br>A list of suppliers was provided. | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A) |

## LICENSES

| | | | |
|---|---|---|---|
| 1 | Pharmacists | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1925(A); R4-23-201(A) |
| 2 | Interns / Graduate interns | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1923(B); R4-23-301(G) |
| 3 | Technicians / Trainees | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2) |
| 4 | Current renewal licenses maintained<br><br>Must maintain the license at the practice site.<br>Currently only verification pages are available for many of the employees. | ☐ S ☑ N/I ☐ V ☐ N/A | ARS § 32-1933(B) |

## PHARMACY

| | | | |
|---|---|---|---|
| 1 | Drug storage and security | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-609(G)(H) |
| 2 | Personnel and security procedures | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-610 |
| 3 | Facilities | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-611(A) |
| 4 | Drug supply | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-611(B) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 5 | Quarantine expired drugs | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-611(B)(4) |
| 6 | Equipment | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-612 |
| 7 | Policies and procedures<br><br>SOPs are reviewed annually. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-610(A); R4-23-611(B) |

## TECHNICIANS

| | | | |
|---|---|---|---|
| 1 | Training program<br><br>Training is missing; SOP and Board rules acknowledgment.<br>Reviewed training for BK, MB, AD, and CW | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-1105(B)(D) |
| 2 | Training program - compounds<br><br>Reviewed training for DL and BO.<br>Documentation for training is inconsistent/ missing "documentation" section sign off for DL. | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-1105(C) |
| 3 | Activities - trainees | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1104(A) |
| 4 | Activities - technicians | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1104(A)(B) |
| 5 | Policies and procedures | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-1104(F)(G) |

## COUNSELING

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 1 | Documentation<br><br>Closed door.<br>Documented in pt. profile if needed. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(G)(H) |
| 2 | Oral consultation<br><br>Closed door. | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-402(C)(D)(E) |
| 3 | Written information | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(C)(I) |

## PRESCRIPTION AUDIT

| | | | |
|---|---|---|---|
| 1 | Prescription files<br><br>All electronic. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1964; ARS § 36-2525(C)(1)(2) |
| 2 | Prescription label | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1968(D); ARS § 36-2525(L) |
| 3 | CII prescriptions<br><br>No controls. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A) |
| 4 | CIII - CV prescriptions<br><br>No controls. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A) |
| 5 | Non-controlled prescriptions | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1968; R4-23-407(A) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 6 | Transfers<br><br>None observed. | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-407(D) |
| 7 | Telephone<br><br>No verbal orders are accepted. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1968(A)(5); R4-23-402(A)(1)(2) |
| 8 | Refill authorizations<br><br>Only new orders are used. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5) |
| 9 | Facsimile<br><br>No faxed rx are accepted. | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-407(E) |
| 10 | Electronically transmitted | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-407(F); R4-23-408(H) |
| 11 | Patient information | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(A)(3)(4) |
| 12 | Allergies / medical conditions | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(A)(3)(b) |
| 13 | Brand / generic | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1963.01 |
| 14 | Foreign prescriptions | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1969 |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 15 | Prescription blank advertising prohibited | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-404(B); ARS § 32-1901.01(B)(25) |
| 16 | Prescription audit numbers<br>Reviewed random prescriptions.<br>All electronic, no hard copies are kept.<br>No controls are dispensed. | | |

## COMPUTER REQUIREMENTS

| | | | |
|---|---|---|---|
| 1 | Security | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-408(F) |
| 2 | Log books / printout<br>Reviewed 7/1/24 to current. No missing days. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-408(C)(4) |
| 3 | Reports | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-408(B)(5)(6) |
| 4 | Policies and procedures | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-408(A) |

## IMMUNIZATIONS

| | | | |
|---|---|---|---|
| 1 | Certification<br>No immunizations are administered. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(D)(K); R4-23-411(A) |
| 2 | Recordkeeping | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(F)(3); R4-23-411(F)(I) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 3 | Reporting requirements | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(F); R4-23-411(F)(2) |
| 4 | Current certificate maintained | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-411(C)(2) |
| 5 | Administration without a prescription | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(A)(B); R4-23-411(A) |
| 6 | Prescription only administration | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I) |

## MECHANICAL STORAGE / COUNTING DEVICES

| | | | |
|---|---|---|---|
| 1 | Cell identification<br>Parata Max 2 devices (5 units) | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-615(A)(1) |
| 2 | Paper / electronic log<br>Electronic log. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-615(A)(2)(3) |
| 3 | Training<br>All techs are trained during onboarding. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-615(C)(1)(D) |
| 4 | Maintenance<br>Performed by Parata technicians. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-615(C)(2)(D) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 5 | Accuracy validation testing<br><br>No documentation is available.<br>Discussed the requirements with the PIC. | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-615(C)(3)(D) |
| 6 | Return by approval only<br><br>No returns per PIC. | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(B)(G) |
| 7 | Policies and procedures | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(E) |

## MECHANICAL COUNTING DEVICES

| | | | |
|---|---|---|---|
| 1 | Training<br><br>No training documentation is available.<br>Counteck DC1000 devices (3 units) | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-616(A)(1)(B) |
| 2 | Maintenance<br><br>No documentation is available.<br>The pharmacy does have a system in place to document but they have not used it yet. | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-616(A)(2)(B) |
| 3 | Accuracy validation testing<br><br>Reviewed 2/5/24 to current. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-616(A)(3)(B) |
| 4 | Policies and procedures<br><br>SOPs are drafted but not yet approved or effective.<br>Counteck devices have been in use since 2/5/2024<br>Discussed with PIC the need to immediately implement the SOP and maintenance/ cleaning logs. | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-616(C) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

## CONTROLLED SUBSTANCE RECORDS

**1** CIIs purchase / sale / disposal — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)

No controlled substances are kept or dispensed.

**2** CIII - CVs purchase / sale / disposal — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

**3** Inventory — ☐ S ☑ N/I ☐ V ☐ N/A

ARS § 36-2523(B); R4-23-1003

Facility does have a DEA number and therefore does submit Zero inventories annually.
The facility recently got a new DEA number and it was provided to the CO during the inspection.
The old DEA number was used for recent inventory.
Reviewed inventory from 2022, 2023, and 2024.
CII must be separate from CIII-CV, and must use the proper DEA number.

**4** Audit — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 36-2523

No controlled substances are kept - No audit was performed.

**5** DEA 106 Theft/Loss reporting — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-1003(A)(2); 21 CFR 1301.76(b)

## MISCELLANEOUS

**1** Badges - name / title — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

**2** Sales of drugs to practitioners — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

**3** Schedule V register — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 36-2525(J)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 4 | Delivery | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1901.01(B)(23); R4-23-402(I) |
| 5 | CQA training / Policies and procedures | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1973; R4-23-620 |
| 6 | Non-controlled substances purchase / sale / disposal | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-601(D) |
| 7 | Dextromethorphan sales restrictions | ☐ S ☐ N/I ☐ V ☑ N/A | ARS 32-1978 |
| 8 | Federal medication guides<br>Per PIC Med Guides are included with all required fills.<br>No Med Guides were observed. | ☑ S ☐ N/I ☐ V ☐ N/A | 21 CFR part 208 |
| 9 | Pharmacy to pharmacy transfer of drugs (intracompany) | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-601(D); R4-23-1003(A)(4) |

## METHAMPHETAMINE PRECURSORS

| | | | |
|---|---|---|---|
| 1 | Storage<br>No OTC sales. | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1977(B) |
| 2 | Documentation | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1977(C); 21 CFR 1314 |
| 3 | Self-certification | ☐ S ☐ N/I ☐ V ☑ N/A | 21 CFR 1314.35; 21 CFR 1314.40 |

## SHARED SERVICES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 1 | Current resident / nonresident permit | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(A) |
| 2 | Same owner / written contract / common electronic file | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(B) |
| 3 | Notification to patients | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(C) |
| 4 | Maintain manual / electronic records | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(D) |
| 5 | Work outside pharmacy | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-621(F) |
| 6 | Policies and procedures<br><br>Reviewed SOP 1.109 "Remote Pharmacy Work" Effective date 11/9/2023. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-621(E) |

## COMPOUNDING PRACTICES (GENERAL)

| | | | |
|---|---|---|---|
| 1 | Documentation product compounded<br><br>Reviewed compounding records and master formula.<br>Master formula changes can be made by a limited few.<br>Recommend adding specific details about the equipment, containers/ closure. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(C)(1)(e); R4-23-410(I)(K) |
| 2 | Patient label | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(I)(4) |
| 3 | Beyond-use dates<br><br>Determined by guideline, or 3rd party testing. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(I)(4)(b); R4-23-410(B)(3)(d) |

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| | | | |
|---|---|---|---|
| 4 | Equipment<br><br>Reviewed cleaning documentation.<br>Cleaning performed before and after every batch. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(F)(G) |
| 5 | Product produced in excess<br><br>Excess product is discarded after 30 days if not used.<br>Reviewed several rx. to verify the essential equivalent is medically necessary/ documented. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(B)(2); R4-23-410(J) |
| 6 | Component removed from original container | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-410(I)(6) |
| 7 | Compounds for medical practitioners | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4) |
| 8 | Patient written list | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(I)(5) |
| 9 | Protective apparel | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(C)(2)(c) |
| 10 | Facility | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(E) |
| 11 | Components for compounding/storage | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(B)(H) |
| 12 | Policies and procedures<br><br>Reviewed SOP 9.011 "Compounding With Sickness or Injury"<br>Recommend adding procedure for Illness. | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(D)(G)(H)(I)(K) |

## STERILE COMPOUNDING

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 1 | Compounding area<br><br>No sterile compounding is performed. | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(A)(E)(F) |
| 2 | Equipment | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(B) |
| 3 | Sterile product reference | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(B)(6) |
| 4 | Certification hood / environment | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(D)(14)(g) |
| 5 | Documentation routine cleaning / maintenance | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(D)(14)(g) |
| 6 | Personnel protective clothing | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(E)(3)(F)(2) |
| 7 | Annual / semi-annual media fill tests | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(E)(4)(F)(3) |
| 8 | Documentation of product compounded | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-410(C)(1)(e); R4-23-410(I)(K) |
| 9 | Beyond-use dates | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(D)(14)(d); R4-23-410(B)(3)(d) |
| 10 | Process / product validation testing | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(D)(14)(f) |
| 11 | Policies and procedures | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-670(C)(D) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

# AUDIT

Date Of Inventory : 05/01/2024

Inventory Taken : Open

Date Of Audit : 09/11/2024

| Name & Strength of Drug | Initial Inventory | Total Purchased | Total Accounted For | Closing Inventory | Sales (Rx & log) | Total Can Account for | Difference | Percentage |
|---|---|---|---|---|---|---|---|---|
| No Controlled Drugs are Kept - No Audit was performed. | | | | | | | | |

# NOTES

Hours: 24/7 operation, Admin Hours:8-5 M-F

See Mail Order Addendum

No Controlled Substances are held or dispensed.

Needs Improvement:
Licenses
Compounding training
Technician training
Mechanical counting
Mechanical Storage and counting
Controlled Substance Inventory.

Handouts Provided: Statute/Rule Changes summary,
ARS 32-1926 reminder, DEA Form 106 Reporting reminder,
Continuing Education Audit information, AZBOP Scam Alert,
DEA reminder on manual signature for prescribers,
Single Ingredient Ephedrine Products,
CSPMP Reporting Requirement, AZBOP Newsletter.

**ARIZONA STATE BOARD OF PHARMACY**
**P.O. Box 18520 Phoenix, AZ 85005**
**602-771-ASBP (2727)**
**FAX: 602-771-2749**
**http://www.azpharmacy.gov**

Receipt Date: 09/26/2024
Receipt Number: 2024183532
Receipt Amount $: 480.00

# Pharmacy - Limited Service

**Closed Door,Compounding – Non-Sterile,Mail Order**

| | **PERMIT NO** | **EXPIRES** |
|---|---|---|
| | **Y009632** | **10/31/2026** |
| Issued to : | Apostrophe Pharmacy LLC<br>Apostrophe Pharmacy LLC<br>1440 N. FIESTA BLVD. SUITE 100<br>GILBERT, AZ 85233 | Apostrophe Pharmacy LLC<br>1440 N. FIESTA BLVD. SUITE 100<br>GILBERT, AZ 85233 |

Kam Gandhi
**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Apostrophe Pharmacy LLC
LICENSE NUMBER : Y009632
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

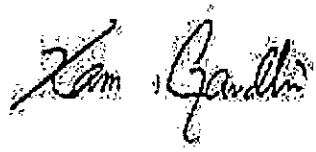
**Arizona State Board of Pharmacy**

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

# CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

## This document is not a license/registration/permit but serves as the primary source of verification.

| | |
|---|---|
| **Name :** | Apostrophe Pharmacy LLC |
| **Address :** | 1440 N. Fiesta Blvd. Suite 100 Gilbert AZ 85233 |
| **Registration No :** | Y009632 |
| **Permit Type :** | Pharmacy |
| **Sub Type :** | Limited Service |
| **Date Issued :** | 10/17/2023 |
| **Expiration Date :** | 10/31/2026 |
| **Status :** | OPEN |
| **Discipline :** | No |



**Kam Gandhi**

Executive Director
Arizona State Board of Pharmacy

Date: 01/28/2025

**Apostrophe Pharmacy LLC**

**Officer and Ownership Information**

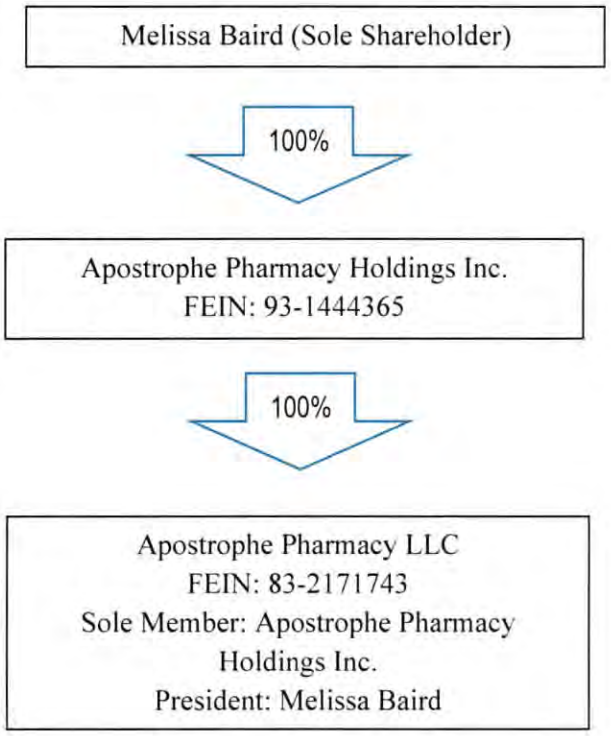
| Full Name | Title | Date of Birth | Business Address |
|---|---|---|---|
| Melissa Baird | President | [redacted] | 1440 N. Fiesta Blvd.,<br>Suite 100<br>Gilbert, AZ 85233 |

**The Pharmacy is wholly owned by**
Apostrophe Pharmacy LLC
FEIN: 83-2171743
1440 N. Fiesta Blvd., Suite 100
Gilbert, AZ 85233

**The sole member of Apostrophe Pharmacy LLC is:**
H&H Pharmacy Holdings, Inc.
FEIN: 99-3654912
2269 Chestnut St., #523
San Francisco, CA 94123

**Apostrophe Pharmacy LLC**
**Pre and Post Organizational Chart**

**Prior to February 7, 2025**




**Effective February 7, 2025**



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Apostrophe Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): PH04071

Physical Address: 1440 N. Fiesta Blvd., Suite 100

City: Gilbert State: AZ Zip: 85233

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: 480-621-8274 Website: https://www.apostrophepharmacy.com

Licensing Company Email: pharmacy@apostrophe.com

### Section 2: Personal Information

First: Kamal Middle: John Last: Saliba

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Chandler State: AZ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.) | | | |
|---|---|---|---|
| School Name<br>See attached. | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.) | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY)<br>See attached. | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Apostrophe Pharmacy LLC**

**Designated Representative Application – Kamal Saliba**

**Section 5: List your high school and college experience beginning with the most current.**

- **Purdue University College of Pharmacy** (08/03 — 05/09)
  575 Stadium Mall Drive
  West Lafayette, IN 47907
  Degree - Doctor of Pharmacy
  Degree - Masters of Science in Industrial Administration

- **Athenee De Beyrouth** (09/90 — 06/03)
  Address N/A– City: Bsalim State, Lebanon
  Diploma - High School Diploma

**Apostrophe Pharmacy LLC**

**Designated Representative Application – Kamal Saliba**

**Section 6: List all residences you have had for the last 10 years beginning with the most current.**

- [redacted] handler AZ [redacted] (08/17 — Present)
- [redacted] r , Glendale AZ [redacted] (08/16 — 08/17)
- [redacted] Glendale AZ [redacted] (04/15 — 08/16)
- [redacted] Phoenix AZ [redacted] (04/14 — 04/15)

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Apostrophe Pharmacy LLC | | | 09/24 - current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1440 N. Fiesta Blvd., Suite 100 | | Gilbert | AZ | 85233 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 480-621-8274 | Pharmacist-in-Charge | | 640 | |
| **Description of Duties** | I supervise pharmacy staff to ensure strict compliance with pharmacy laws and nationwide compounding practices. I hold all employees accountable for adhering to our established policies. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Walgreens Mail Service | | | 03/20 - 09/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8350 S. River Parkway, # 3397 | | Tempe | AZ | 85284 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 877-787-3047 | Pharmacist-in-Charge | | 9,360 | |
| **Description of Duties** | I oversaw and led a team of over 40 pharmacists in Tempe, AZ and Frisco, TX. I assisted pharmacists with clinical decisions, and intervened when necessary. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AllianceRx Walgreens-Prime | | | 10/18 - 3/20 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8350 S. River Parkway, # 3397 | | Tempe | AZ | 85284 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 877-787-3047 | Pharmacists Supervisor | | 2,880 | |
| **Description of Duties** | I oversaw and led a team of over 17 pharmacists. I worked closely with home delivery leadership in TX to ensure efficient scheduling and operations. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

I, Kamal Saliba, **certify that as the designated representative for**

Apostrophe Pharmacy LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. VS I am at least 21 years of age;
3. VS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. VS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. VS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kamal Saliba

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kamal Saliba

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/8/2025

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, KAMAL SALIBA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/9/2025

**Date**

Subscribed and Sworn to before me this 9 day of January 2025

Fatima Soto

**Notary Public Signature**

FATIMA SOTO
Notary Public - Arizona
Maricopa County
Commission # 668471
My Commission Expires April 21, 2028

**(Seal)**

# 4AAA

ReedSmith
Driving progress
through partnership
Taber M. Rueter
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+1 202 414 9200
Fax +1 202 414 9299
reedsmith.com

December 31, 2024

**Attorney Work Product - Privileged and Confidential**

**Via Federal Express**

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

**Re: Change of Ownership Application for Non-Resident Pharmacy License**
**Licensee: Eagle Pharmacy, LLC**
**License Number: PH02905**

To Whom It May Concern:

On behalf of Eagle Pharmacy, LLC (the "**Licensee**"), enclosed please find the above referenced application for the pharmacy located at 350 Eagles Landing Drive, Lakeland, FL 33810. The Licensee will undergo an indirect change of ownership and the closing is anticipated to occur on or around January 31, 2025. A chart depicting the pre- and post-ownership structure is included under Attachment A of the enclosed application packet.

There will be one new officer appointed for Licensee, however, it is important to note that the Licensee's name, address, FEIN, NPI, NCPDP, and Pharmacist-in-Charge will remain the same.

Thank you in advance for your attention to this matter. If you have any questions or requests, please feel free to contact Teresita Weiss at Teresita.Weiss@knipper.com or Michael Laferrera at Michael.Laferrera@knipper.com.

Very truly yours,

Taber M. Rueter

TMR:sh

Enclosures
Non-Resident Pharmacy Application and Attachments

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☐ New Pharmacy | ☑ Retail/Community | ☑ Retail/Community |
| ☑ Out-of-Nevada | ☑ Ownership Change* | ☐ Hospital (# beds _____) | ☑ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☑ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: FE3568067 |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☑ Mail-Order Service |
| | See Attachment A | | ☐ Off-site Cognitive Services |
| | * Current license #: PH 02905 | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☐ Saturday | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Eagle Pharmacy, LLC

Physical Address: 350 Eagles Landing Drive

City: Lakeland State: FL Zip: 33810

Mailing Address (if different from physical address): One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 855-748-2663 Toll Free # (NAC 639.708, NRS 639.23286): 855-748-2663

Fax: 877-283-9171 Contact Email: licensing@knipper.com

Website: https://www.eaglepharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Rodney Ford

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21265

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Rodney Ford | NV Pharmacist Registration #: 21265 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation** N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company** See Attachment A

State of Incorporation/Organization: Florida

Parent Company (if any): JKC Buyer Inc. d/b/a Knipper Health Inc. (parent company 100% ownership)

Corporation/Organization Name: Eagle Pharmacy, LLC

Mailing Address: One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Email: licensing@knipper.com

Contact Person Name: Teresita Weiss

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

**Section 7: Partnership** N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner** N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

**Statement of Responsibility**

1. I am the Pharmacist-In-Charge (title) for Eagle Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Rodney Ford
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12-31-24
Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Rodney Ford hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge (title) for Eagle Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

* _____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 31 day of December, 2024

_____
Notary Public

DONNA A. LAFRENIERE
Notary Public-State of Florida
Commission # HH 192168
My Commission Expires
January 03, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rodney Ford

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-31-24

Date

| Board Use Only | Date Received: 1/2/26 | Amount: $500-cc |
|---|---|---|

# *State of Florida*
## *Department of State*

I certify from the records of this office that EAGLE PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 22, 2012, effective August 22, 2012.

The document number of this limited liability company is L12000108117.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 23, 2024, and that its status is active.

*Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of June, 2024*



*Secretary of State*

**Tracking Number: 3001776193CU**

**To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.**

**https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication**

# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
# INVESTIGATIVE SERVICES
## INV359 - Community Requirements

www.FloridaHealth.gov

File # 26906
Insp # 191824

| NAME | PERMIT NUMBER | DATE OF INSPECTION |
|---|---|---|
| EAGLE PHARMACY, LLC | 32645 | 05/16/2024 |
| **DOING BUSINESS AS** | | |
| SYNTHROID DELIVERS PHARMACY | | |
| **STREET ADDRESS** | **TELEPHONE #** | **EXT** |
| 330 EAGLES LANDING DRIVE #172 | 855-748-2663 | |
| **CITY** | **COUNTY** | **STATE/ZIP** |
| LAKELAND | POLK | FL/33810 |

**Additional Information**

**Business Operation Hours**

| | |
|---|---|
| M-T-W-TH-F Y | Weekly Hours 8:00 AM - 5:00 PM |
| Monday Y | Monday Hours |
| Tuesday Y | Tuesday Hours |
| Wednesday Y | Wednesday Hours |
| Thursday Y | Thursday Hours |
| Friday Y | Friday Hours |
| Saturday N | Saturday Hours CLOSED |
| Sunday N | Sunday Hours CLOSED |

**Registered Pharmacist / Intern / Tech**

| | |
|---|---|
| License # PS56883 | Licensee Name Carina McCrae |
| License Type Registered Pharmacists | |
| License # PS54218 | Licensee Name Anh Le |
| License Type Registered Pharmacists | |
| License # PS47185 | Licensee Name Bernice Peeples, PDM |
| License Type Registered Pharmacists | |
| License # RPT103483 | Licensee Name Tiffany Jones |
| License Type Pharmacy Tech | |
| License # RPT108601 | Licensee Name Laura May |
| License Type Pharmacy Tech | |
| License # RPT83782 | Licensee Name Shannon Lagasse |
| License Type Pharmacy Tech | |
| License # RPT83839 | Licensee Name Zlara Morales |
| License Type Pharmacy Tech | |

**ACS Manager**

| | |
|---|---|
| | |

**Optional Information**

| | |
|---|---|
| | |

**Basic License Data - PSD**

| | |
|---|---|
| DEA Reg # FE3568067 Is the DEA # for Eagle Pharmacy since 330 no dispe | |

**License Relations**

**RX DPT MGR/COR/POR**

| | |
|---|---|
| PEEPLES, BERNICE EDWARDS | License # 47185 |

**INV 359 - Community Requirements**

**Signage Requirements Section**

| | |
|---|---|
| Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.] | Yes |
| "Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.] | N/A |
| Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.] | Yes |

**Community Requirements General Section**

| | |
|---|---|
| Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]<br>*No Medication* | N/A |
| Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.] | Yes |
| All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05] | N/A |
| Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.] | Yes |
| Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.] | Yes |
| Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.] | Yes |
| Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]<br>*Non-dispensing pharmacy* | N/A |
| Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] | N/A |
| Generic equivalent sign is posted. [465.025(7), F.S.] | Yes |

**Additional Community Requirements**

| | |
|---|---|
| Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.] | Yes |
| Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]<br>*Non-dispensing pharmacy* | N/A |
| Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.] | Yes |
| Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the estebtished ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.] | Yes |
| Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.] | Yes |
| Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]<br>*Non-dispensing pharmacist does not speak to patient-just transfers rx* | N/A |
| Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.] | N/A |
| Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.] | N/A |
| Manufacturer containers are properly labeled. [499.003(26), F.S.] | N/A |
| Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preperation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.] | N/A |
| Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] | Yes |
| Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]<br>*Maintained in Epost* | Yes |
| Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.] | N/A |
| The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]<br>*No acquisition of inventory* | N/A |
| Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] | N/A |
| Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.] | N/A |
| Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.] | N/A |
| Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.] | Yes |

**Requirements for Dispensing Controlled Substances**

| | |
|---|---|
| Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] | N/A |
| DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)] | N/A |
| Controlled substance records and prescription information in computer system are retrieveble and maintained for 4 years. [465.022(12)(a), F:S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04] | N/A |
| Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] | N/A |
| Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.] | N/A |
| Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.] | N/A |

**Pharmacy Ships Medicinal Drugs to Patients [ 64B16-28.10801, F.A.C]**

# INV359 - Community Requirements

Insp # 191824

EAGLE PHARMACY, LLC

File # 26906

| | |
|---|---|
| Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent. | |
| Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs. | |

**Automated Pharmacy System [465.0235, F.S.]**

| | |
|---|---|
| Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling. | |
| Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years. | |

**Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]**

| | |
|---|---|
| Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy. | |
| Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions. | |
| The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy. | |
| If a controlled substance, the word "central fill" appears on the face of the original prescription. | |
| The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery. | |

**Internet Pharmacy**

| | |
|---|---|
| A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.] | |
| Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.] | |
| Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S] | |

## Remarks:

Routine Inspection completed with Miriam Davis. Operating requirements met. Non Dispensing pharmacy.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

HODGES, PETER

Date:5/16/2024

Representative:

Miriam Davis

Date:5/16/2024

AC# 11459255

# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
# DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|---|---|---|
| 01/31/2023 | PH 26367 | 137670 |

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2025**

**EAGLE PHARMACY**
**Eagle Pharmacy**
**350 EAGLES LANDING DRIVE**
**LAKELAND, FL - 33810**

QUALIFICATION(S):
**Community Pharmacy**
**Schedule II & III**
**4:1 Pharmacy Technician Ratio Approved**

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2025**

Your license number is PH 26367. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple: Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

## IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

AC# 11459255
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 01/31/2023
LICENSE NO. PH 26367
CONTROL NO. 137670
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA
Expiration Date : FEBRUARY 28, 2025
EAGLE PHARMACY
Eagle Pharmacy
QUALIFICATION(S): Community Pharmacy Schedule II & III 4:1 Pharmacy Technician Ratio Approved
REGISTRANT SIGNATURE

Department of Health

# License Verification

Printer Friendly Version

## EAGLE PHARMACY, LLC

## SYNTHROID DELIVERS PHARMACY

## License Number: PH32645

*Data As Of 12/17/2024*

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

| | |
|---|---|
| Profession | Pharmacy |
| License | PH32645 |
| License Status | CLEAR/ |
| Qualifications | Community Pharmacy |
| License Expiration Date | 2/28/2025 |
| License Original Issue Date | 03/12/2020 |
| Address of Record | 350 EAGLES LANDING DRIVE<br>LAKELAND, FL 33810 |
| Discipline on File | No |
| Public Complaint | No |

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

Privacy Statement | Disclaimer | Email Advisory | Accessibility

© 2024 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

Department of Health

# License Verification

Printer Friendly Version

## EAGLE PHARMACY

## Eagle Pharmacy

## License Number: PH26367

*Data As Of 12/17/2024*

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

| | |
|---|---|
| Profession | Pharmacy |
| License | PH26367 |
| License Status | CLEAR/ |
| Qualifications | Community Pharmacy |
| | Schedule II & III |
| | Central Fill |
| License Expiration Date | 2/28/2025 |
| License Original Issue Date | 09/14/2012 |
| Address of Record | 350 EAGLES LANDING DRIVE |
| | LAKELAND, FL 33810 |
| Discipline on File | No |
| Public Complaint | No |

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified



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## Attachment B

## LLC Officer and Ownership Information

**Eagle Pharmacy LLC is wholly-owned by its parent company JKC Buyer Inc. d/b/a Knipper Health Inc.**

**LLC Officers:**

Michael J. Laferrera
*Chief Executive Officer/President*

Todd Phillips
*Secretary, Treasurer, and Chief Financial Officer*

**Attachment A**

**Regarding the Change in Ownership**

Please see the enclosed letter detailing the change in ownership.

KnippeRx

CUSTOM PHARMACY SOLUTIONS

December 3, 2024

**Re: Notice of Upcoming Transaction**
**Pharmacy Licensee: KnippeRx Inc.**

To Whom It May Concern:

On behalf of KnippeRx, Inc. (the "**Licensee**"), this notice is to advise you of an upcoming transaction that involves the transfer of the indirect equity interest in the Licensee (the "**Proposed Transaction**").

Specifically, as part of the Proposed Transaction, JKC Parent, Inc., a Delaware corporation and the indirect parent of the Licensee (the "**Parent**"), has entered into an Agreement and Plan of Merger, dated as of November 24, 2024, by and among the Parent, [FH KH Intermediate, Inc.], a Delaware corporation ("**Buyer**"), [FH KH Merger Sub, Inc.], a Delaware corporation and wholly owned subsidiary of Buyer ("**Merger Sub**"), and the other parties thereto, pursuant to which, and subject to the terms and conditions set forth therein, Merger Sub will merge with and into the Parent, with the Parent continuing as the surviving corporation of such merger. As a result, Buyer shall be the owner of Parent and the indirect owner of the Licensee. Pre- and post-closing organizational charts depicting the Proposed Transaction are attached hereto.

Importantly, the Proposed Transaction will not result in any changes in the Licensee, its tax identification number, its operational management team, or its day-to-day operations (other than changes in the ordinary course).

The closing of the Proposed Transaction is currently expected to take place on or about January 31, 2025. Unless we hear from you otherwise, we understand that this letter satisfies any notice requirements applicable to the Licensee regarding the Proposed Transaction.

We kindly request that you keep all information disclosed in this letter confidential.

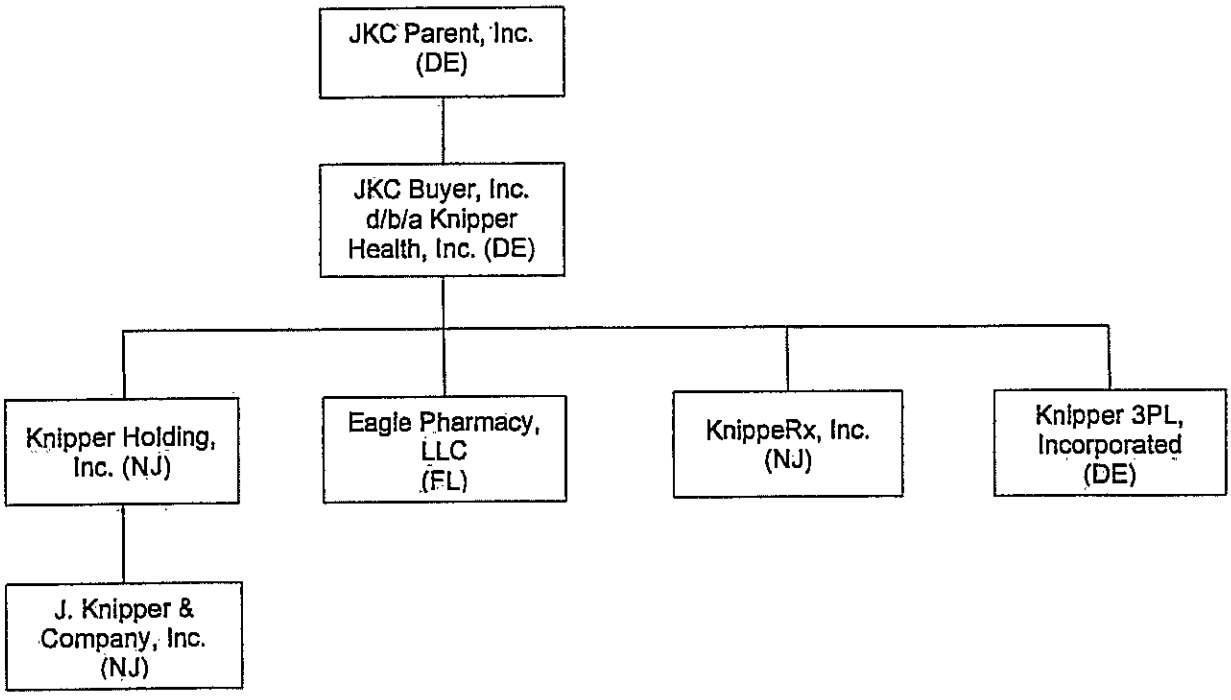
Sincerely,

Teresita Weiss, Ph.D., J.D.
General Manager, Regulatory Affairs & Compliance

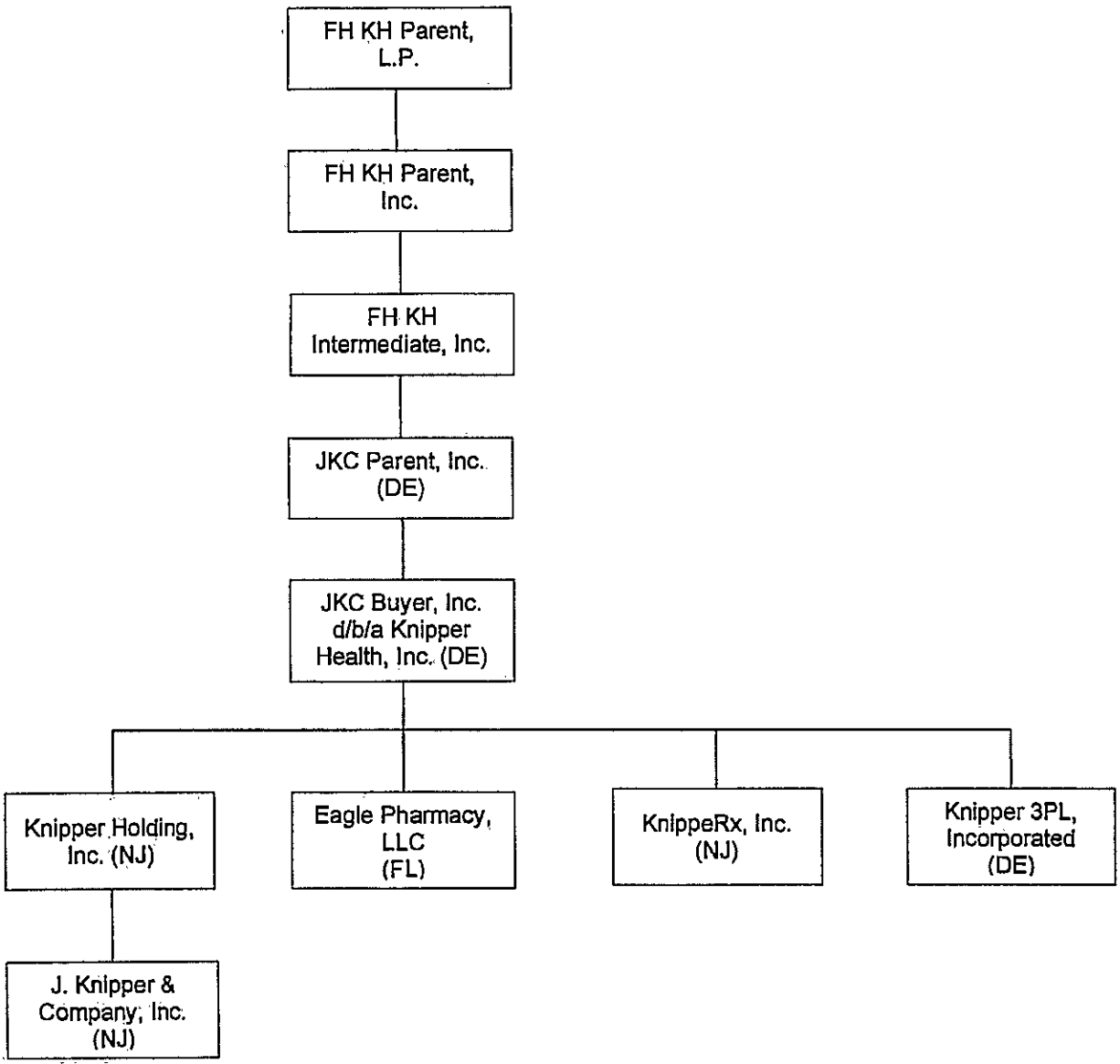
Attachments Exhibit A - Pre-closing organization chart
Exhibit B - Post-closing organizational chart

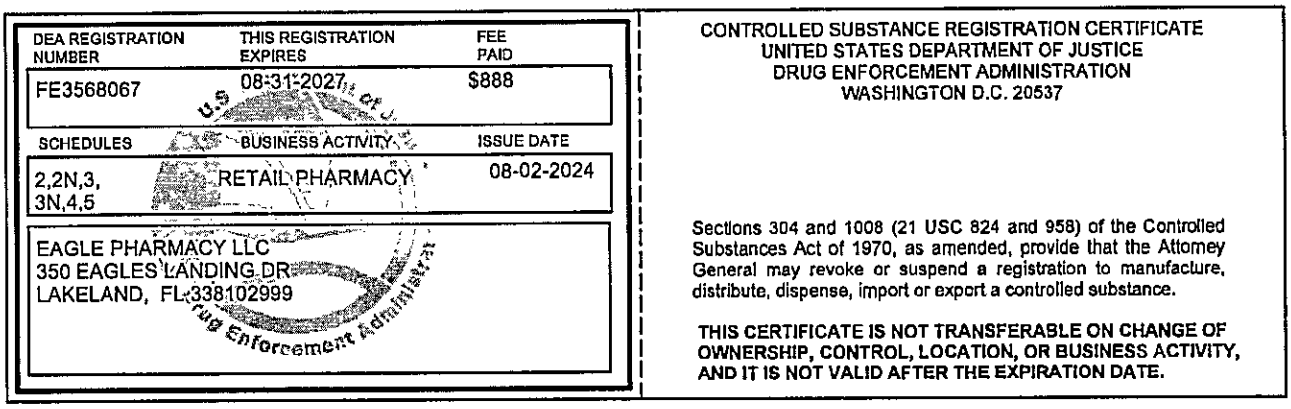
1250 Patrol Road, Charlestown, IN 47111 | phone: 1.85.KNIPPERX | fax: 1.855.774.3879 | www.knipperx.com

## Knipper – Pre-Closing Legal Structure



## Knipper – Post-Closing Legal Structure





| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FE3568067 | 08-31-2027 | $888 |

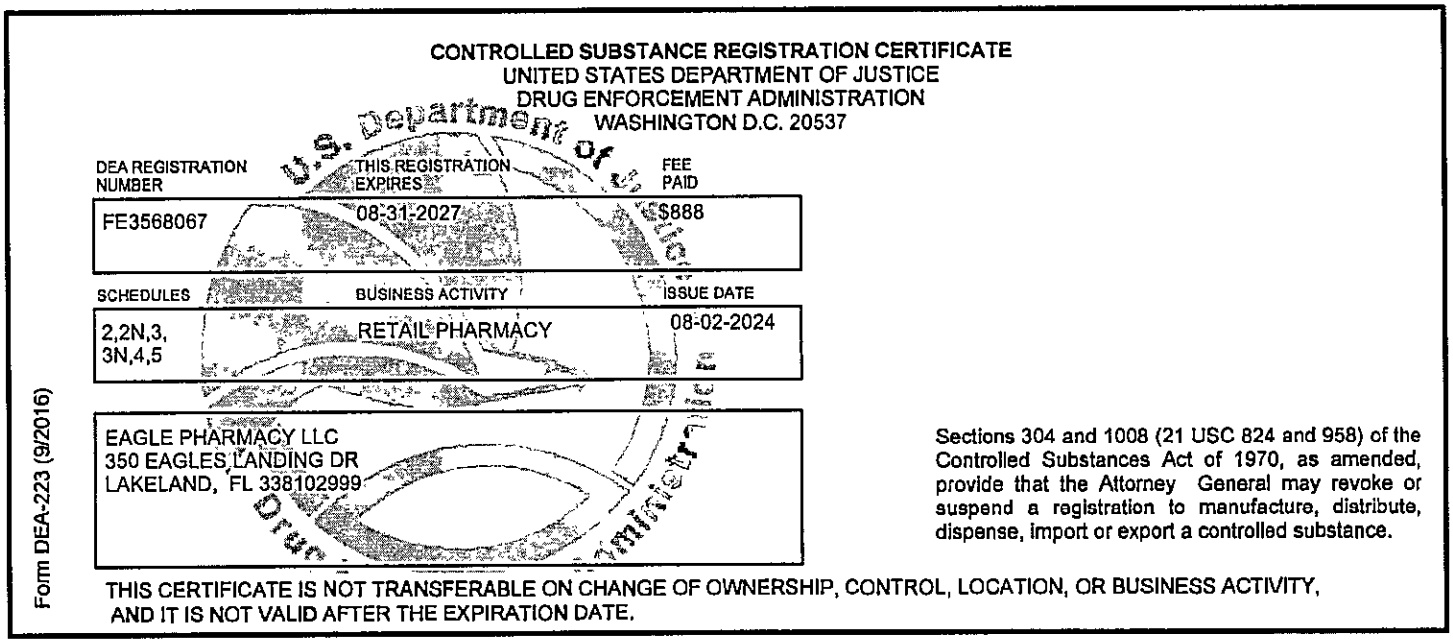
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 08-02-2024 |

EAGLE PHARMACY LLC
350 EAGLES LANDING DR
LAKELAND, FL 338102999

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FE3568067 | 08-31-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 08-02-2024 |

EAGLE PHARMACY LLC
350 EAGLES LANDING DR
LAKELAND, FL 338102999

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application
Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Eagle Pharmacy, LLC
Pharmacy/Wholesaler License # (if applicable): PH02905
Physical Address: 350 Eagles Landing Drive
City: Lakeland State: FL Zip: 33810
Mailing Address (if different from physical address): One Healthcare Way
City: Lakewood State: NJ Zip: 08701
Telephone: 732-905-7878 Website: knipperx.com
Licensing Company Email: licensing@knipper.com

### Section 2: Personal Information

First: Rodney Middle: Tremayne Last: Ford
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: 350 Eagles Landing Drive
City: Lakeland State: FL Zip: 33810
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | No |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | No |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | No |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | No |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | No |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| Florida A&M University | 08/2001-04/2007 |

| Address | City | State | Zip |
|---|---|---|---|
| 1601 S Martin Luther King BLVD | Tallahassee | FL | 32307 |

Diploma/Degree obtained, if any: Doctorate

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| Madison County Hig School | 08/1997-05-2001 |

| Address | City | State | Zip |
|---|---|---|---|
| 2649 US-90 | Madison | FL | 32340 |

Diploma/Degree obtained, if any: High School Diploma

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| | |

| Address | City | State | Zip |
|---|---|---|---|
| | | | |

Diploma/Degree obtained, if any:

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| | |

| Address | City | State | Zip |
|---|---|---|---|
| | | | |

Diploma/Degree obtained, if any:

| School Name | From - To (MM/YY – MM/YY |
|---|---|
| | |

| Address | City | State | Zip |
|---|---|---|---|
| | | | |

Diploma/Degree obtained, if any:

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Eagle Pharmacy, LLC | | | 10/2012-current |
| **Business Address** | **City** | **State** | **Zip** |
| 350 Eagles Landing Drive | Lakeland | FL | 33810 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 855-748-2663 | Pharmacist-in-Charge | | 25,280 |

**Description of Duties**

Verify that dose/directions/medication for each patient to ensure accuracy. Speak with prescriber's for dose clarifications and counsel patients when needed. Managing staff, compliance with state and federal regulations, and maintaining the medication inventory.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations: | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | No |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | NO |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | NO |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | NO |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | NO |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | NO |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | NO |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | NO |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | NO |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | NO |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-31-24
Date

I, Rodney Ford, **certify that as the designated representative for**

Eagle Pharmacy, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rodney Ford
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-31-24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rodney Ford
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-31-24
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Polk

I, Rodney Ford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

12-31-24
**Date**

Subscribed and Sworn to before me this 31 day of December.

**Notary Public Signature**

DONNA A. LAFRENIERE
Notary Public-State of Florida
Commission # HH 192168
My Commission Expires
January 03, 2026

(Seal)

# 4BBB

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☑ Out-of-Nevada | ☐ New Pharmacy<br>☑ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)<br>See Attachment A<br>* Current license #:<br>PH 03809 | ☑ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☑ Other:<br>Mail Order | ☑ Retail/Community<br>☑ Dangerous drugs<br>☑ Controlled substances<br>DEA #: FK7013927<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☑ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☑ Saturday | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

## Section 1: General Information

Pharmacy Name: KnippeRx Inc.

Physical Address: 1250 Patrol Road, Suite 100

City: Charlestown State: IN Zip: 47111

Mailing Address (if different from physical address): One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Toll Free # (NAC 639.708, NRS 639.23286): 855-647-7379

Fax: 732-886-9205 Contact Email: licensing@knipper.com

Website: knipperx.com

Nevada Business License # (if applicable) Business ID #: NV20171139228, Entity #: E0103172017-6

Supervising/Managing Pharmacist Name (NRS 639.220): Candi Ashton

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21577

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Candi Ashton | NV Pharmacist Registration #: 21577 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

N/A

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation** N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company** See Attachment A

State of Incorporation/Organization: New Jersey

Parent Company (if any): JKC Buyer Inc. d/b/a Knipper Health Inc. (parent company 100% ownership)

Corporation/Organization Name: KnippeRx Inc.

Mailing Address: One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Email: licensing@knipper.com

Contact Person Name: Teresita Weiss

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

**Section 7: Partnership** N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner** N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the Pharmacist-in-Charge (title) for KnippeRx, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Candi Ashton

Print Name of Authorized Person

Candi Ashton

Original signature of Authorized Person (copies or stamps not accepted)

12/27/24

Date

**Section 10: Affidavit for Pharmacies, MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Candi Ashton hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge (title) for KnippeRx, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Candi Ashton
Signature

NOTARY PUBLIC SEAL STATE OF INDIANA
JESSICA A. KOONTZ
Commission Number NP0690906
My Commission Expires
September 15, 2032

SUBSCRIBED AND SWORN TO
Before me, a notary public this 27th day of December, 20 24

Jessica A Koontz
Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Candi Ashton

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Candi Ashton

Original signature of Authorized Person (copies or stamps not accepted)

12/27/24

Date

| Board Use Only | Date Received: 12/31/24 | Amount: $500-CC |
|---|---|---|

*STATE OF NEW JERSEY*
*DEPARTMENT OF THE TREASURY*
*DIVISION OF REVENUE AND ENTERPRISE SERVICES*
*SHORT FORM STANDING*

***KNIPPERX INC.***
*0450127675*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 20, 2016.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*CORPORATION SERVICE COMPANY*
*PRINCETON SOUTH CORPORATE CENTER,*
*SUITE 160, 100 CHARLES EWING BLVD*
*EWING, NJ 08628*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of May, 2024*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6153789545*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

**Pharmacy**
**402 W. Washington Street**
**Indiana Government Center South, Room W072**
**Indianapolis, IN 46204**
**317-234-2067(PHONE) • 317-233-4236(FAX)**

**FACILITY**
KnippeRx, Inc.
1250 Patrol Road
Charlestown IN 47111
Phone: 8556477379
Owner:
Ownership Type:

**LICENSE**
License No:
**Profession: Pharmacy**
License Type: Pharmacy
1250 Patrol Road
Charlestown IN 47111
Phone: 8556477379

| Prerequisite | License Type | License No | License Status | Issue Date | Exp Date |
|---|---|---|---|---|---|
| Laura Jane Walters | | 26022621A | Active | | |

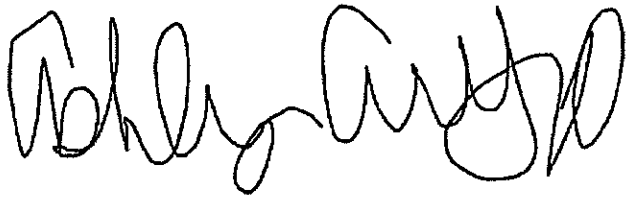
| | |
|---|---|
| Inspection Type: | Pharmacy Inspection |
| Scheduled Date: | 07/24/2017 |
| Inspection Date: | 8/1/2017 |
| Announced? | N |
| Result: | Pass |

Remarks: New facility Inspection: Hours of Operation Monday-Friday, 8am-5pm, Saturday & Sunday, closed. Address: 1250 Patrol Rd, Charlestown, In 47111. Phone: 855-647-7379 Inspection is approved.

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

I understand that the licensee is on notice of the violation(s) listed herein and said violation(s) must be corrected within thirty (30) days of notification. Resolution of noncompliance shall occur as stipluated and the licensee shall fully comply with Indiana law, statutes, rules, and professional standards governing their practice. If necessary, a plan of corrective action shall be submitted to the Indiana Professional Licensing Agency within five (5) business days of the initial inspection. This plan of correction shall specify the immediate action to be taken to correct all noted deficiencies.

A plan of corrective action can be either emailed to PLACompliance@pla.IN.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington Street, RM W072 Indianapolis, IN 46204. (Postmark must be within five (5) business days after the initial inspection). Failure to timely submit a corrective action plan will result in a personal appearance before the appropriate licensing board. If subsequent inspections identify a failure to address previous violations the facility will "fail" the inspection and disciplinary proceedings will be initiated against licensure.



8/1/2017



Signature of Inspector | Date | Signature of Owner/Licensee/Representative

**Pharmacy**
**402 W. Washington Street**
**Indiana Government Center South, Room W072**

**Indianapolis, IN 46204**

**FACILITY**
KnippeRx, Inc.
1250 Patrol Road
Suite 100
Charlestown IN 47111
Phone: 7329057878
Owner:
Ownership Type:

**LICENSE**
License No: 60006750A
Profession: Pharmacy
License Type: Pharmacy
1250 Patrol Road, Suite 100
Charlestown IN 47111
Phone: 8556477379

| | |
|---|---|
| Inspection Type: | Pharmacy Inspection |
| Inspection Date: | 2/20/2024 |
| Result: | Pass |

**Remarks:**Remodel Inspection conducted by Compliance Officer Kim Russell on February 20, 2024. Assisting during this inspection is Candi Ashton, Pharmacy Manager and Katherine Fisher-Gordon, Director of Pharmacy Operations. The new pharmacy cage is approximately 200 yards from the original license pharmacy area. Per Zanetta this is a remodel inspection, and no addition license are required. The caged in area has hot water with a sink. This pharmacy area will not have any controls. This area is for single packaging medication, packaging the patient medication and shipping to patients. The packing medication machine is not installed at the time of the inspection. The machine will be put together and will need approval by the Pharmacy Board before operations begins. Please contact me if you have any question, thank you.

| Checklist Results |
| --- |
| **Pharmacy General Information** |
| **Absence of Pharmacist** |
| **Staff/Personnel** |
| **Pharmacy Equipment/Security** |
| **References** |
| **Automated Medication Systems & Automatic Counting** |
| **AMS Automated Packaging Systems** |
| **Drug storage/labeling/destruction** |
| **Dispensing/Records Retention** |
| **Fax/e-prescribing/Transfers** |
| **Remote Order Entry and Centralized Processing** |
| **Generic Substitution** |
| **Controlled Substances** |
| **DEA Forms** |
| **INSPECT** |
| **Sterile Compounding: Policies and Procedures** |
| **Sterile Compounding: Engineering Controls** |
| **Sterile Compounding: Personnel** |
| **Sterile Compounding: Labeling/Documentation** |

| |
|---|
| Non-sterile Compounding |
| Remote Locations (Type II only) |
| Emergency Drug Kits/Crash Carts |
| Quality-Related Events/Patient Own Medications |
| Special Medications |
| Immunization Rule |
| Patient Confidentiality (HIPAA) |
| Prescription Audit |

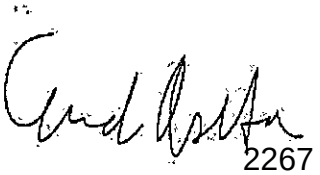
As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.



2/27/2024 9:14:35 AM



Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

# Pharmacy

| License Number | Expire Date |
|---|---|
| 60006750A | 12/31/2025 |

KnippeRx, Inc.

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

**Indiana Professional Licensing Agency**
**402 W. Washington Street, W072**
**Indianapolis, IN 46204**

**Pharmacy**

| License Number | Expire Date |
|---|---|
| 60006750A | 12/31/2025 |

**KnippeRx, Inc.**

Signature _____

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

## CSR-Pharmacy

| Registration Number | Expire Date |
|---|---|
| 60006750B | 12/31/2025 |

DRUG SCHEDULES

| 1 | 2 | 2N | 3 | 3N | 4 | 5 |
|---|---|---|---|---|---|---|
| | Yes | Yes | Yes | Yes | Yes | Yes |

KnippeRx, Inc.
1250 Patrol Road, Suite 100
Charlestown IN 47111

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

**Indiana Professional Licensing Agency**
**402 W. Washington Street, W072**
**Indianapolis, IN 46204**

**CSR-Pharmacy**

| Registration Number | Expire Date |
|---|---|
| 60006750B | 12/31/2025 |

**KnippeRx, Inc.**

Signature

State of Indiana

## DEMOGRAPHIC INFORMATION

Name: KnippeRx, Inc.

## ADDRESS INFORMATION

Line 1:
Line 2: 1250 Patrol Road, Suite 100
City/State/Zip: Charlestown IN 47111
County: Clark

## LICENSE INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Lic #: | 60006750A | Profession: | Pharmacy Board | Type: | Pharmacy | Secondary: | Closed Door (III) |
| Status: | Active | Issued: | 9/30/2019 | Expiration: | 12/31/2025 | | |
| Method: | Change of Ownership | | | | | | |

## DISCIPLINE INFORMATION

-

## RELATED LICENSES

| | | | | | |
|---|---|---|---|---|---|
| Lic #: | **60006622B** | Name: | KnippeRx, Inc. | | |
| License Type: | CSR-Pharmacy | License Status: | Closed Facility | Relationship: | Same Licensee |
| Lic #: | **60006750B** | Name: | KnippeRx, Inc. | | |
| License Type: | CSR-Pharmacy | License Status: | Active | Relationship: | Same Licensee |

## SPECIALTY INFORMATION

No Specialty Information

## INSPECTION INFORMATION

| | | |
|---|---|---|
| Inspection Type: Pharmacy Inspection Report | Inspection Date: 4/8/2021 | Inspection Grade: Pass |
| Inspection Type: Pharmacy Inspection Report | Inspection Date: 2/23/2022 | Inspection Grade: Pass |
| Inspection Type: Pharmacy Inspection Report | Inspection Date: 7/21/2022 | Inspection Grade: Pass |

Inspection Type: Pharmacy Inspection Report Inspection Date: 2/20/2024 Inspection Grade: Pass

**Attachment B**

**Corporate Officer and Ownership Information**

**KnippeRx Inc. is wholly-owned by its parent company JKC Buyer Inc. d/b/a Knipper Health Inc.**

**Corporate Officers:**

Michael J. Laferrera
*Chief Executive Officer/President*

Todd Phillips
*Secretary, Treasurer, and Chief Financial Officer*

KnippeRx

CUSTOM PHARMACY SOLUTIONS

December 3, 2024

**Re: Notice of Upcoming Transaction**
**Pharmacy Licensee: KnippeRx Inc.**

To Whom It May Concern:

On behalf of KnippeRx, Inc. (the "**Licensee**"), this notice is to advise you of an upcoming transaction that involves the transfer of the indirect equity interest in the Licensee (the "**Proposed Transaction**").

Specifically, as part of the Proposed Transaction, JKC Parent, Inc., a Delaware corporation and the indirect parent of the Licensee (the "**Parent**"), has entered into an Agreement and Plan of Merger, dated as of November 24, 2024, by and among the Parent, [FH KH Intermediate, Inc.], a Delaware corporation ("**Buyer**"), [FH KH Merger Sub, Inc.], a Delaware corporation and wholly owned subsidiary of Buyer ("**Merger Sub**"), and the other parties thereto, pursuant to which, and subject to the terms and conditions set forth therein, Merger Sub will merge with and into the Parent, with the Parent continuing as the surviving corporation of such merger. As a result, Buyer shall be the owner of Parent and the indirect owner of the Licensee. Pre- and post-closing organizational charts depicting the Proposed Transaction are attached hereto.

Importantly, the Proposed Transaction will not result in any changes in the Licensee, its tax identification number, its operational management team, or its day-to-day operations (other than changes in the ordinary course).

The closing of the Proposed Transaction is currently expected to take place on or about January 31, 2025. Unless we hear from you otherwise, we understand that this letter satisfies any notice requirements applicable to the Licensee regarding the Proposed Transaction.

We kindly request that you keep all information disclosed in this letter confidential.

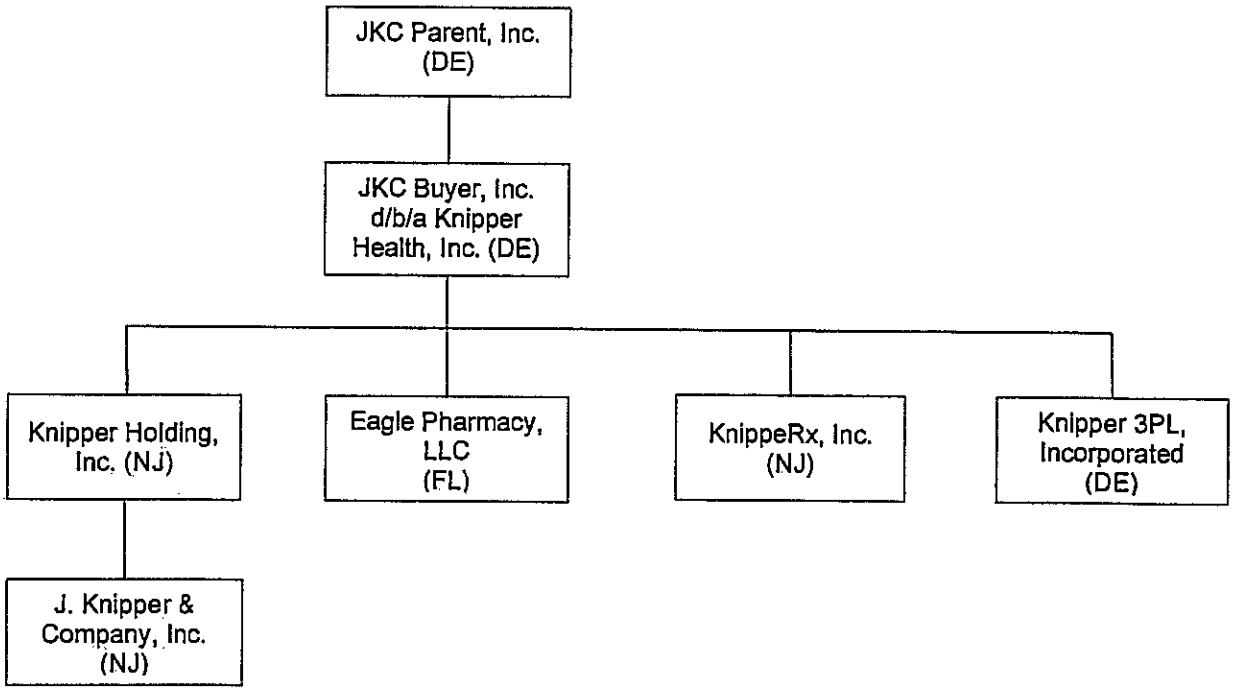
Sincerely,

Teresita Weiss, Ph.D., J.D.
General Manager, Regulatory Affairs & Compliance

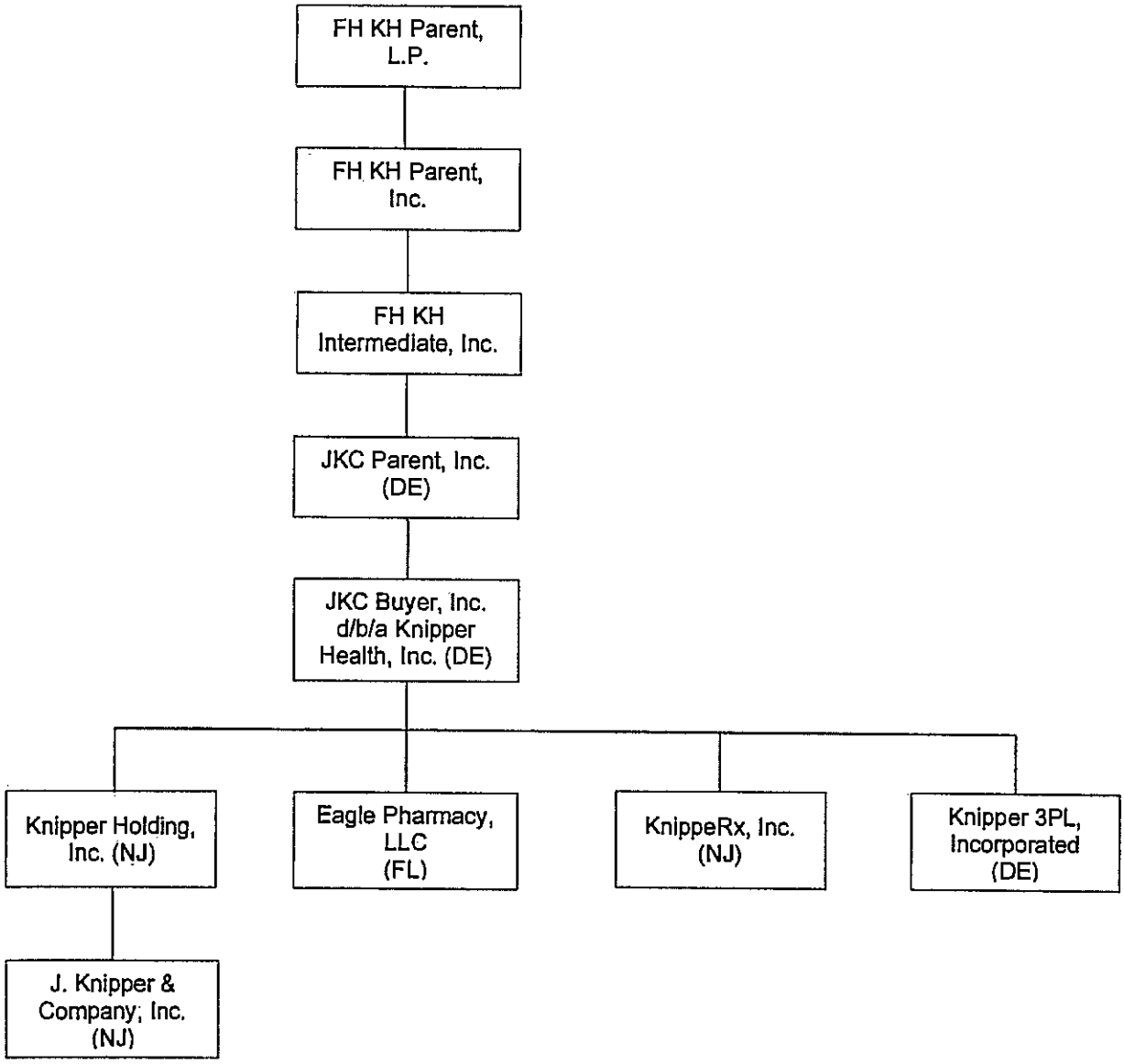
Attachments Exhibit A - Pre-closing organization chart
Exhibit B - Post-closing organizational chart

1250 Patrol Road, Charlestown, IN 47111 | phone: 1.85.KNIPPERX | fax: 1.855.774.3879 | www.knipperx.com

## Knipper – Pre-Closing Legal Structure



## Knipper – Post-Closing Legal Structure



| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FK7013927 | 12-31-2025 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 11-17-2022 |

KNIPPERX INC
1250 PATROL ROAD, SUITE 100
CHARLESTOWN, IN 47111

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FK7013927 | 12-31-2025 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 11-17-2022 |

KNIPPERX INC
1250 PATROL ROAD, SUITE 100
CHARLESTOWN, IN 47111

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler KnippeRx Inc.

Pharmacy/Wholesaler License # (if applicable) PH03809

Physical Address 1250 Patrol Road, Suite 100

City Charlestown State IN Zip 47111

Mailing Address (if different from physical address) One Healthcare Way

City Lakewood State NJ Zip 08701

Telephone 732-905-7878 Website knipperx.com

Licensing Company Email licensing@knipper.com

### Section 2: Personal Information

First Candi Middle M. Last Ashton

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Charlestown State IN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

CMA

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Madison Consolidated High School | | | 08/2006 - 2010/05 |
| **Address** | **City** | **State** | **Zip** |
| 743 Clifty Drive | Madison | IN | 47250 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** |
| Butler University | | | 08/2010-05/2016 |
| **Address** | **City** | **State** | **Zip** |
| 4600 Sunset Ave. | Indianapolis | IN | 46208 |
| **Diploma/Degree obtained, if any** | | | |
| Doctor of Pharmacy - PharmD | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2016 - Present | [redacted] | Madison | IN | [redacted] |
| 1991 - 2016 | | Deputy | IN | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CMA

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| KnippeRx Inc. | | | 02/2021 - present |
| **Business Address** | **City** | **State** | **Zip** |
| 1250 Patrol Road, Suite 100 | Charlestown | IN | 47111 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 855-647-7379 | Pharmacist-in-Charge | | 7840 |

**Description of Duties**

Verify that dose/directions/medication for each patient to ensure accuracy. Speak with prescribers for dose clarifications and counsel patients when needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

CMA

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

I, Candi Ashton, **certify that as the designated representative for**

KnippeRx Inc.

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Candi Ashton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/26/24
Date

CMA

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Candi Ashton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/26/24
Date

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**Please have this section completed in the presence of a Notary Public.**

State of Indiana, ss. County of Clark

I, Candi Ashton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

12/26/24.
**Date**

Subscribed and Sworn to before me this 26th day of December.

**Notary Public Signature**

AARON J. LETT
Notary Public, State of Indiana
Commission # NP0739387
My Commission Expires
February 24, 2030

(Seal)

German American Bank
Banking | Insurance | Investments
3537 E. 10th Street
Jeffersonville, IN 47130

# 4CCC

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-Nevada | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)<br><br>* Current license #:<br>PH_____ | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☒ Retail/Community<br>☒ Dangerous drugs<br>☒ Controlled substances<br>DEA #: FM1012842<br>☒ Non-sterile Compounding<br>☐ Sterile Compounding<br>☐ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Medmetrics Pharmacy

Physical Address: 1075 W Queen Creek Rd, Ste 2

City: Chandler State: AZ Zip: 85248

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-883-3800 Toll Free # (NAC 639.708, NRS 639.23286): 844-474-8453

Fax: 480-454-2850 Contact Email: nathan@medmetricsrx.com

Website: medmetricsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Nathan Parker

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23953

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Nathan Parker | NV Pharmacist Registration #: 23953 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Speedwell LLC

Mailing Address: 15344 N. 83rd Way

City: Scottsdale State: AZ Zip: 85260

Telephone: 1-800-528-3144 Email: admin@speedwell.health

Contact Person Name: Adam McCown

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

## Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Medmetrics Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Nathan Parker

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/23/23

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Nathan Parker hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Medmetrics Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24th day of October, 2023

Notary Public

OLIVER SCHAUSTER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 635340
Expires August 29, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam McCown

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/2/2023

Date

| Board Use Only | Date Received: 11/23/25 | Amount: $500-CK78059 |
|---|---|---|

# STATE OF ARIZONA

**Office of the**
**CORPORATION COMMISSION**

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**MEDICAL METRICS, LLC**

ACC file number: L18928328

was incorporated under the laws of the State of Arizona on 12/18/2013, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **11/08/2024**

**Douglas R. Clark, Executive Director**

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

## DEMOGRAPHICS

| AZ permit# : | AZ Permit Exp.Date : | Business Name : |
|---|---|---|
| Y009061 | 10/31/2025 | Medmetrics Pharmacy |

Address :

1075 W. Queen Creek Road

| Zip : | City : | State : |
|---|---|---|
| 85248 | Chandler | AZ |

| Phone : | Fax : | Email : |
|---|---|---|
| (480) 883-3800 | (480) 454-2850 | adam@medmetricsrx.com |

| Inspection Date : | PIC : | Pic License Exp Date : |
|---|---|---|
| 08/09/2024 | Nathan Parker | 10/31/2025 |

| DEA # : | DEA # Exp. date : | Inspection Reviewed With : |
|---|---|---|
| FM1012842 | 01/31/2025 | PIC |

| Reviewers License# : | Inspection type : |
|---|---|
| S021645 | Routine |

Inspection Conducted By :

Steve Haiber

## Facility Data

| # Rxs/Week | RPh Hours/Week | # Rxs/Hours |
|---|---|---|
| 1300 | 110 | 11.818181818181818 |

## PERMITS

Arizona

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(A); R4-23-606(A)

1

Posted | pharmacy holds (35) non-resident permits to support out of state dispensing of completed prescriptions orders to patient resid ence

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2 DEA — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

FM1012842 - posted

3 Suppliers — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

McKesson - primary / IPC - secondary / compounding - Letco-Fagron, Medisca, PCCA

## LICENSES

1 Pharmacists — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1925(A); R4-23-201(A)

(5)

2 Interns / Graduate interns — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1923(B); R4-23-301(G)

(2)

3 Technicians / Trainees — ☑ S ☐ N/I ☐ V ☐ N/A

AR5 § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)

(8)

4 Current renewal licenses maintained — ☐ S ☑ N/I ☐ V ☐ N/A

ARS § 32-1933(B)

Several licenses were not maintained / verified all current via board website ** REMINDER TO PIC TO MAINTAIN COPY OF EACH LICENSE E FOR INSPECTION **

## PHARMACY

1 Drug storage and security — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-609(G)(H)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 2 | Personnel and security procedures | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-610 |
| 3 | Facilities | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-611(A) |
| | Pharmacy in process of remodel to add additional 3600 sq ft of space | | |
| 4 | Drug supply | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-611(B) |
| 5 | Quarantine expired drugs | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-611(B)(4) |
| 6 | Equipment | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-612 |
| 7 | Policies and procedures | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-610(A); R4-23-611(B) |

## TECHNICIANS

| | | | |
|---|---|---|---|
| 1 | Training program | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1105(B)(D) |
| 2 | Training program - compounds | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1105(C) |
| | (4) compounding technicians | | |
| 3 | Activities - trainees | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1104(A) |
| 4 | Activities - technicians | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1104(A)(B) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 5 | Policies and procedures | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-1104(F)(G) |

## COUNSELING

| | | | |
|---|---|---|---|
| 1 | Documentation | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(G)(H) |
| | POS capture / records maintained within Pioneer system | | |
| 2 | Oral consultation | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(C)(D)(E) |
| 3 | Written information | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-402(C)(I) |
| | Rph developed written information for compounded prescriptions | | |

## PRESCRIPTION AUDIT

| | | | |
|---|---|---|---|
| 1 | Prescription files | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1964; ARS § 36-2525(C)(1)(2) |
| | (3) file | | |
| 2 | Prescription label | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1968(D); ARS § 36-2525(L) |
| 3 | CII prescriptions | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A) |
| 4 | CIII - CV prescriptions | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A) |
| 5 | Non-controlled prescriptions | ☑ S ☐ N/I ☐ V ☐ N/A | ARS § 32-1968; R4-23-407(A) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6 Transfers — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-407(D)

None observed

7 Telephone — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)

8 Refill authorizations — ☐ S ☑ N/I ☐ V ☐ N/A
ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)

(1) verbal order transcribed by technician - ** REMINDER TO PIC TO MAINTAIN DOCUMENTATION OF TECHNICIAN TRAINING TO ALLOW T ECHNICIAN TRANSCRIBING OF A NEW RX **

9 Facsimile — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-407(E)

10 Electronically transmitted — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-407(F); R4-23-408(H)

11 Patient information — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-402(A)(3)(4)

12 Allergies / medical conditions — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-402(A)(3)(b)

13 Brand / generic — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 32-1963.01

14 Foreign prescriptions — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1969

None filled

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

15 Prescription blank advertising prohibited — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-404(B); ARS § 32-1901.01(B)(25)

Not used

16 Prescription audit numbers

C2(N836300-N840999) C3-5(C840000-C840999) legend(842100-842199)

## COMPUTER REQUIREMENTS

1 Security — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(F)

Individual user ID assigned to each employee

2 Log books / printout — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(C)(4)

3 Reports — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(B)(5)(6)

4 Policies and procedures — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(A)

## IMMUNIZATIONS

1 Certification — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1974(D)(K); R4-23-411(A)

No pharmacist IMZ activity

2 Recordkeeping — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1974(F)(3); R4-23-411(F)(I)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 3 | Reporting requirements | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(F); R4-23-411(F)(2) |
| 4 | Current certificate maintained | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-411(C)(2) |
| 5 | Administration without a prescription | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(A)(B); R4-23-411(A) |
| 6 | Prescription only administration | ☐ S ☐ N/I ☐ V ☑ N/A | ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I) |

## MECHANICAL STORAGE / COUNTING DEVICES

| | | | |
|---|---|---|---|
| 1 | Cell identification<br>None utilized | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(A)(1) |
| 2 | Paper / electronic log | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(A)(2)(3) |
| 3 | Training | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(C)(1)(D) |
| 4 | Maintenance | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(C)(2)(D) |
| 5 | Accuracy validation testing | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(C)(3)(D) |
| 6 | Return by approval only | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-615(B)(G) |

7 Policies and procedures — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-615(E)

## MECHANICAL COUNTING DEVICES

1 Training — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-616(A)(1)(B)

None utilized

2 Maintenance — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-616(A)(2)(B)

3 Accuracy validation testing — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-616(A)(3)(B)

4 Policies and procedures — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-616(C)

## CONTROLLED SUBSTANCE RECORDS

1 CIIs purchase / sale / disposal — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)

2 CIII - CVs purchase / sale / disposal — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

3 Inventory — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523(B); R4-23-1003

Annual CSI - 4/30/2024 | No PIC change since last inspection

4 Audit — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5 DEA 106 Theft/Loss reporting ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-1003(A)(2); 21 CFR 1301.76(b)

None reported

## MISCELLANEOUS

1 Badges - name / title ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

Worn by each employee

2 Sales of drugs to practitioners ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

Office use distributions documented on invoice

3 Schedule V register ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 36-2525(J)

Rx only / no OTC sales

4 Delivery ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1901.01(B)(23); R4-23-402(I)

USPS / Fed-Ex / local via courier service

5 CQA training / Policies and procedures ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1973; R4-23-620

6 Non-controlled substances purchase / sale / disposal ☐ S ☑ N/I ☐ V ☐ N/A

R4-23-601(D)

** Reminder to place signage onto the box used for holding expired meds pending disposal / Reminder to secure C3-5 returns and not le ave mixed with legend drug pending return **

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

7 Dextromethorphan sales restrictions — ☐ S ☐ N/I ☐ V ☑ N/A
ARS 32-1978

No OTC sales

8 Federal medication guides — ☑ S ☐ N/I ☐ V ☐ N/A
21 CFR part 208

Pioneer generated

9 Pharmacy to pharmacy transfer of drugs (intracompany) — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-601(D); R4-23-1003(A)(4)

None

## METHAMPHETAMINE PRECURSORS

1 Storage — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1977(B)

No OTC sales / Rx only

2 Documentation — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1977(C); 21 CFR 1314

3 Self-certification — ☐ S ☐ N/I ☐ V ☑ N/A
21 CFR 1314.35; 21 CFR 1314.40

## SHARED SERVICES

1 Current resident / nonresident permit — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-621(A)

No shared processing utilized

2 Same owner / written contract / common electronic file — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-621(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 3 | Notification to patients | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(C) |
| 4 | Maintain manual / electronic records | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(D) |
| 5 | Work outside pharmacy | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(F) |
| 6 | Policies and procedures | ☐ S ☐ N/I ☐ V ☑ N/A | R4-23-621(E) |

## COMPOUNDING PRACTICES (GENERAL)

| | | | |
|---|---|---|---|
| 1 | Documentation product compounded | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(C)(1)(e); R4-23-410(I)(K) |
| 2 | Patient label | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(I)(4) |
| 3 | Beyond-use dates | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(I)(4)(b); R4-23-410(B)(3)(d) |
| 4 | Equipment | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(F)(G) |
| 5 | Product produced in excess | ☑ S ☐ N/I ☐ V ☐ N/A | R4-23-410(B)(2); R4-23-410(J) |
| 6 | Component removed from original container | ☐ S ☑ N/I ☐ V ☐ N/A | R4-23-410(I)(6) |

** Reminder to include quantity or weight transferred on container label **

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

7 Compounds for medical practitioners — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

Only providing compounds for practitioner use to veterinarians / distribution documented on invoice

8 Patient written list — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(I)(5)

9 Protective apparel — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(C)(2)(c)

Available & worn by compounding staff

10 Facility — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(E)

11 Components for compounding/storage — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(B)(H)

12 Policies and procedures — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(D)(G)(H)(I)(K)

## STERILE COMPOUNDING

1 Compounding area — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-670(A)(E)(F)

Not supported / pharmacy does not perform this activity

2 Equipment — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-670(B)

3 Sterile product reference — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-670(B)(6)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | Certification hood / environment | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(D)(14)(g) |
| 5 | Documentation routine cleaning / maintenance | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(D)(14)(g) |
| 6 | Personnel protective clothing | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(E)(3)(F)(2) |
| 7 | Annual / semi-annual media fill tests | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(E)(4)(F)(3) |
| 8 | Documentation of product compounded | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-410(C)(1)(e); R4-23-410(I)(K) |
| 9 | Beyond-use dates | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(D)(14)(d); R4-23-410(B)(3)(d) |
| 10 | Process / product validation testing | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(D)(14)(f) |
| 11 | Policies and procedures | ☐ S | ☐ N/I | ☐ V | ☑ N/A | R4-23-670(C)(D) |

## AUDIT

Date Of Inventory : 04/30/2024

Inventory Taken : Close

Date Of Audit : 08/09/2024

| Name & Strength of Drug | Initial Inventory | Total Purchased | Total Accounted For | Closing Inventory | Sales (Rx & log) | Total Can Account for | Difference | Percentage |
|---|---|---|---|---|---|---|---|---|
| Oxycodone 10mg IR tablet | 10 | 0 | 10 | 10 | 0 | 10 | 0 | 0.00 |
| Alprazolam 1mg tablet | 62 | 0 | 62 | 62 | 0 | 62 | 0 | 0.00 |
| Zolpidem 10mg tablet | 227 | 200 | 427 | 217 | 210 | 427 | 0 | 0.00 |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

## NOTES

Compounding pharmacy - non sterile - non hazardous & hazardous compounding performed.

Overall Inspection - satisfactory

8/12
24

medmetrics
FAMILY PHARMACY & COMPOUNDING

1075 W Queen Creek Road
Chandler, AZ 85248
Phone 480-883-3800
Fax 480-454-2850

## Medmetrics Pharmacists

| | | | |
|---|---|---|---|
| ✓ | Nathan Parker, PIC | S021645 | Full-time – 10/31/25 |
| ✓ | Colleen Lawrence | S023829 | Part-time – 10/31/24 |
| ✓ | Kendall Gordon | S024691 | Full-time – 10/31/25 |
| | Adam McCown | S017491 | Owner – 10/31/25 |
| | Taylor Froiland | S017440 | Owner – 10/31/24 |

## Medmetrics Intern/Technicians

| | | | | Sup | Comp |
|---|---|---|---|---|---|
| | Haley Shaffer | I025358 | Part time – 10/31/26 | ✓ | |
| ✓ | Kerra Yturralde | T066006 | Full Time – 10/31/24 – comp | ✓ | ✓ |
| ✓ | Lauren Gasiewicz | T070803 | Part time – 10/31/25 – comp | ✓ | ✓ |
| ✓ | Nicholas Bradley | T067718 | Full Time – 10/31/25 – comp | ✓ | ✓ |
| ✓ | Michael Camat | T076736 | Full Time – 10/31/25 – comp | ✓ | ✓ |
| ✓ | Brenda Anaya | T071435 | Full Time – 10/31/24 *1 | ✓ | |
| | Maddy O'Camb | TR01048 | Full Time – 9/30/26 *1 | ✓ | |
| ✓ | Evan Bradley | TR03763 | Part Time – 5/31/25 *1 | ✓ | |
| ✓ | Kayle Cobo | T033615 | Full Time – 10/31/25 *1 | ✓ | |

✓ Kathleen Nguyen I026391 – 8/31/28

*1 – current rent – not MIT

# Arizona State Board of Pharmacy

## Notice of Inspection Rights Prior to Inspection

Date: 8/9/22

Time: 1:26 PM

Compliance Officer/Inspector:

Address:

Pursuant to A.R.S. § 32-1904(A), I am a duly authorized representative of the Arizona State Board of Pharmacy. I am authorized to enter and inspect, at reasonable times, the premises in which pharmacy is conducted, where drugs are sold, dispensed or stored, or where records are kept relating to the sale, dispensing or storage of drugs, poisons or devices. I am also authorized to inspect, at reasonable times, the records, files, papers, processes, controls and facilities relating to the sale, dispensing or storage of drugs, poisons or devices.

Before I begin the inspection, I am required to inform you that you have the right to refuse to consent to the inspection. If you refuse to consent to the inspection, I am authorized to enter and inspect only by virtue of an administrative inspection warrant issued pursuant to the Arizona Rules of Civil Procedure or by any other means provided by law.

I will only view the premises, records, files, papers, processes, controls and facilities that are relevant to the purpose of the inspection. I will limit my inspection to the portions of the premises described above and will only view those records, files, papers, processes, controls and facilities that are relevant to the purpose of the inspection.

If you refuse to consent to the inspection, the Board inspector identified above will inform the appropriate Board representative and that person may then take whatever legal steps he deems appropriate to obtain an inspection warrant or other order requiring you to permit the inspection.

Name and Title of Authorized Representative:

Signature:

Date: 8/9/22

☐ I certify that I provided the inspector identified above with a copy of this Notice of Inspection Rights.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/11/2023
Receipt Number: 2023162410
Receipt Amount $: 480.00

# Pharmacy - Independent

| | PERMIT NO | EXPIRES |
|---|---|---|
| | Y009061 | 10/31/2025 |
| Issued to : | Medmetrics Pharmacy<br>Medical Metrics LLC<br>1075 W. QUEEN CREEK ROAD SUITE 2<br>CHANDLER, AZ 85248 | Medmetrics Pharmacy<br>1075 W. QUEEN CREEK ROAD SUITE 2<br>CHANDLER, AZ 85248 |

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Medical Metrics LLC
LICENSE NUMBER : Y009061
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## Important Information

**ICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to erform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

**ERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-01 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 ays prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the oard within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be ıbmitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

**Arizona State Board of Pharmacy**

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

# CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

**This document is not a license/registration/permit but serves as the primary source of verification.**

| | |
|---|---|
| **Name :** | Medmetrics Pharmacy |
| **Address :** | 1075 W. Queen Creek Road Suite 2 Chandler AZ 85248 |
| **Registration No :** | Y009061 |
| **Permit Type :** | Pharmacy |
| **Sub Type :** | Independent |
| **Date Issued :** | 12/01/2021 |
| **Expiration Date :** | 10/31/2025 |
| **Status :** | OPEN |
| **Discipline :** | No |

**Kam Gandhi**

Executive Director
Arizona State Board of Pharmacy

Date: 01/28/2025

medmetrics
FAMILY PHARMACY & COMPOUNDING

1075 W Queen Creek Road

Chandler, AZ 85248

Phone 480-883-3800

Fax 480-454-2850

List of officers for Medmetrics Pharmacy

Adam McCown- Member

[redacted] Chandler, AZ [redacted]

[redacted]

Taylor Froiland - Member

[redacted] Chandler, AZ [redacted]

[redacted]

Joe Maclean - Member

[redacted] Miami Beach, FL [redacted]

[redacted]

medmetrics
FAMILY PHARMACY & COMPOUNDING

1075 W Queen Creek Road

Chandler, AZ 85248

Phone 480-883-3800

Fax 480-454-2850

## Ownership of Medmetrics Pharmacy

Speedwell, LLC owns 100% of Medical Metrics, LLC (dba Medmetrics Pharmacy)

15344 N. 83rd Way, Scottsdale, AZ, 85260

Percentage ownership of Speedwell, LLC

Adam McCown- Member – 5%

[redacted] Chandler, AZ [redacted]

[redacted]

Taylor Froiland – Member – 5%

[redacted] Chandler, AZ [redacted]

Joe Maclean – Member – 90%

[redacted] Miami Beach, FL [redacted]

medmetrics
FAMILY PHARMACY & COMPOUNDING

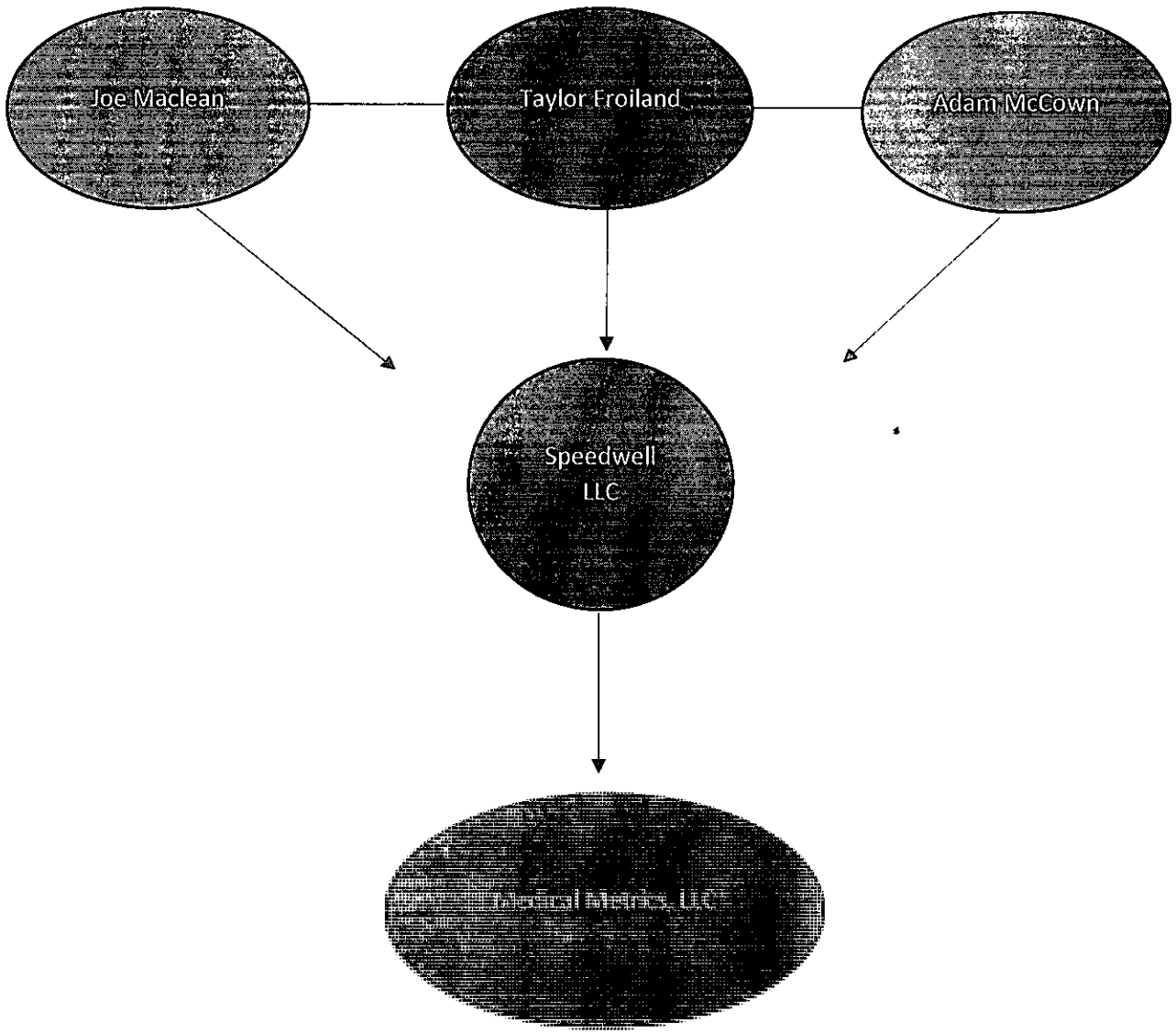
1075 W Queen Creek Road

Chandler, AZ 85248

Phone 480-883-3800

Fax 480-454-2850

## Organization Chart



**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Medmetrics Pharmacy

Pharmacy/Wholesaler License # (if applicable): Y009061

Physical Address: 1075 W Queen Creek Rd, Ste 2

City: Chandler State: AZ Zip: 85248

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 480-883-3800 Website: medmetricsrx.com

Licensing Company Email:

**Section 2: Personal Information**

First: Nathan Middle: Stephen Last: Parker

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Phoenix State: AZ Zip: [redacted]

Telephone: [redacted] Email: nathan@medmetricsrx.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Arizona College of Pharmacy | | 08/11-05/15 | |
| **Address** | **City** | **State** | **Zip** |
| 1295 N Martin Ave | Tucson | AZ | 85721 |
| **Diploma/Degree obtained, if any** | | | |
| Doctor of Pharmacy | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| University of Arizona | | 08/07-05/11 | |
| **Address** | **City** | **State** | **Zip** |
| 1200 E University Blvd | Tucson | AZ | 85721 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science - Microbiology | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Red Mountain High School | | 08/04-05/07 | |
| **Address** | **City** | **State** | **Zip** |
| 7301 E Brown Rd | Mesa | AZ | 85207 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper, if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | |
|---|---|---|---|---|
| 05/20 - Current | [redacted] | Phoenix | AZ | [redacted] |
| 4/17-5/20 | | El Segundo | CA | |
| 8/15-4/17 | | El Segundo | CA | |
| 8/13-8/15 | | Tucson | AZ | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Medmetrics Pharmacy | | | 11/20-Current | |
| **Business Address** | **City** | | **State** | **Zip** |
| 1075 W Queen Creek Rd, Ste 2 | Chandler | | AZ | 85248 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 480-883-3800 | Pharmacist in Charge | | 6240 | |
| **Description of Duties** | | | | |
| Oversee pharmacy, in charge of non-sterile compounding, ordering, record-keeping,paperwork, inventory and personel. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Atlas Pharmaceuticals | | | 05/20-11-20 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 711 E Carefree Hwy #207 | Phoenix | | AZ | 85085 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 841-661-1829 | Pharmacist | | 960 | |
| **Description of Duties** | | | | |
| Oversaw 503B veterinary compounding for tablets, non-sterile and sterile | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Pacifica Pharmacy | | | 09/16-05/20 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 23560 Madison St | Torrance | | CA | 90505 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 310-530-0831 | Pharmacist | | 6880 | |
| **Description of Duties** | | | | |
| Oversaw non-sterile compounding, filled prescriptions, checked prescriptions, typed prescriptions, did inventory and ordering for front-end and the laboratory. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

I, Nathan Parker, **certify that as the designated representative for**

Medmetrics Pharmacy,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. NP I am at least 21 years of age;
3. NP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nathan Parker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/2/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Nathan Parker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/6/23

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Anna Butcher, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/6/23

**Date**

Subscribed and Sworn to before me this 6 day of November 2023

**Notary Public Signature**

ANNA BUTCHER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 639440
Expires November 13, 2026

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Medmetrics Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1075 W Queen Creek Rd, Ste 2

City Chandler State AZ Zip 85248

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 480-883-3800 Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Joe Middle Anthony Last MacLean

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Miami Beach State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | X | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | X | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Univ. of Western Ontario | | | 86-90 | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| LLB + BA | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Univ. of Windsor | | | 90-92 | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Univ. of Wester Ontario | | | 92-95 | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/2020 - Current | [redacted] | Miami | FL | [redacted] |
| 11/23 - 10/24 | | Miami | FL | |
| 11/2014 - 12/2020 | | NY | NY | |
| 2015 2022 - current | | Quogue | NY | |
| 8/2012 - 11/2014 | | Quogue | NY | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: AOI Capital, LLC | | | From - To (MM/YY – MM/YY): 7/2010 - Current |
| Business Address: 15344 N. 83rd WAy | City: Scottsdale | State: AZ | Zip: 85260 |
| Phone: 646-713-4703 | Title: Owner | | |
| Description of Duties: Investments | | | |

| | | | |
|---|---|---|---|
| Business Name: RK Logistics Group | | | From - To (MM/YY – MM/YY): 02/22 - Current |
| Business Address: 47020 Kato Rd | City: Fremont | State: CA | Zip: 94538 |
| Phone: | Title: CEO | | |
| Description of Duties: CEO 3PL | | | |

| | | | |
|---|---|---|---|
| Business Name: Legere Pharmaceuticals | | | From - To (MM/YY – MM/YY): 11/21 - Current |
| Business Address: 15344 N. 83rd Way | City: Scottsdale | State: AZ | Zip: 85260 |
| Phone: 800-528-3144 | Title: CEO | | |
| Description of Duties: Private Pharmaceutical Company | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | |
| Description of Duties: | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Joe MacLean

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Joe MacLean, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/28/2023

**Date**

Subscribed and Sworn to before me this 28 day of November 2023

**Notary Public Signature**

SHAYLA ASHLEY STUDZINSKI
Notary Public - Arizona
Maricopa County
Commission # 593720
My Comm. Expires Sept. 29, 2024

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Medmetrics Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1075 W Queen Creek Rd, Ste 2

City Chandler State AZ Zip 85248

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 480-883-3800 Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Adam Middle James Last McCown

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Chandler State AZ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Washington School of Pharmacy | | | 09/04 - 06/08 | |
| Address | | City | State | Zip |
| 1956 NE Pacific St H362 | | Seattle | WA | 98195 |
| Diploma/Degree obtained, if any | | | | |
| Doctor of Pharmacy | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Baylor University | | | 08/99 - 05/03 | |
| Address | | City | State | Zip |
| 1311 S 5th St | | Waco | TX | 76706 |
| Diploma/Degree obtained, if any | | | | |
| Bachelor of Science | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Martin High School | | | 08/96 - 05/99 | |
| Address | | City | State | Zip |
| 4501 W Pleasant Ridge Rd | | Arlington | TX | 76016 |
| Diploma/Degree obtained, if any | | | | |
| High School Diploma | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/10 - current | [redacted] | Chandler | AZ | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: Medical Metrics LLC dba Medmetrics Pharmacy | | | From - To (MM/YY – MM/YY): 08/15 – current |
| Business Address: 1075 W Queen Creek Rd Ste 2 | City: Chandler | State: AZ | Zip: 85248 |
| Phone: 480.883.3800 | Title: owner / Pharm D | | |
| Description of Duties: owner, pharmacist | | | |

| | | | |
|---|---|---|---|
| Business Name: Walgreens | | | From - To (MM/YY – MM/YY): 09/09 – 09/14 |
| Business Address: 8350 S River Pkwy | City: Tempe | State: AZ | Zip: 85284 |
| Phone: 877.787.3047 | Title: pharmacist | | |
| Description of Duties: staff pharmacist for mail order production | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations: | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Adam McCann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/26/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Adam McCann, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/26/2024

**Date**

Subscribed and Sworn to before me this 26th day of January 2024

**Notary Public Signature**

OLIVER SCHAUSTER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 633340
Expires August 29, 2026

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Medmetrics Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1075 W Queen Creek Rd, Ste 2

City Chandler State AZ Zip 85248

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 480-883-3800 Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First TAYLOR Middle _____ Last FROILAND

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City CHANDLER State AZ Zip [redacted]

Telepho[redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ☐ | ☑ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ☐ | ☑ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ☐ | ☑ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | ☐ | ☑ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ☐ | ☑ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Pacific University College of Pharmacy | | | 09/06-05/09 |
| **Address** | **City** | **State** | **Zip** |
| 222 SE 8th Ave Hillsboro, OR 97123 | | OR | |
| Diploma/Degree obtained, if any | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| University of Minnesota - Dietetics | | | 09/04-09/06 |
| **Address** | **City** | **State** | **Zip** |
| 1334 Eckles Ave, St. Paul, MN 55108 | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lincoln High School | 9/96-5/00 | | |
| **Address** | **City** | **State** | **Zip** |
| Thief River Falls, MN 56701 | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | | From - To (MM/YY – MM/YY |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/17-present | [redacted] | Chandler | AZ | [redacted] |
| 01/14-01/17 | [redacted] | Scottsdale | AZ | [redacted] |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Medical Metrics LLC dba Medmetrics Pharmacy | | 12/14-current | |
| **Business Address** | **City** | **State** | **Zip** |
| 1075 W Queen Creek Rd, Ste 2, Chandler, AZ 85248 | | AZ | 85248 |
| **Phone** 480-883-3800 | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** 480-883-3800 | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** 480-883-3800 | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** 480-883-3800 | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | ☐ | ☑ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | ☐ | ☑ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | ☐ | ☑ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ☐ | ☑ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ☐ | ☑ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ☐ | ☑ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | ☐ | ☑ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | ☐ | ☑ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | ☐ | ☑ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | ☐ | ☑ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Taylor Froiland

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/26/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Taylor Froiland, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/26/24

**Date**

Subscribed and Sworn to before me this 26th day of January 2024

**Notary Public Signature**

OLIVER SCHAUSTER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 635340
Expires August 29, 2026

**(Seal)**

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FM1012842 | 01-31-2028 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 12-16-2024 |

MEDMETRICS
1075 W QUEEN CREEK RD
STE 2
CHANDLER, AZ 85248

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FM1012842 | 01-31-2028 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 12-16-2024 |

MEDMETRICS
1075 W QUEEN CREEK RD
STE 2
CHANDLER, AZ 85248

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Form DEA-223 (9/2016)

# 4DDD

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☐ New Pharmacy | ■ Retail/Community | ■ Retail/Community |
| ■ Out-of-Nevada | ■ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ■ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: FM7122726 |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) | ☐ Other: | ■ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ■ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | * Current license #: PH 04206 | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ■ Monday | ■ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ■ Tuesday | ■ Saturday | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ■ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ■ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

**Section 1: General Information**

Pharmacy Name: Mixlab, Inc.

Physical Address: 336 W 37th St. Suite 850

City: New York State: NY Zip: 10018

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-901-4480 Toll Free # (NAC 639.708, NRS 639.23286): 888-901-4480

Fax: 212-967-0892 Contact Email: licensingny@mixlab.com

Website: www.mixlab.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Mirna Hanna

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22345

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Mima Hanna | NV Pharmacist Registration #: 22345 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Mixlab, Inc.

Mailing Address: 336 W 37th St. Suite 850

City: New York State: NY Zip: 10018

Telephone: 888-901-4480 Email: licensingny@mixlab.com

Contact Person Name: Rita Peyem

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the CEO (title) for Mixlab, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Frederic Dijols

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/7/24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Frederic Dijols hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for Mixlab, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT ~~SAYETH NAUGHT~~.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of November, 20 24

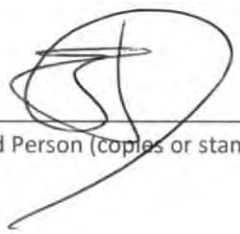
Notary Public

KRISTEN BEILINSON
Notary Public - California
Los Angeles County
Commission # 2409273
My Comm. Expires Jun 28, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frederic Dijols

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

11/7/24

Date

| Board Use Only | Date Received: 11/12/24 | Amount: $500-ck 2588 |
|---|---|---|

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIXLAB TX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIXLAB TX, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2024.

Jeffrey W. Bullock, Secretary of State

2935766 8300

SR# 20243735510

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204439492

Date: 09-19-24

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

# PHARMACY INSPECTION REPORT

☐ Pharmacy ☐ M/W

Inspection # _____ conducted by

Investigator M. Islam

Date 09/25/23 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name Mixlab Inc.

Trade name Mixlab

No. and Street 336 West 37th St Suite 850

City NY County NY Zip 10018

Reg. # 35768 Telephone 888 901 4480

Hours open per week 63 # RXs daily 420

| Pharmacists' Names | Hrs. Per Week | License Number | License Date | License Displayed | Registration Displayed |
|---|---|---|---|---|---|
| S.P. Mirna Hanna | 40 | 66411 | 12/12/19 | (Y) N | (Y) N |
| Pharm. | | | | Y N | Y N |
| Pharm. | | | | Y N | Y N |
| Pharm. | | | | Y N | Y N |
| Pharm. | | | | Y N | Y N |
| Pharm. | | | | Y N | Y N |
| Intern | | | | | |

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below. Be sure to include item number in explanation.

1. Registration name on exterior ..... (S) N
2. Licenses/current reg. displayed ..... (S) N
3. Registered pharmacist on duty ..... (S) N
4. Equip., facilities, and ref. items ..... (S) N
5. Price list available/current ..... (S) N
6. Drug stock current ..... (S) N
7. Stock properly branded ..... (S) N
8. Daily RX record ..... (S) N
9. Required RX filings ..... (S) N
10. DEA records complete/available ..... (S) N
11. Safety/approp. closures/containers ..... (S) N
12. RX labels required information ..... (S) N
13. Valid RX formats ..... (S) N
14. Substitution law compliance ..... (S) N
15. Required information on RXs ..... (S) N
16. Refill authorization/fill ..... (S) N
17. Refills in daily record ..... (S) N
18. Controlled substance compliance ..... (S) N
19. General sanitation ..... (S) N
20. Intern/unlicensed supervision ..... (S) N
21. Counseling offered/given/refusals documented ..... (S) N
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living, compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary

**Details of Inspection** Special Project / Renovation conducted in the presence of SP Mirna Hanna. Board compliant. no issues found.

- Broke down wall, clean and compliant

Recommendation (completed in office)

Investigator [signature]

Supervisor _____

I have received a copy of this inspection report.

Signature [signature]

Print name Mirna Hanna

Title SP Date 9/25/23

This is page _____ of _____ page(s)

ORIGINAL - TO CENTRAL OFFICE

OPD 234 (6/2011) 11-005 CDC

# THE UNIVERSITY OF THE STATE OF NEW YORK
# EDUCATION DEPARTMENT

# NEW YORK STATE BOARD OF PHARMACY

2023-26

SUPERVISING PHARMACIST
NATALYA GROYSMAN

THIS IS TO CERTIFY

MIXLAB, INC.
336 WEST 37TH ST.
SUITE 850
NEW YORK, NY 10018

is duly recorded as a

## REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF SEPTEMBER, 2023.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 2026.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
035768

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FM7122726 | 01-31-2026 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 12-05-2022 |

MIXLAB, INC
336 W 37TH ST SUITE 850
NEW YORK, NY 100184280

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FM7122726 | 01-31-2026 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 12-05-2022 |

MIXLAB, INC
336 W 37TH ST SUITE 850
NEW YORK, NY 100184280

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

**MIXLAB, INC.** X

GENERAL INFO | ENFORCEMENT ACTIONS

| | |
|---|---|
| **Type** | Pharmacy |
| **Legal Name** | MIXLAB, INC. |
| **Trade Name** | — |
| **Street Address** | 336 WEST 37TH ST. SUITE 850 NEW YORK NY 10018 |
| **Registration No** | 035768 |
| **Date First Registered** | September 19, 2017 |
| **Registration Begins** | September 01, 2023 |
| **Registered Through** | August 31, 2026 |
| **Supervisor** | 059680 - GROYSMAN NATALYA |
| **Establishment Status** | Active |
| **Successor** | NONE |

October 30, 2024 02:17 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=035768&professionCode=020

**MIXLAB, INC.** X

GENERAL INFO | ENFORCEMENT ACTIONS

**Registration No:** 035768

• No Enforcement Actions Found •

October 30, 2024 02:17 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=035768&professionCode=020

mixlab

Mixlab, Inc.
336 W 37th Street, Suite 850
New York, NY 10018

Dear Sir/Madam:

Please be advised that three of the top four shareholders are companies so the personal history statement does not apply. We are only including the personal history statement for the top individual shareholder.

Respectfully,
Mixlab, Inc.

mixlab

## Officers and Directors

Frederic Dijols, CEO

Edward Kim, Director

John Wilson, Director

Ellis Fried, Director

John Neamonitis, Director

## Top 4 Stockholders

Vanterra Mixlab SPV, LLC – 15.2%

Frederic Dijols – 9.6%

Stella Kim LLC – 8.5%

Sonoma Brands III, L.P. – 8.4%

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Mixlab, Inc.

Pharmacy/Wholesaler License # (if applicable) PH04206

Physical Address 336 W 37th St. Suite 850

City New York State NY Zip 10018

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-901-4480 Website www.mixlab.com

Licensing Company Email licensingny@mixlab.com

**Section 2: Personal Information**

First Mirna Middle _____ Last Hanna

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City New York State NY Zip [redacted]

Telephon [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Vermont Law School | | | 08/2023 - Present | |
| Address | | City | State | Zip |
| 164 Chelsea Street | | South Royalton | VT | 05068 |
| Diploma/Degree obtained, if any | | | | |
| Juris Doctor Candidate | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| State University of New York at Albany | | | 08/2019 to 5/2021 | |
| Address | | City | State | Zip |
| 1400 Washington Avenue | | Albany | NY | 12222 |
| Diploma/Degree obtained, if any | | | | |
| Masters of Public Health | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Fairleigh Dickinson University School of Pharmacy and Health Sciences | | | 08/2014 - 5/2018 | |
| Address | | City | State | Zip |
| 230 Park Avenue | | Florham Park | NJ | 07932 |
| Diploma/Degree obtained, if any | | | | |
| Doctor of Pharmacy | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Adelphi University | | | 08/2009 to 05/2012 | |
| Address | | City | State | Zip |
| 1 South Avenue | | Garden City | NY | 11530 |
| Diploma/Degree obtained, if any | | | | |
| Bachelors of Science in Biology | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| Tottenville Highschool | | | 09/2005 to 06/2009 | |
| Address | | City | State | Zip |
| 100 Luten Avenue | | Staten Island | NY | 10312 |
| Diploma/Degree obtained, if any | | | | |
| Highschool Diploma | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/2022 - Present | [redacted] | Morganville | NJ | [redacted] |
| 01/2020 - 01/2022 | | Old Bridge | NJ | |
| 11/2018-1/2020 | | Parlin | NJ | |
| 04/2014 - 11/2018 | | Bayonne | NJ | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mixlab Inc. | | | 11/2022 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 336 West 37th Street, Suite 850 | New York | NY | 10018 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 877-292-6342 | Vice President of Operations and Compliance | 4160 | |
| **Description of Duties** | | | |
| Overseeing operations and compliance of all Micxlab Sites including data entry, compounding and dispensing. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Hikma Pharmaceuticals | | | 11/2021 to 11/2022 |
| **Business Address** | **City** | **State** | **Zip** |
| 2 Esterbrook Lane | Cherry Hill | NJ | 08003 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 856-424-3700 | Pharmacist-In-Charge | 2080 | |
| **Description of Duties** | | | |
| Overseeing all 503B outsourcing facility operations including compounding and dispensing. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

I, Mima Hanna, **certify that as the designated representative for**

Mixlab, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MH I am at least 21 years of age;
3. MH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mima Hanna

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/4/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mima Hanna

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/4/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New York, ss. County of New York

I, Mirna Hanna, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/4/2024

**Date**

Subscribed and Sworn to before me this 4th day of November. 2024

**Notary Public Signature**

Rita Peyem
Notary Public, State of New York
Reg. No. 01PE6395259
Qualified in Richmond County
Commission Expires July 22. 2027

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Mixlab, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 336 W 37th St. Suite 850

City New York State NY Zip 10018

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-901-4480 Website www.mixlab.com

Licensing Company Email licensingny@mixlab.com

**Section 2: Personal Information**

First Frederic Middle Pierre Last Dijols

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Los Angeles State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lycee Stanislas | | | 09/97-06/02 |
| **Address** | **City** | **State** | **Zip** |
| 2 Rue du Montparnasse | Paris | France | 75006 |
| Diploma/Degree obtained, if any | | | |
| Baccalaureat | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Ecole Polytechnique | | | 09/02-06/05 |
| **Address** | **City** | **State** | **Zip** |
| Rte de Saclay | Palaiseau | France | 91120 |
| Diploma/Degree obtained, if any | | | |
| Diplome D'Ingenieur | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Stanford University | | | 09/05-03/07 |
| **Address** | **City** | **State** | **Zip** |
| 450 Jane Stanford Way | Stanford | CA | 94305 |
| Diploma/Degree obtained, if any | | | |
| Master's of Science in Mechanical Engineering | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Harvard Business School | | | 09/10-06/13 |
| **Address** | **City** | **State** | **Zip** |
| 117 Western Ave | Boston | MA | 02163 |
| Diploma/Degree obtained, if any | | | |
| Master's of Business Administration | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/22-today | [redacted] | Santa Monica | CA | [redacted] |
| 02/20-03/22 | | Santa Monica | CA | |
| 08/17-02/20 | | New York | NY | |
| 08/14-08/17 | | New York | NY | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mixlab, Inc. | | | 03/17-today |
| **Business Address** | **City** | **State** | **Zip** |
| 336 W 37th Street | New York | NY | 10024 |
| **Phone** | **Title** | | |
| (888) 901-4480 | CEO | | |
| **Description of Duties** | | | |
| Driving strategy and management of workforce. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| J.P. Morgan | | | 08/13-02/16 |
| **Business Address** | **City** | **State** | **Zip** |
| 383 Madison Ave | New York | NY | 10017 |
| **Phone** | **Title** | | |
| (212) 270-6000 | Associate | | |
| **Description of Duties** | | | |
| Analysis and execution of Healthcare M&A transactions. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

FREDERIC, DIJOLS

Print Name (First, Last)

Original Signature (~~electronic, copies or stamps not accepted~~)

11/7/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Los Angeles

I, FREDERIC DIJOLS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/7/24

**Date**

Subscribed and Sworn to before me this 7th day of November, 2024

**Notary Public Signature**

KRISTEN BEILINSON
Notary Public - California
Los Angeles County
Commission # 2409273
My Comm. Expires Jun 28, 2026

**(Seal)**

# 4EEE

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application
### Non-Refundable $500.00 Fee

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ■ New Pharmacy | ■ Retail/Community | ☐ Retail/Community |
| ■ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☐ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ■ Mail-Order Service |
| | | | ■ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ■ Monday | ■ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ■ Tuesday | ☐ Saturday | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ■ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ■ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: PREMISE HEALTH WELLNESS CENTER

Physical Address: 510 Maryland Way, Suite 100RX

City: Brentwood State: TN Zip: 37027

Mailing Address (if different from physical address): PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: (615) 238-0335 Toll Free # (NAC 639.708, NRS 639.23286): (877) 703-4430

Fax: (615) 238-0336 Contact Email: licenseadministration@walgreens.com

Website: walgreens.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Benjamin Rapp

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22245

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Benjamin Rapp | NV Pharmacist Registration #: 22245 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✔ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | ✔ | |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | ✔ | |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IL

Parent Company (if any): Walgreens Boots Alliance, Inc. 100% owner

Corporation/Organization Name: Walgreen Co.

Mailing Address: PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: (847) 527-4296 Email: aurora.linang@walgreens.com

Contact Person Name: Aurora Linang

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

## Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brian Brown

Print Name of Authorized Person

BRB

Original signature of Authorized Person (copies or stamps not accepted)

12-16-2024

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Benjamin Rapp hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Premise Health Wellness Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10th day of December, 2024

Catherine M. Wallace
Notary Public

MY COMMISSION EXPIRES: February 28, 2027

CATHERINE M WALLACE
STATE OF TENNESSEE NOTARY PUBLIC
PUTNAM COUNTY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Brown

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-16-2024

Date

| Board Use Only | Date Received: 12/17/24 | Amount: $500-CK JP03300099534 |
|---|---|---|

Written detailed statement regarding Tennessee Board of Pharmacy Discipline December 2008

On September 29, 2008 I was serving as the PIC for Walgreens in Nashville TN. A board inspector visited that day and pointed out that one of the pharmacy technician permits was expired by one month; expired August 31,2008. The board inspector submitted his findings to the TN BOP and I was given a civil penalty of one $100; paid immediately.

After this encounter I have continued to serve as PIC for Walgreens and have enlisted measures to ensure compliance with TN BOP rules. For example, a monthly self audit includes inspecting all staff and facility permits to ensure they are not expired. If they are soon to expire, within 2 months, action is taken to ensure the permit is renewed before the expiration date. If it is a staff member permit that is soon to expire, I will have a personal coaching session to ensure the staff member is aware and is on track with CE requirements to renew their permit.

Benjamin Rapp, PharmD

TN Lic# 23973

BEFORE THE TENNESSEE BOARD OF PHARMACY

| IN THE MATTER OF: | |
|---|---|
| BENJAMIN H. RAPP, (C-23937) [redacted] Franklin, Tennessee [redacted] | Case No. L08-PHR-RBS-2008001941 |

## CONSENT ORDER

**WHEREAS**, the Respondent, Benjamin H. Rapp, executes this Consent Order for the purpose of avoiding further administrative action with respect to this cause;

**WHEREAS**, the Respondent, at all times pertinent hereto, was licensed to engage in the practice of pharmacy in the State of Tennessee by the Tennessee State Board of Pharmacy having been issued license number 23937 on June 13, 2005 with a June 30, 2009 license expiration date;

**WHEREAS**, the Respondent, at all times pertinent hereto, was employed as the pharmacist in charge at Walgreens Pharmacy, #4707 located at 5600 Charlotte Avenue in Nashville, Tennessee;

**WHEREAS**, at all times pertinent hereto, Lozie Guy was registered as a pharmacy technician in the State of Tennessee by the Tennessee State Board of Pharmacy having been issued registration number 27343 that expired on August 31, 2008;

**WHEREAS**, on or about September 29, 2008, Lozie Guy was working as a pharmacy technician at Walgreens Pharmacy, #4707;

**WHEREAS**, on or about September 29, 2008, while working as the pharmacist in charge at Walgreens Pharmacy, #4707, the Respondent failed to have Lozie Guy properly registered as a pharmacy technician by the Board;

**WHEREAS,** Respondent's acts and conduct constitute(s) a violation of Tenn. Comp. R. & Regs. Rule 1140-2-.02(1) AND (2) [PHARMACY TECHNICIANS], the relevant portion of which provides as follows:

(1) Any person acting as a pharmacy technician shall register with the board by submitting an application on a form prescribed by the board;

(2) The pharmacist in charge at each pharmacy practice site is responsible for compliance with the provisions of this chapter by pharmacy technicians at that pharmacy practice site.

**WHEREAS,** pursuant to Tenn. Code Ann. §63-10-305 and Tenn. Comp. R. & Regs. Rule 1140-8-.01 [CIVIL PENALTIES] of the Board may revoke or suspend a license or registration, or impose other lawful disciplinary action, including, but not limited to the imposition of a civil penalty against a licensee or registrant for any violation of applicable laws and rules;

**NOW THEREFORE,** for the purpose of avoiding further administrative action before the Tennessee State Board of Pharmacy with respect to this cause, the Respondent agrees to pay a **civil penalty in the amount of one hundred dollars (100.00)** due and payable immediately upon execution of this Consent Order;

**FURTHERMORE,** the Respondent expressly waives all further procedural steps, including the opportunity for a hearing pursuant to the Uniform Administrative Procedures Act, Tenn. Code Ann., Title 4, Chapter 5, and expressly waives all rights to seek judicial review of, or

otherwise challenge or contest the validity of this Consent Order in order to enter into this proposed Consent Order;

**FURTHERMORE,** this Consent Order shall have no force or effect unless accepted by the Tennessee State Board of Pharmacy. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing;

**FURTHERMORE,** the Respondent acknowledges that he understands that he has the right to a hearing under the provisions of the Uniform Administrative Procedures Act, Tenn. Code Ann. Title 4, Chapter 5, but that he hereby waives that right in order to enter into this proposed Consent Order.

**Executed** this 3 day of December, 2008.

Benjamin H. Rapp,
Respondent

**APPROVED:**

David Todd Bess, President
Tennessee State Board of Pharmacy

## SETTLEMENT AND MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("Agreement") is entered into by and between the United States Department of Justice ("DOJ"), the United States Drug Enforcement Administration ("DEA"), and Walgreen Co. and its wholly owned subsidiaries ("Walgreens") (each a "Party" and collectively the "Parties").

## APPLICABILITY

This Agreement shall be applicable to Walgreens Corporate and any facility owned or operated by Walgreens that is or was registered with DEA to dispense, distribute, or otherwise handle controlled substances or List I chemicals. Unless explicitly stated herein, nothing contained in this Agreement will lessen, supplant or expand Walgreens' legal obligations under any statute, regulation, or law.

## PROCEDURAL BACKGROUND

1. Walgreens owns or operates (or has previously owned or operated) distribution centers that are or were registered with DEA as distributors of Schedule II-V controlled substances under provisions of the Controlled Substances Act, 21 U.S.C. §§ 801 et seq., ("CSA" or "the Act") (each a "Distribution Center," collectively the "Distribution Centers").

2. Walgreens owns or operates (or has previously owned or operated) pharmacies that are or were registered with DEA as Retail/Chain Pharmacies to handle Schedule II-V controlled substances under the CSA (each a "Pharmacy," collectively the "Pharmacies"). Walgreens owns or operates (or has previously owned or operated) Central Pharmacy Operations facilities that are or were registered with DEA as Retail/Chain Pharmacies or Central Fill Pharmacies to handle Schedule II-V controlled substances under the CSA (each a "CPO Facility," collectively the "CPO Facilities").

3. On April 7, 2011, Walgreens entered into a Settlement and Release Agreement and Administrative Memorandum of Agreement with DEA. See Appendix A.

4. Walgreens' Jupiter Distribution Center ("Walgreens Jupiter") is registered with DEA as a distributor of Schedule II-V controlled substances at 15998 Walgreens Drive, Jupiter, Florida 33478 (Registration RW0277752).

5. On September 13, 2012, the DEA, by its Administrator, Michele M. Leonhart, issued an Order to Show Cause and Immediate Suspension of Registration ("OTSC/ISO") to Walgreens Jupiter. See Appendix B. After Walgreens requested an administrative hearing before DEA, the Administrative Law Judge ("ALJ") docketed the case, *In the Matter of Walgreen Co.*, Docket No. 13-1.

6. On November 26, 2012, the DEA, by its Deputy Assistant Administrator, Joseph T. Rannazzisi, issued three OTSCs to Walgreens Retail Pharmacy (1) #03629, 12028 Majestic Boulevard, Hudson, Florida 34667 (Registration BW4713992); (2) #04727, 4950 South U.S. Highway 1, Fort Pierce, Florida 34952 (Registration BW6561270); and

(3) #06997, 785 Lockwood Boulevard, Oviedo, Florida 32765 (Registration BW8487438). See Appendix C. After Walgreens requested an administrative hearing on each of these three matters, the ALJ docketed each case, *In the Matter of Walgreen Co.*, respectivcly Docket Nos. 13-9, 13-10, and 13-11.

7. On February 4, 2013, the DEA, by Deputy Assistant Administrator Rannazzisi, issued an OTSC to Walgreens Retail Pharmacy #03836, 9332 U.S. Highway 19, Port Richey, Florida 34668 (Registration AW8830247). See Appendix C. After Walgreens requested an administrative hearing, the ALJ docketed the case, *In the Matter of Walgreen Co.*, Docket No. 13-16.

8. On February 11, 2013, the DEA, by Deputy Assistant Administrator Rannazzisi, issued an OTSC to Walgreens #04391, 2501 Virginia Avenue, Fort Pierce, Florida 34981 (Registration BW5872494). See Appendix C. After Walgreens requested an administrative hearing, the ALJ docketed the case, *In the Matter of Walgreen Co.*, Docket No. 13-18.

9. Finally, on February 19, 2013, the DEA, by Deputy Assistant Administrator Rannazzisi, issued an OTSC to Walgreens #03099, 1525 Colonial Boulevard, Fort Myers, Florida 33907 (Registration AW1366877). See Appendix C. After Walgreens requested an administrative hearing, the ALJ docketed the case, *In the Matter of Walgreen Co.*, Docket No. 13-20.

10. On February 22, 2013, the ALJ consolidated the seven cases into one consolidated proceeding that was scheduled for an Administrative Hearing initially on January 7, 2013, and then continued until February 25, 2013, and again until April 23, 2013.

## STIPULATION AND AGREEMENT

The facts alleged in the OTSC/ISO issued to Walgreens Jupiter, as well as the facts alleged in the government's filings in *In the Matter of Walgreen Co.*, Docket No. 13-1, as listed in Appendix B, would, if proven, constitute grounds under which DEA could revoke the DEA registration of Walgreens Jupiter. The facts alleged in the OTSCs issued to Walgreens #03629, #04727, #06997, #03836, #04391, and #03099, as well as the facts alleged in the government's filings in *In the Matter of Walgreen Co.*, Docket Nos. 13-9, 13-10, 13-11, 13-16, 13-18, and 13-20, as listed in Appendix C, would, if proven, constitute grounds under which DEA could revoke the DEA registrations of Walgreens #03629, #04727, #06997, #03836, #04391, and #03099.

Walgreens acknowledges that suspicious order reporting for distribution to certain pharmacies did not meet the standards identified by DEA in three letters from DEA's Deputy Assistant Administrator, Office of Diversion Control, sent to every registered manufacturer and distributor, including Walgreens, on September 27, 2006, February 7, 2007 and December 27, 2007. Furthermore, Walgreens acknowledges that certain Walgreens retail pharmacies did on some occasions dispense certain controlled substances in a manner not fully consistent with its compliance obligations under the CSA (21 U.S.C. §§ 801 et seq.) and its implementing regulations (21 C.F.R. Part 1300 et seq.). Finally, Walgreens acknowledges that its

recordkeeping practices regarding the dispensing of controlled substances from certain retail pharmacies utilizing its CPO Facilities as central-fill pharmacies did not require such original prescriptions to be marked "CENTRAL FILL."

Walgreens, DEA, and DOJ agree as follows:

I. General

1. Intention of Parties to Effect Settlement. In order to avoid the uncertainty and expense of litigation, and in furtherance of the Parties' belief that a settlement in these administrative matters is in the public interest, the Parties desire to settle and resolve, and hereby do settle and resolve, the administrative matters within DEA's enforcement authority and civil penalty matters arising under the CSA and its implementing regulations relating to (1) the conduct described in the OTSC/ISO issued to Walgreens Jupiter, and in DEA's filings in *In the Matter of Walgreen Co.*, Docket No. 13-1; (2) the conduct described in the OTSCs issued to Walgreens #03629, #04727, #06997, #03836, #04391, and #03099, and in DEA's filings in *In the Matter of Walgreen Co.*, Docket Nos. 13-9, 13-10, 13-11, 13-16, 13-18, and 13-20; (3) recordkeeping obligations of the CPO Facilities and Pharmacies; (4) other allegations regarding Covered Conduct identified in Section I.2 of this Agreement involving any other Walgreens DEA registrant; and (5) any other allegations relating to conduct arising under the CSA or its implementing regulations which DEA or DOJ knows or has reason to know of as of the effective date of this Agreement, regardless of whether DEA or DOJ has notified Walgreens of such allegations, including conduct at any Walgreens registrant where DEA or DOJ has an open investigation. This includes the open civil investigation into the above-referenced conduct in the United States Attorney's Office for the Southern District of Florida, as well as open civil investigations in the United States Attorney's Offices for the District of Colorado, the Eastern District of Michigan, and the Eastern District of New York. This also includes civil investigations by DEA Field Offices nationwide. The Parties further believe that the terms and conditions of this Agreement as set forth below represent a complete resolution of these matters.

2. Covered Conduct. For purposes of this Agreement, "Covered Conduct" shall mean the following, whether it occurred at a specific Walgreens DEA registrant or elsewhere within Walgreens:

   a. Distribution Centers

      (1) Conduct alleged in the September 13, 2012 OTSC/ISO issued to Walgreens Jupiter, and in DEA's filings in *In the Matter of Walgreen Co.*, Docket 13-1, as listed in Appendix B, and similar allegations regarding any other Walgreens Distribution Center, occurring on or before the effective date of this Agreement;

      (2) Failure regarding any Distribution Center to maintain effective controls against the diversion of controlled substances into other than legitimate medical, scientific and industrial channels, as required by 21 U.S.C. §§

823(b) and (e), including any failures to conduct adequate due diligence to ensure that controlled substances were not diverted into other than legitimate channels, on or before the effective date of this Agreement;

(3) Failure regarding any Distribution Center to timely detect and report suspicious orders of controlled substances as required by 21 U.S.C. § 823 and/or 21 C.F.R. § 1301.74(b) on or before the effective date of this Agreement;

(4) Distributing controlled substances to pharmacies by any Distribution Center that the Distribution Center knew or should have known were engaged in any of the Covered Conduct listed in Section I.2.b of this Agreement on or before the effective date of this Agreement;

(5) Failure regarding any Distribution Center to make complete and accurate ARCOS reports, on or before the effective date of this Agreement;

(6) Refusal or negligent failure by any Distribution Center to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under the CSA and its implementing regulations, on or before the effective date of this Agreement; and

(7) Conduct regarding any Distribution Center inconsistent with the CSA and its implementing regulations on or before the effective date of this Agreement.

b. Walgreens Pharmacies and CPO Facilities

(1) Conduct alleged in the November 26, 2012, February 4, 2013, February 11, 2013, and February 19, 2013 OTSCs issued to Walgreens #03629, #04727, #06997, #03836, #04391, and #03099, and in DEA's filings in *In the Matter of Walgreen Co.*, Docket Nos. 13-9, 13-10, 13-11, 13-16, 13-18, and 13-20, as listed in Appendix C, and similar allegations regarding any other Walgreens Pharmacy or CPO Facility, occurring on or before the effective date of this Agreement;

(2) Failure of Walgreens Pharmacists at any Pharmacy or CPO Facility to exercise their corresponding responsibility to ensure that controlled substances were dispensed pursuant to prescriptions issued for legitimate medical purposes by practitioners acting in the usual course of their professional practice, as required by 21 C.F.R § 1306.04(a), and dispensing by any Pharmacy, or CPO Facility, of controlled substances pursuant to purported prescriptions that were otherwise invalid under 21 C.F.R. Part 1306, on or before the effective date of this Agreement;

(3) Dispensing by any Pharmacy or CPO Facility of controlled substances to individuals Walgreens knew or should have known were diverting controlled substances on or before the effective date of this Agreement;

(4) Dispensing by any Pharmacy or CPO Facility of controlled substances pursuant to prescriptions issued by a physician who did not have a current, valid DEA registration on or before the effective date of this Agreement;

(5) Refusal or negligent failure by any Pharmacy or CPO Facility to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under the CSA and its implementing regulations, including, but not limited to, failure by any Pharmacy or CPO Facility to maintain accurate records pursuant to 21 C.F.R. Part 1304 and to properly label and/or mark prescriptions pursuant to 21 C.F.R. Part 1306, on or before the effective date of this Agreement;

(6) Conduct inconsistent with the CSA and its implementing regulations on or before the effective date of this Agreement, by any Pharmacy or CPO Facility; and

(7) Failure by any Walgreens registrant, including any Pharmacy or CPO Facility, to adhere to the provisions of the April 7, 2011 Administrative Memorandum of Agreement between Walgreen Co. and DEA (the "2011 MOA").

3. Effect of 2011 MOA. The obligations contained in the 2011 MOA are superseded by the obligations contained within this Agreement.

4. Term of Agreement. The obligations contained in this Agreement shall remain in full force and effect for a period of three (3) years from the effective date of this Agreement unless the Parties agree in writing to an earlier termination, provided, however, that the releases in Paragraphs II.6 and II.8 in this Agreement extend beyond the effective date.

## II. Terms and Conditions

1. Obligations of Walgreens Distribution Centers.

a. Walgreens will continue to review, and where reasonable and appropriate, to revise its processes and practices for conducting suspicious order monitoring and reporting suspicious orders from Walgreens' pharmacies, as set forth in the attached Addendum.

b. Walgreens shall inform DEA of suspicious orders as required by 21 C.F.R. § 1301.74(b) in a format mutually and reasonably agreed upon by the Parties.

c. Walgreens agrees to the surrender of Walgreens Jupiter's DEA Registration RW0277752 for controlled substances Schedules II-V, until September 13, 2014.

2. Obligations of Walgreens Pharmacies and CPO Facilities.

a. Walgreens agrees to maintain a compliance program in an effort to detect and prevent diversion of controlled substances as required under the CSA and applicable DEA regulations, as set forth in the attached Addendum. This program shall include procedures to identify the common signs associated with the diversion of controlled substances. The program shall also include the routine and periodic training of all Walgreens pharmacy employees responsible for dispensing controlled substances on the elements of the compliance program and their responsibilities under the CSA and applicable DEA regulations. This compliance program shall apply to all Walgreens Pharmacies and CPO Facilities.

b. Walgreens shall implement and maintain policies and procedures in an effort to ensure that prescriptions for controlled substances are only dispensed to authorized ultimate users pursuant to federal and state law and regulations. Walgreens shall maintain its current policy that requires all customers to provide identifying information and shall also require valid photo identification as required by and in accordance with controlling state law where the pharmacy is located. Documents maintained by Walgreens pursuant to any obligation under federal and/or state law regarding the verification of an ultimate user's identity shall be kept readily available by the pharmacy, and shall be produced to DEA agents, task force officers or investigators on request.

c. Walgreens shall direct and train its pharmacists that their corresponding responsibility under federal law requires them not to fill a prescription that such pharmacist knows or has reason to know was issued for other than a legitimate medical purpose or by a practitioner acting outside the usual course of professional practice.

d. In connection with Walgreens' recordkeeping obligations, Walgreens agrees to maintain records regarding the dispensing of controlled substances in electronic format, in addition to the regularly maintained paper files, including records relating to which Distribution Center and/or CPO Facility shipped the controlled substance to the Pharmacy. These records shall be made available to DEA agents, task force officers or investigators, upon demand, without the need for a warrant or subpoena, provided that the DEA agents, task force officers or investigators present appropriate identification. Walgreens shall provide electronic reports of dispensing on an ad hoc basis in response to DEA requests within a reasonable time.

e. Walgreens agrees to the surrender of the DEA registrations to dispense controlled substances for Schedules II-V at the following facilities until May 26, 2014: BW4713992 (#03629), BW6561270 (#04727), BW5872494 (#04391), AW8830247 (#03836), AW1366877 (#03099), and BW8487438 (#06997).

3. Walgreens General Obligations.

a. Walgreens' policy and procedure is to cooperate with the government in any investigation. Walgreens agrees to reasonably cooperate with DEA, United States Attorneys' Offices, and any other law enforcement agency investigating or prosecuting customers of Walgreens' pharmacies for alleged violations or activities related to the Covered Conduct, unless such matters would affect the rights or obligations of Walgreens in regard to any pending or threatened litigation. Such cooperation shall include, but is not limited to, producing records and making employees available for interviews as reasonable and appropriate with reasonable notice in advance. However, nothing in this paragraph shall be construed as a waiver by Walgreens, its directors, officers or employees of any constitutional rights or rights that they would have as a party to a matter involving pending or threatened litigation with the government or a third party, including without limitation attorney-client or attorney work product privileges.

b. Walgreens agrees that it will promptly move to dismiss, with prejudice, the pending lawsuit by Walgreens in Case No. 12-1397 in the United States Court of Appeals for the District of Columbia Circuit.

c. Walgreens agrees to pay the United States eighty million dollars ($80,000,000.00) ("the Settlement Amount") within ten (10) days of the effective date of this Agreement by electronic funds transfer pursuant to written instructions provided to Walgreens by the United States Attorney's Office for the Southern District of Florida.

4. Obligations of DEA.

a. DEA agrees to accept at DEA Field Offices the information regarding suspicious orders as required under 21 C.F.R. § 1301.74(b) in the manner described in the attached Addendum.

b. Within five (5) business days of the effective date of this Agreement, DEA agrees to unlock the controlled substances storage area at Walgreens Jupiter and make its contents available to Walgreens for any lawful transfer or reverse distribution of the inventory contained therein to an appropriate DEA registrant(s).

c. Provided that Walgreens submits a re-application for each of the above-listed facilities at least four (4) months prior to the end of the applicable surrender period, DEA agrees that, upon application by Walgreens, it will grant (1) a DEA registration to distribute controlled substances in Schedules II-V for Walgreens Jupiter on or before September 13, 2014, and (2) DEA registrations to dispense controlled substances in Schedules II-V for the Walgreens Pharmacies listed in Paragraph II.2.e on or before May 26, 2014.

5. Joint Obligations of the Parties.

   a. Walgreens and DEA agree that upon the execution of this Agreement, DEA and Walgreens shall promptly file a joint motion with the ALJ to terminate all pending administrative proceedings against Walgreens.

6. Release by the United States. In consideration of the fulfillment of the obligations of Walgreens under this Agreement, the United States agrees to:

   a. Release Walgreens and all Walgreens facilities, including Walgreens subsidiary entities, affiliates, and registrants, along with their respective officers, directors, employees, successors, and assigns (collectively, the "Released Parties") from any administrative claims related to Covered Conduct prior to the effective date of this Agreement within DEA's enforcement authority under the CSA and its implementing regulations, and any corresponding DOJ authority for civil penalty claims under 21 U.S.C. § 842.

   b. Refrain from filing or taking any administrative actions against the Released Parties within DEA's enforcement authority under the CSA and its implementing regulations based on the Covered Conduct, or other noncompliant conduct to the extent that such conduct was or could have been discovered by DEA through the exercise of due diligence through the examination of investigations and inspections in existence as of the effective date of this Agreement, or the review of the reports and records Walgreens submitted to DEA prior to the effective date of this Agreement; and

   c. Refrain from filing any action for civil penalty claims under 21 U.S.C. § 842 by any U.S. Attorney's Office and/or DOJ based on the Covered Conduct, or other noncompliant conduct to the extent that such conduct was or could have been discovered by DEA through the exercise of due diligence through the examination of investigations and inspections in existence as of the effective date of this Agreement, or the review of the reports and records Walgreens submitted to DEA prior to the effective date of this Agreement.

7. Notwithstanding the releases by the United States in Paragraph #6 above, DEA reserves the right to seek to admit evidence of Covered Conduct for proper evidentiary purposes in any future administrative proceeding against Walgreens for non-Covered Conduct. Further, nothing in this Agreement shall prohibit or limit any other agency within DOJ, any State attorney general, or any other law enforcement, administrative, or regulatory agency of the United States or any State thereof, from initiating administrative, civil, or criminal proceedings with respect to the Covered Conduct. DEA shall, as obligated in fulfilling its statutory duties, assist and cooperate with any agency that initiated an investigation, action, or proceeding involving Covered Conduct, but will not otherwise initiate or refer any civil action to any U.S. Attorney's Office or to any component of DOJ, based on the Covered Conduct. At Walgreens' request, DEA and DOJ agree to disclose the terms of this Agreement to any other agency and will represent, assuming

Walgreens is in compliance with this Agreement, that the allegations raised by DEA, as defined in the Covered Conduct, have been adequately addressed.

8. Release by Walgreens. Walgreens fully and finally releases the United States of America, its agencies, employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) which Walgreens has asserted, could have asserted, or may assert in the future against the United States of America, its agencies, employees, servants, and agents, related to the Covered Conduct and the United States' investigation and prosecution thereof.

9. Reservation of Claims. Notwithstanding any term of this Agreement, specifically reserved and excluded from the scope and terms of this Agreement as to any entity or person (including Walgreens) are the following:

   a. Any potential criminal liability;

   b. Any civil, criminal or administrative liability arising under Title 26, United States Code (Internal Revenue Code); or

   c. Any liability based upon such obligations as are created by this Agreement.

   d. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the settlement amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

10. Walgreens agrees that any and all costs it has or will incur in connection with this matter—including payment of the Settlement Amount under this Agreement, attorney's fees, costs of investigation, negotiation, and remedial action—shall be unallowable costs for government contracting accounting and for Medicare, Medicaid, TriCare, and FEHBP (or any other government reimbursement program) for reimbursement purposes.

## III. Miscellaneous

1. Binding on Successors. This Agreement is binding on Walgreens, and its respective successors, heirs, transferees, and assigns.

2. Costs. Each Party to this Agreement shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

3. No Additional Releases. This Agreement is intended to be for the benefit of the Parties and the Released Parties only, and by this instrument the Parties do not release any claims against any other person or entity other than the Parties.

4. Incorporation of Addendum. This Agreement incorporates a separate document, entitled "Addendum: Prospective Compliance," containing additional compliance measures to be undertaken by Walgreens.

5. Effect of Agreement. This Agreement constitutes the complete agreement between the Parties. All material representations, understandings, and promises of the Parties are contained in this Agreement, and each of the Parties expressly agrees and acknowledges that, other than those statements expressly set forth in this Agreement, it is not relying on any statement, whether oral or written, of any person or entity with respect to its entry into this Agreement or to the consummation of the transactions contemplated by this Agreement. Any modifications to this Agreement shall be set forth in writing and signed by all Parties.

Walgreens represents that this Agreement is entered into with advice of counsel and knowledge of the events described herein. Walgreens further represents that this Agreement is voluntarily entered into in order to avoid litigation, without any degree of duress or compulsion.

6. Execution of Agreement. This Agreement shall become effective on the date of signing by the last signatory (the "Effective Date"). The United States agrees to notify Walgreens immediately when the final signatory has executed this Agreement.

7. Notices. All communications and notices to Walgreens pursuant to this Agreement shall be made in writing to the following individuals, which notice information may be altered from time to time by Walgreens providing written notification to DEA:

   a. Dwayne A. Piñon, Director, Pharmacy Law, Operations & Services, Walgreen Co., 104 Wilmot Road, MS #1434, Deerfield, Illinois 60015; fax: 847-315-4660; email: dwayne.pinon@walgreens.com.

8. Disclosure. Walgreens and DEA may each disclose the existence of this Agreement and information about this Agreement to the public without restriction.

9. Execution in Counterparts. This Agreement may be executed in counterparts, each of which constitutes an original, and all of which shall constitute one and the same agreement.

10. Authorizations. The individuals signing this Agreement on behalf of Walgreens represent and warrant that they are authorized by Walgreens to execute this Agreement. The individuals signing this Agreement on behalf of DEA and DOJ represent and warrant that they are signing this Agreement in their official capacities and that they are authorized by DEA and DOJ to execute this Agreement.

11. Choice of Law and Venue. This Settlement Agreement and Release shall be construed in accordance with the laws of the United States, and any Party may seek judicial enforcement of this Agreement upon a material breach by the other Party. The Parties agree that the jurisdiction and venue for any dispute arising between and among the Parties relating to this Agreement will be the United States District Court or, as appropriate, in the Court of Federal Claims, in which the Walgreens facilities and/or registrations at issue are located. This provision, however, shall not be construed as a waiver of the jurisdictional provisions of the CSA.

## Addendum: Prospective Compliance

The Parties agree that Walgreens will maintain the following specific compliance measures for the duration of this Agreement. To the extent any compliance measures identified below are not yet in place, Walgreens commits to implement such measures within the timeframes specified herein.

A. General

1. Walgreens will maintain a Department of Pharmaceutical Integrity, composed of personnel with pharmacy-related training and managerial personnel, who shall be trained in relevant diversion-related issues, to coordinate compliance efforts related to controlled substances. Within one (1) month of the effective date of this Agreement, Walgreens will identify a dedicated contact point (including a dedicated email address) for DEA within the Department of Pharmaceutical Integrity to facilitate Walgreens' responses to DEA requests for information and documents, specifically including responses to requests for dispensing log data and pseudoephedrine data.

B. Pharmacies

1. Upon request by DEA to Walgreens' Department of Pharmaceutical Integrity, within two (2) business days Walgreens will provide to DEA, via appropriate secure means of electronic transmission, controlled substance dispensing logs consisting of those categories of information the regulations require dispensers to maintain as records, *see* 21 C.F.R. § 1304.22(c). DEA understands and agrees that additional reasonable time may be required to the extent DEA seeks additional data or information not regularly maintained for such logs.

2. For all Schedule II controlled substance prescriptions, Walgreens currently affixes a sticker to each paper prescription containing certain dispensing information such as: a serial number unique to each prescription (which includes a suffix identifying the dispensing retail pharmacy); the prescriber's name, address, telephone number, and DEA registration number; the patient's name, address, and telephone number; the prescription issue date; the drug and quantity dispensed; and the fill date. Walgreens currently also affixes such stickers to Schedule III-V controlled substance paper prescriptions in certain states, but not others, depending upon state law requirements. Within three (3) months of the effective date of this Agreement, Walgreens pharmacies will affix such a sticker to all paper controlled substance prescriptions in each state, regardless of the requirements of state law. Walgreens will maintain a paper file of such prescriptions organized chronologically by fill date. In the event that DEA requests an electronic list of such prescriptions in sequential order by prescription number, Walgreens' Department of Pharmaceutical Integrity will provide such a list upon request within a reasonable time. Paper prescriptions will be maintained at the registered location of the pharmacy that dispensed them for a period of the longer of two (2) years or that required by applicable state law.

3. Walgreens' retail pharmacies utilize a computer application for the storage and retrieval of refill information for original paper prescriptions. For prescription refills, Walgreens will follow the procedures outlined in 21 C.F.R. § 1306.22(f). To the extent that DEA wishes to retrieve electronic records regarding refills, Walgreens' Department of Pharmaceutical Integrity will facilitate responses to such requests, including by providing such information to DEA upon request in a manner that is sortable and retrievable by prescriber name, prescriber DEA registration number, patient name, patient address, drug dispensed, date filled, and last name of dispensing pharmacist.

4. Walgreens remains committed to properly training its pharmacy personnel to deal with evolving diversion-related issues. Walgreens will continue to enhance its Good Faith Dispensing Policy and training materials to identify "red flags" of potential diversion for pharmacists to consider in making professional judgments regarding dispensing of controlled substances. Walgreens will train its pharmacy personnel at least annually on Good Faith Dispensing and will update the Good Faith Dispensing Policy and training materials to respond to changing diversion threats of which Walgreens is aware. DEA will share information with Walgreens periodically regarding circumstances that may present "red flags" of potential diversion. Walgreens' training program will also instruct pharmacists and supervisory personnel to contact the Department of Pharmaceutical Integrity, as appropriate, to address specific problematic issues arising with particular patients or physicians, so that the Department of Pharmaceutical Integrity can assess and respond to such issues. Pharmacist training will also cover instruction on how to assist DEA in obtaining records as required by this Agreement or any regulations.

5. Walgreens will maintain procedures to verify that the DEA registration number for the issuing prescriber of a controlled substance is a current, valid registration number. Such verification shall be performed using information from the National Technical Information Service (NTIS) database or similarly reliable third party database where DEA registration changes are recorded. Walgreens agrees to maintain a system integrating NTIS data with Walgreens' computer system that will: (1) update NTIS registration data on a weekly basis; and (2) prevent a pharmacy from filling a controlled substance prescription using a registration number not listed in such NTIS data until such prescriber's valid registration number is confirmed.

6. Beginning in 2014, Walgreens will exclude any accounting for controlled substance prescriptions dispensed by a particular pharmacy from bonus computations for pharmacists and pharmacy technicians at that pharmacy.

7. For each retail pharmacy, Walgreens will maintain, either electronically or in paper form, a log of pseudoephedrine purchases that can be made available upon request to authorized DEA personnel. To the extent that printing or copying of such a log from electronic records at a pharmacy would be unduly laborious or time-consuming, DEA agrees that Walgreens' Department of Pharmaceutical

Integrity will facilitate transmission of such information, including through transmission of electronic records to DEA.

C. Distribution Centers

1. Within one (1) week of the effective date of this Agreement, Walgreens will designate a DEA contact point in its Department of Pharmaceutical Integrity to address inquiries regarding suspicious order monitoring and reporting. At least one (1) existing employee at each Walgreens distribution center that distributes controlled substances will receive appropriate training on suspicious order monitoring requirements and on reporting relevant issues to the Department of Pharmaceutical Integrity.

2. For purposes of complying with suspicious order monitoring and reporting requirements for orders to be supplied by a Walgreens distribution center, Walgreens will maintain the tolerance threshold, ceiling limits, and other elements of its current suspicious order monitoring and reporting system, either for the duration of this Agreement or until Walgreens distribution activities are transitioned to a third party. Walgreens will endeavor to conduct its evaluations of "orders of interest" identified by its tolerance thresholds and ceiling limits within four (4) business days in most cases, and shall inform DEA Field Offices of orders that Walgreens has determined are "suspicious" within two (2) business days of making any such determination. Walgreens agrees not to ship any "order of interest" or "suspicious order" in whole or in part unless and until Walgreens resolves the reason(s) that caused it to designate the order as an "order of interest" or a "suspicious order." Within ninety (90) days of the effective date of this Agreement, suspicious order reports shall identify reason(s) an order was determined to be suspicious, and the registration number for the specific Walgreens distribution center that would have received the order at issue.

3. Within eighteen (18) months of the effective date of this Agreement, Walgreens will initiate enrollment in and operationally implement DEA's Controlled Substance Ordering System (CSOS) for orders of all Schedule II controlled substances placed by its retail pharmacies to its distribution centers.

# DEPARTMENT OF HEALTH
# TENNESSEE BOARD OF PHARMACY
# COMMUNITY INSPECTION
# COMPLIANCE INSPECTION

| | |
|---|---|
| PHARMACY | Premise Health Wellness |
| STREET | 5410 Maryland Way, Ste 100RX |
| CITY | Brentwood |
| ZIP | 37027 |
| DATE OPENED | – |
| TELEPHONE NO. | (615) 238-0335 |
| LICENSE NO. | 6784 |
| EXPIRY DATE | 9/30/25 |
| DEA NO. | FW8792889 |
| EXPIRY DATE | 5/31/25 |
| PHARMACIST IN CHARGE/Duty | Benjamin Kapp |
| LIC NO. | 23937 |
| EXPIRY DATE | 6/30/25 |

Inspected by: Rita Golden — Date: 3/22/24

This Inspection Satisfactory: Yes ☒ No ☐

☐ Opening ☐ Relocation ☐ New Ownership ☐ Follow-up ☐ Counseling Compliance ☒ Periodic ☐ Remodeling

| Compliance Yes | Compliance No | PERSONNEL |
|---|---|---|
| ✓ | | 1. Appropriate identification/Name Tags |
| ✓ | | 2. D. Ph./Tech ration 1:1 |
| ✓ | | 3. Personnel/apparel clean |
| ✓ | | 4. Tech registry & Affidavit |

| Compliance Yes | Compliance No | PHYSICAL REQUIREMENTS |
|---|---|---|
| ✓ | | 5. Certificates Displayed |
| ✓ | | 6. RX Dept. – Sufficient Space/Counseling |
| ✓ | | 7. Fully enclosed when applicable |
| ✓ | | 8. Key Lockable/Key Control |

| Compliance Yes | Compliance No | DRUGS AND EQUIPMENT |
|---|---|---|
| ✓ | | 9. Dispensing area clean, orderly, well lighted |
| ✓ | | 10. Sink, hot and cold water |
| ✓ | | (11) Refrigeration |
| ✓ | | 12. References, periodicals |
| ✓ | | 13. Vials and closures (child-proof) |
| ✓ | | 14. Shelves and drug stock clean |
| ✓ | | 15. Drugs in-date |
| na | | 16. Labels correct on repackaging |
| ✓ | | 17. Legend drugs stored in RX Dept. |
| ✓ | | 18. Syringes/insulin, restricted products non-accessible |

Pharmacy Hours: M-F 8-5

| Compliance Yes | Compliance No | |
|---|---|---|
| ✓ | | 19. RXs numerically filed |
| ✓ | | ☐ All C's together ☒ C-11's separate ☐ Multiple file method |
| ✓ | | 20. Patients identifiable |
| ✓ | | 21. Prescribers identifiable |
| ✓ | | 22. New verbal RXs initialed by appropriate personnel |
| ✓ | | 23. Date of original dispensing |
| ✓ | | 24. Initials of dispensing D.Ph. |
| ✓ | | 25. Quantity dispensed indicated |
| na | | 26. Appropriate Emergency C-11 RXs |
| ✓ | | 27. Computer labels applied appropriately to RXs |
| ✓ | | 28. Pharmacist Signature Log |
| na | | 29. Daily Print Out |

| Compliance Yes | Compliance No | DRUG PRODUCT SUBSTITUTION |
|---|---|---|
| ✓ | | 30. Authorization documented on Rx |
| ✓ | | 31. Manufacturer indicated on Rx or System |
| ✓ | | 32. Approved products used. |

| Compliance Yes | Compliance No | PATIENT COUNSELING |
|---|---|---|
| ✓ | | 33. Patient profiles |
| ✓ | | 34. Drug Utilization Review |
| ✓ | | 35. Patient Counseling |

| Compliance Yes | Compliance No | CONTROLLED SUBSTANCE RECORDS |
|---|---|---|
| ✓ | | 36. Readily retrievable |
| ✓ | | 37. All C-11 records separate |
| ✓ | | 38. DEA Form 222 Copy 3 on hand & completed |
| ✓ | | 39. Drug Receipt date on invoices |
| na | | 40. Record of drug transfers |
| ✓ | | 41. ☒ Schedule V sales record book ☒ Methamphetamine Sales Log |
| ✓ | | 42. Last DEA Inventory (date) 8/1/23 |
| ✓ | | 42. Last Theft/loss report (date) None |
| ✓ | | 43. Access to Control Substance Monitoring Database |

**ITEMS TO BE CORRECTED:** **RESPONSE REQUIRED** YES ☐ NO ☒

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Immediately | | | | | | | |
| Needs Improvement | | | | | | | |
| Within 30 Days | | | | | | | |

Remarks or Recommendations: _____

I Benjamin Kapp hereby acknowledge and understand all notations made on this report; and confirm that
Pharmacist Signature
I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

PH-4031 REV 01/18

RDA SW-30

56392

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006784
EXPIRATION DATE: 09/30/2025

*This is to certify that all requirements of the State of Tennessee have been met.*

**PHARMACY BOARD**
**PHARMACY**
**PREMISE HEALTH WELLNESS CENTER**

COMMISSIONER OF HEALTH

WALGREENS #21278
P O BOX 901
DEERFIELD IL 60015-0901

13594225

56392

# State of Tennessee
# Department of Health

BOARD OF PHARMACY
PHARMACY
PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE. 100RX
BRENTWOOD TN 37027

*This is to certify that all requirements of the State of Tennessee have been met.*

**ID NUMBER:** 0000006784
**EXPIRATION DATE:** 09/30/2025

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rothaus, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

Last Updated: 12/14/2024

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

# Health Care Facilities

## Licensed Facilities

### Current Listings

Type = Pharmacy
County = All
Results = 1

Click here to return to the search page

1

Premise Health Wellness Center
5410 Maryland Way Ste. 100RX
Brentwood, TN 37027
615-238-0335

*Qualifications*
*Controlled Subs*

Pharmacist: RAPP, BENJAMIN HUGH

Facility License Number: 00006784
Status: Licensed
Date of Original Licensure: 09/25/2019
Date of Expiration: 09/30/2025
**No Disciplinary Actions**

*File Number* 1084-348-1

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

*I,* **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* SEPTEMBER ***A.D.*** 2024 .

Authentication #: 2426901524 verifiable until 09/25/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

**WALGREEN CO.**
**108 WILMOT RD, DEERFIELD, IL 60015**
**OFFICERS AND DIRECTORS**

| TITLE | NAME | CORPORATE ADDRESS | PHONE NUMBER | OWNERSHIP |
|---|---|---|---|---|
| Executive Vice President, President of Walgreens Retail & US Chief Customer Officer | Tracey Brown | 108 Wilmot Rd. Deerfield, IL 60015 | [redacted] | 0% |
| Senior Vice President, Chief Pharmacy Officer & Director | Rick Gates | 108 Wilmot Rd. Deerfield, IL 60015 | | 0% |
| Vice President and Treasurer | Brian Brown | 108 Wilmot Road Deerfield, IL 60015 | | 0% |
| Secretary | Joseph B. Amsbary, Jr. | 108 Wilmot Road Deerfield, IL 60015 | | 0% |

*Rev. 04.02.2024*

4FFF

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-Nevada | ☐ New Pharmacy<br>☒ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)<br><br>* Current license #:<br>PH04259 | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☒ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☒ Non-sterile Compounding<br>☐ Sterile Compounding<br>☐ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

## Section 1: General Information

Pharmacy Name: Stoneview Pharmacy

Physical Address: 459 N Gilbert Rd, Ste A-148

City: Gilbert State: AZ Zip: 85234

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 4808094289 Toll Free # (NAC 639.708, NRS 639.23286): 833-269-2660

Fax: 480-809-6561 Contact Email: admin@stoneviewpharmacy.com

Website: stoneviewpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Savan Nagrecha

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Carissa L Smith | NV Pharmacist Registration #: 20094 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company: | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 7: Partnership

Partnership Name: PharmacyX LLC

Mailing Address: 459 N Gilbert Rd, Ste A-148

City: Gilbert State: AZ Zip: 85234

Telephone: 4808094289 Email: admin@stoneviewpharmacy.com

Contact Person Name: Savan Nagrecha

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

## Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Pharmacy Manager (title) for Stoneview Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Savan Nagrecha

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/1/24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Savan Nagrecha hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager (title) for Stoneview Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

N Savan
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of October, 2024

Notary Public

JAMES SCOTT
Notary Public - Arizona
Maricopa County
Commission # 628244
My Comm. Expires Jun 9, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Savan Nagrecha

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/9/24

Date

| Board Use Only | Date Received: 10/22/24 | Amount: $500-cc |
|---|---|---|

070914

**ARIZONA STATE BOARD OF PHARMACY**
**P. O. Box 18520 Phoenix, AZ 85005**
**p ) 602-771-2727 f ) 602-771-2749**
**www.azpharmacy.gov**

Inspection Date: 7-24-24

# EQUIPMENT LOG

Pharmacy Name: PharmacyX LLC DBA StoneView Pharmacy
Address: 459 N Gilbert Rd Ste A-148
City: Gilbert, AZ 85234
Phone Number: (480) 809-4289
Fax Number: (480) 809-6561
Classification: Independent - Community

**AFFIX PHARMACY LABEL**

☐ New Pharmacy ☐ Remodel ■ Ownership Change ☐ Location Change

| PHARMACISTS | LICENSE # | POSTED | PHARMACISTS | LICENSE # | POSTED |
|---|---|---|---|---|---|
| PIC: Savan Nagrecha | S020025 | X | | | ☐ |
| | | ☐ | | | ☐ |

Pharmacy Permit: Y009865
NonRx Drug Permit:
DEA Reg. Number: Pending
CMG Permit:
DEA Inventory:
Opening Date:
Annual Date:

**PHARMACY DEPARTMENT**

| | | | |
|---|---|---|---|
| Enclosed | Compliant | Size | 908 sq ft |
| Lighting | Compliant | Shelves | |
| Counter | 178 sq ft | Aisles | |
| Sink / Water | Compliant | Hot | Cold |
| Sneeze Barrier (66") | Set Back | | |
| Recving / Checking Area | Compliant | | |
| Consultation Area | Compliant | | |
| Restroom | Compliant | | |
| Sterile Prod Cpdg Area | N/A | | |

**SECURITY**

| | |
|---|---|
| 1. Key Access | RPh only |
| 2. Barrier | Intact to structural ceiling. |

**PHARMACY LIBRARY**

| | |
|---|---|
| 1. Current Reference for Each Subject Area | |
| A. Pharmacology or Toxicology | Compliant |
| B. Therapeutics | Compliant |
| C. Drug Compatibility | Compliant |
| D. Drug Product Equivalency | Compliant |
| 2. Sterile Products Reference | N/A |
| 3. Policy and Procedure Manual | Compliant |
| A. Technician | Compliant |
| B. Pharmacy Operations | Compliant |
| 4. Arizona Laws and Rules | Compliant |
| 5. Current Antidotes | Compliant |
| 6. Poison Control # Posted | Compliant |

**EQUIPMENT**

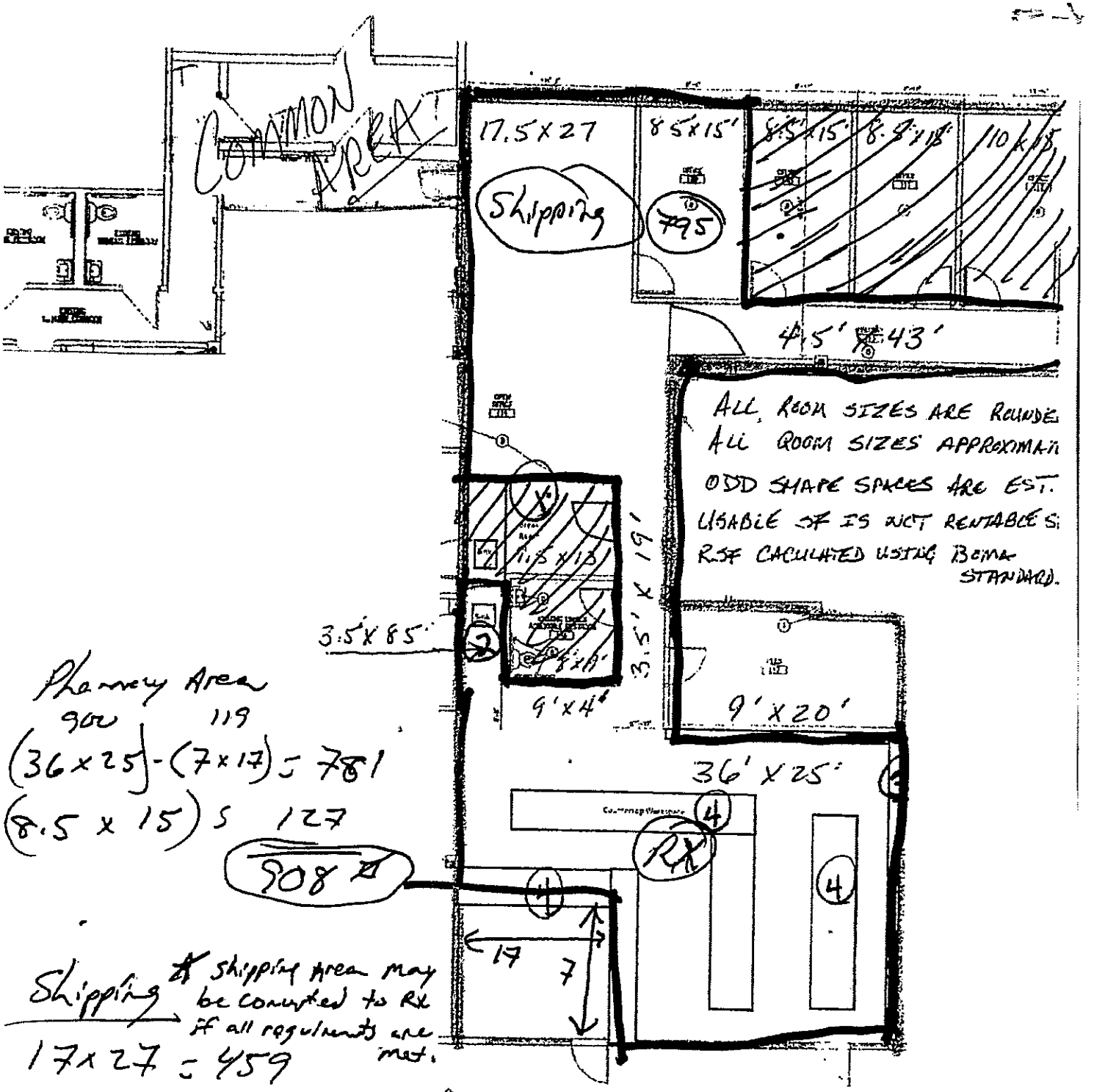
| | | | |
|---|---|---|---|
| 1. Refrigerator | Compliant | Temp | Compliant |
| 2. Comp. | | | Compliant |
| 3. Patient Profiles | | | Compliant |
| 4. Schedule V Reg. | | | N/A |
| 5. Graduates (ass't) | | | Compliant |
| 6. Mortar and Pestle (I) | | | Compliant |
| 7. Steel Spatulas (ass't) | | | Compliant |
| 8. Rubber Spatulas (I) | | | Compliant |
| 9. Ointment Tile | | | Compliant |
| 10. Prescription Label | | | Compliant |
| 11. Fed. Transfer Labels | | | Compliant |
| 12. Warning Labels | | | Compliant |
| 13. Red "C" Stamp | | | N/A |
| 14. Generic Rx Blanks | | | Compliant |
| 15. Approvd Rx Balance | | | Compliant |
| 16. Weights | | | N/A |
| 17. Class 100 Hood | | | N/A |

General Remarks:

Change of Ownership inspection.
PIC is to submit DEA number when it is issued.
908 sq ft = 13 employees max.
Currently no sterile compounding is performed.
Hours of operation are 8-5 M-F. No changes to labeling, phone, fax, or address.
CO. Max Jacobson

Inspection Rating: Satisfactory

Compliance Officer (signature): Max Jacobson




Pharmacy Area

900 119

(36 x 25) - (7 x 17) = 781

(8.5 x 15) = 127

908 #

Shipping

* shipping area may be converted to RX if all requirements are met.

17 x 27 = 459

Employees

908
-300 3
608 10
60 13 employees Max

USABLE SF APPROXIMATELY 2,900 SF
RENTABLE SF APPROXIMATELY 3,231 SF

Counter

2 x 14 = 28 =
2 x 14 = 28 =
2 x 6 = 12 =

3 x 23 = 69
4 x 11 = 44
65

113
+ 65
178 #

# Arizona State Board of Pharmacy

Physical address: 1110 W. Washington Street Suite 260 Phoenix, AZ 85007; Mailing address: PO Box 18520 Phoenix, AZ 85005-8520
Telephone: 602-771-2727 Fax: 602-771-2749 Website: pharmacy.az.gov

## NOTICE OF INSPECTION RIGHTS-PREMISES SUBJECT TO INSPECTION

DATE: 07/23/2024

COMPLIANCE OFFICER/INSPECTOR: Max Jacobson

ACCOMPANIED BY: _____

Permittee: PharmacyX LLC DBA StoneView Pharmacy
Permit #: Y009865
Address: 459 N Gilbert Rd Ste A-148 Gilbert, AZ 85234
CHOW Inspection

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) §§32-1904(A), 32-1927.03(D), 32-1939(A), 32-1941(C), 32-1964(A), 36-2522(E), and 36-2523(C)).

2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18; A.R.S. Title 36, Chapter 27; and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.

3. Fees for the inspection are: ■ Not applicable ☐ Authorized by: _____ as follows: _____

4. An authorized on-site representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.

5. You have the right to have on request copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.

6. You have the right to have on request a split of any samples taken during the inspection if the split of any samples would not prohibit an analysis from being conducted or render an analysis inconclusive.

7. You have the right to have on request copies of any analysis performed on samples taken during the inspection.

8. You have the right to have on request copies of any documents to be relied on to determine compliance with licensure or regulatory requirements if the agency is otherwise allowed by law to do so.

9. You have the right to have on request a detailed billing statement that provides reasonable specificity of the inspection or audit fees imposed pursuant to paragraph 3 of this subsection and that cites the statute or rule that authorizes the fees being charged.

10. Each person whose conversation is tape-recorded during the inspection will be informed that the conversation is being recorded.

11. Each person interviewed during the inspection will be informed that statements made by the person may be included in the report. Participation in an interview is voluntary unless the person is legally compelled to participate in the interview. Each person interviewed will be allowed twenty-four hours to review and revise any written witness statement drafted by the inspector(s) and on which the inspector(s) request the person's signature. The inspector(s) may not prohibit the person from having an attorney or expert in their field present during the interview to represent or advise the regulated person.

12. An inspector shall at the end of the inspection, offer to review with an authorized representative of the regulated person, the findings of the inspection and what agency actions the regulated person can expect.

13. An inspector may not take any adverse action, treat the person less favorably or draw any inference as a result of the person's decision to be represented by an attorney or advised by other experts in their field.

14. The information and documents provided to the inspector(s) as part of an investigation are confidential pursuant to A.R.S. § 32-1940. Information and documents provided to the inspector(s) as part of an inspection are not confidential with the exception of trade secrets and propriety and confidential information.

15. A new or amended compliance action arising from the inspection may not be filed against the regulated person more than four years after the date of the inspection.

16. If you have any questions regarding this inspection, you may contact: Max Jacobson (623) 518-0337 mjacobson@azpharmacy.gov

17. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq. Rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 et seq.

18. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: Jennifer Keonavong, Deputy Director at 602-771-2735 or Arizona Ombudsman-Citizens' Aide: 7878 N. 16th St. # 235, Phoenix, AZ 85020 602-277-7292 (email: ombuds@azoca.gov).

**Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating they are Board employees, and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board inspector(s) may nevertheless proceed with the inspection.**

Signature and Title of Authorized Representative: _____ Date: 7/24/24

☐ By checking this box, the inspector(s) documents the refusal of the authorized representative to sign the Notice of Inspection Rights.

**ARIZONA STATE BOARD OF PHARMACY**
**P.O. Box 18520 Phoenix, AZ 85005**
**602-771-ASBP (2727)**
**FAX: 602-771-2749**
**http://www.azpharmacy.gov**

Receipt Date: 05/10/2024
Receipt Number: 2024173980
Receipt Amount $: 480.00

# Pharmacy - Independent

| PERMIT NO | EXPIRES |
|---|---|
| Y009865 | 10/31/2025 |

Issued to : PharmacyX LLC DBA StoneView Pharmacy
Bharti Sakhareliya
459 N GILBERT RD STE A-148 GILBERT, AZ 85234

PharmacyX LLC DBA StoneView Pharmacy
459 N GILBERT RD STE A-148
GILBERT, AZ 85234

Kam Gandhi
**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : PharmacyX LLC DBA StoneView Pharmacy
LICENSE NUMBER : Y009865
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Stone view pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 459 N. Gilbert Rd. Ste-A-149

City Gilbert State AZ Zip 85234

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

### Section 2: Personal Information

First Saran Middle _____ Last Nagrecha

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Chandler State AZ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| MCPHS - University | | 08/10 - 05/13 | |
| **Address** | **City** | **State** | **Zip** |
| 19. Foster St. | Worcester | MA | |
| **Diploma/Degree obtained, if any** | | | |
| Pharmacy. | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| VCU | | 08/07 - 05/10 | |
| **Address** | **City** | **State** | **Zip** |
| 907 - Floyd Ave | Richmond | VA | 23284 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science (Chemistry) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/22 - Current | [redacted] | Chandler | Az | [redacted] |
| 01/15 - 03/22 | [redacted] | Yuma | Az | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Stoneview Pharmacy | | 05/2023 – Current |
| **Business Address** | **City** | **State / Zip** |
| 459 N. Gilbert Rd | Gilbert | AZ 85234 |
| **Phone** | **Title** | **Number of Employed Hours** |
| 480-809-4289 | | 40 hrs weekly |
| **Description of Duties** | | |
| Pharmacy manager | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Chandler Regional Medical Center | | 03/2022 – Current |
| **Business Address** | **City** | **State / Zip** |
| 1955 W. Frye Rd. | Chandler | AZ 85224 |
| **Phone** | **Title** | **Number of Employed Hours** |
| 480-728-3000 | Pharmacy Supervisor | 40 hrs weekly |
| **Description of Duties** | | |
| verifying Rx, maintaining all aspect of pharmacy as per the rule | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Yuma Regional Medical Center | | 04/2015 – 03/2022 |
| **Business Address** | **City** | **State / Zip** |
| 2400 S Avenue A | Yuma | AZ 85364 |
| **Phone** | **Title** | **Number of Employed Hours** |
| 928-336-2000 | | 40 hrs weekly |
| **Description of Duties** | | |
| Clinical Pharmacist ~~Supervisor~~ (verifying Rx) | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| CVS Pharmacy | | 05/2013 – 05/2015 |
| **Business Address** | **City** | **State / Zip** |
| Store # 10028 | Yuma | AZ 85364 |
| **Phone** | **Title** | **Number of Employed Hours** |
| | Pharmacy manager | 40 hours weekly |
| **Description of Duties** | | |
| ~~Clinical Pharmacist~~ Pharmacist | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Business Address** | **City** | **State / Zip** |
| | | |
| **Phone** | **Title** | **Number of Employed Hours** |
| | | |
| **Description of Duties** | | |
| | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Savan Nagvekar
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/22/2025
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Savan Nagvekar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/22/2025
**Date**

Subscribed and Sworn to before me this 22 day of Jan 2025

Vicki R Chavarria
**Notary Public Signature**

VICKI R. CHAVARRIA
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 640762
Expires January 31, 2027

(Seal)

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site PHARMACY X LLC DBA STONEVIEW PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Y009630

Physical Address 459 N GILBERT RD, STE A-148

City GILBERT State AZ Zip 85234

Mailing Address (if different from physical address)

City State Zip

Telephone 480-809-4289 Website Stoneview PHARMACY.com

Licensing Company Email Admin@StoneviewPharmacy.com

**Section 2: Personal Information**

First BHARTI Middle Last SAKHARELIYA

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City EASTvale State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

| Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.) | | | |
|---|---|---|---|
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.) | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 10/17 - current | [redacted] | EASTvale | CA | [redacted] |
| From - To (MM/YY – MM/YY) | [redacted] | City | State | |
| 5/14 - 10/17 | | Corona | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AOHC Irvine LLC | | | 10/23 - current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1882 McGaw Ave | | Irvine | CA | 92614 |
| **Phone** | **Title** | | | |
| 949-698-8880 | Activity Coordinator | | | |
| **Description of Duties** | Coordinate and lead client activities in one or more areas of interest. develop weekly activity schedules. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Bharti Sakhareliya
Print Name (First, Last)

Bsakhareliya — 08/31/2024
Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Riverside

I, Bharti Sakhareliya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Bsakhareliya — 08/31/2024
**Original Signature** — **Date**

Subscribed and Sworn to before me this 31st day of AUGUST 2024.

PritiBPatel
**Notary Public Signature**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California, County of RIVERSIDE
Subscribed and sworn to (or affirmed) before me on this 31st day of AUGUST, 2024 by BHARTI SAKHARELIYA proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Signature PritiBPatel (seal)

PRITI B PATEL
Notary Public - California
Riverside County
Commission # 2352663
My Comm. Expires Apr 17, 2025

(Seal)

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Personal History Application

Rev (05/18/2023)

## Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Stoneview Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 459. N. Gilbert Rd, Ste - A-148

City Gilbert State AZ Zip 85234

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 480-809-4289 Website stoneviewpharmacy.com.

Licensing Company Email admin @ stoneviewpharmacy.com

## Section 2: Personal Information

First Savan Middle _____ Last Nagreeha

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Chandler State AZ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| MCPHS University | | 08/10 - 05/13 | |
| Address | City | State | Zip |
| 19. Foster St | Worcester | MA | 01608 |
| Diploma/Degree obtained, if any | | | |
| PharmD | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| VCU. | | 08/07 - 05/10 | |
| Address | City | State | Zip |
| 907. Floyd Ave | Richmond | VA | 23284. |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science (Chemistry) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 3/22 - Current | [redacted] | Chandler | AZ | [redacted] |
| 12/19 - 3/22 | [redacted] | Yuma | AZ | [redacted] |
| 1/15 - 12/19 | [redacted] | Yuma | AZ | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Stoneview Pharmacy | | | 09/24 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 459. N. Gilbert Rd | Gilbert | AZ | 85234 |
| **Phone** | **Title** | | |
| 480-809-4289 | Pharmacy Manager | | |
| **Description of Duties** | | | |
| Oversight & Management of Stoneview Pharmacy. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Chandler Regional Medical Center. | | | 03/22 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 1955. W. Frye Rd | Chandler | AZ | |
| **Phone** | **Title** | | |
| 480-728-3008 | Pharmacy Supervisor | | |
| **Description of Duties** | | | |
| Regulatory & supervision of CRMC. Verifying Rx | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Yuma Regional Medical Center | | | 03/16 - 03/22 |
| **Business Address** | **City** | **State** | **Zip** |
| 2400. S. Avenue A | Yuma | AZ | |
| **Phone** | **Title** | | |
| 928-336-2000 | clinical pharmacist | | |
| **Description of Duties** | | | |
| - Verifying Inpatient/outpatient order.<br>- Education/consult. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Savan Nagrecha
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/15/24
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Savan Nagrecha, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/15/24
**Date**

Subscribed and Sworn to before me this 15th day of October 2024

**Notary Public Signature**

JAMES SCOTT
Notary Public - Arizona
Maricopa County
Commission # 628244
My Comm. Expires Jun 9, 2026
(Seal)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FS4573401 | 02-28-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 08-08-2024 |

STONEVIEW PHARMACY
459 N GILBERT RD
STE A 148
GILBERT, AZ 85234

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**


**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FS4573401 | 02-28-2027 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 08-08-2024 |

STONEVIEW PHARMACY
459 N GILBERT RD
STE A 148
GILBERT, AZ 85234

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended. provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.


Form DEA-223 (9/2016)

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
http://www.azpharmacy.gov

602-771-ASBP (2727)
FAX: 602-771-2749

# Pharmacist

**Certified Immunizer**

| Full Exam | EXPIRES | Receipt Date: 10/17/2023 |
|---|---|---|
| S020025 | 10/31/2025 | Receipt Number: 2023164019 |
| | | Receipt Amount $: 180.00 |

Issued to : Savan Nagrecha
2574 E HONEYSUCKLE PL
CHANDLER, AZ 85286

**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Savan Nagrecha
Full Exam : S020025
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your Full Exam number must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/registration/permit current.**

## Important Information

**LICENSE/REGISTRATION HOLDER (pharmacist, intern, technician, technician-trainee)**

• Holder of this license/registration number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license/registration, the licensee/registrant agrees to comply with state & federal law.

• You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

4GGG

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☑ Out-of-Nevada | ☑ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)<br><br>* Current license #:<br>PH_____ | ☑ Retail/Community<br>☐ Hospital (# beds _____)<br>☑ Internet<br>☐ Nuclear<br>☐ Other: | ☐ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☑ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☑ Saturday | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Vetsource Home Delivery

Physical Address: 4251 Dale Earnhardt Blvd. Ste 100

City: Northlake State: TX Zip: 76262

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-738-4443 Toll Free # (NAC 639.708, NRS 639.23286): 877-738-4443

Fax: 877-330-6337 Contact Email: rdixon@vetsource.com

Website: vetsource.com

Nevada Business License # (if applicable) NV20181696918

Supervising/Managing Pharmacist Name (NRS 639.220): Natalie Patten

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21709

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Natalie Patten | NV Pharmacist Registration #: 21709 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✔ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Strategic Pharmaceutical Solutions, Inc.

Mailing Address: 17014 NE Sandy Blvd.

City: Portland State: OR Zip: 97230

Telephone: 503-802-7400 Email: rdixon@vetsource.com

Contact Person Name: Rose Dixon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

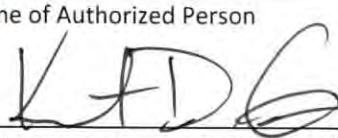
**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the President/CEO (title) for Strategic Pharmaceutical Solutions, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kurt D. Green

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

8/15/24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Natalie Patten hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Vetsource Home Delivery (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19th day of August, 2024

Notary Public

OFFICIAL STAMP
DAWNITA ROSE DIXON
NOTARY PUBLIC - OREGON
COMMISSION NO. 1010370
MY COMMISSION EXPIRES MARCH 28, 2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kurt D. Green

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/15/24
Date

| Board Use Only | Date Received: 8/26/24 | Amount: $500-CC |
|---|---|---|

Vetsource

**Section 3: History of Company**

**Statement of Explanation for Question 3**: "Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding related to the pharmaceutical industry?

*Regarding the question at hand, the answer is affirmative but pertains to a different pharmacy location (Portland, OR) owned by the same entity as our pharmacy seeking licensure in Harrisburg, PA.*

On November 23, 2016, Vetsource Home Delivery (located in Portland, OR), was named in an Administrative Complaint, File #53-16-142154 issued by the Michigan Department of Licensing and Regulatory Affairs. The complaint accused Vetsource Home Delivery of submitting prescription drug monitoring data files with incomplete information and failing to respond to email notifications regarding the errors. On June 27, 2017, Vetsource Home Delivery agreed to a Consent Order, including a $500 fine and sanctions, to settle the complaint. Vetsource Home Delivery accepted the agreement, paid the fine, and disclosed the sanctions. An accurate and authentic copy of the Consent Order is included with this letter.

Vetsource Home Delivery (Portland, OR) has a miscellaneous Pharmacy permit, Permit Number PMP 540, in Hawaii. However, the Hawaii Regulated Industries Complaints Office ("RICO") initiated an investigation into Vetsource Home Delivery, claiming that the pharmacy failed to properly disclose the Michigan consent order information to the Hawaii Board of Pharmacy under Haw. Rev. Stat. §436B-19(13) and (15). To avoid the costs, inconvenience, delays, and uncertainties of contesting the alleged violations, Vetsource Home Delivery agreed to a Settlement Agreement Prior to Filing of Petition for Disciplinary Action with RICO on November 14, 2019, and paid a $1,000 fine. On January 23, 2020, the Hawaii Board of Pharmacy approved the Settlement Agreement Prior to Filing of Petition for Disciplinary Action. Vetsource Home Delivery was notified of the approval on January 27, 2020.

This letter contains an accurate and authentic copy of the Settlement Agreement between Vetsource Home Delivery and RICO, signed by both parties. Under the agreement, Vetsource Home Delivery does not admit to any violation of law or regulation but acknowledges RICO's right to pursue disciplinary action.

If you have any questions, please contact Rose Dixon at rdixon@vetsource.com

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATEGIC PHARMACEUTICAL SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2024.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIC PHARMACEUTICAL SOLUTIONS, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2018.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*







6912382 8300

SR# 20241406789

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203229510

Date: 04-11-24

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

# Inspection Report

## Facility Information

Name: *VETSOURCE HOME DELIVERY* License Number:

Class of License: *A*

## Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*

Date: *04/19/2024* Arrival Time: *9:30 AM* Departure Time: *10:45 AM*

Action Taken: *Pre-Inspection*

General Comments:

## Pre-Inspection Checklist

| | |
|---|---|
| Verify Owner/Owner's Representative ID | *Yes* |

| Name | Title |
|---|---|
| : *Yili Malech* | : *Owner* |

| | |
|---|---|
| Verify PIC ID | *Yes* |

| Name | Title |
|---|---|
| : *Natalie Patten* | : *PIC* |

| | |
|---|---|
| 1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy. | *Yes* |
| 2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed. | *Yes* |
| 3. Electrical supply exists. | *Yes* |
| 4. A sink with hot and cold running water available exclusive of the restroom facilities. | *Yes* |
| 5. Pharmacy arranged in an orderly fashion and kept clean. | *Yes* |
| 6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to: | *Yes* |
| 6a. data processing system including a printer or comparable equipment; | *Yes* |
| 6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration; | *Yes* |
| 6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers; | *Yes* |
| 6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy; | *Yes* |

| | |
|---|---|
| 6e. appropriate equipment necessary for the proper preparation of prescription drug orders; | *Yes* |
| 6f. metric-apothecary weight and measure conversion charts; | *Yes* |
| 6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy. | *Not Applicable* |
| 7. A reference library is on site and current: | *Yes* |
| 7a. Texas Pharmacy Laws and Regulations (publication year: _____) | *Yes* |

Publication Year
: *2024*

| | |
|---|---|
| 7b. Drug Interactions Reference (publication year: _____) | *Yes* |

Publication Year
: *Online*

| | |
|---|---|
| 7c. General Information Reference (publication year: _____) | *Yes* |

Publication Year
: *Online*

| | |
|---|---|
| 7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations) | *Not Applicable* |
| 7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions) | *Yes* |
| 7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center. | *Yes* |
| 8.If the pharmacy is compounding sterile preparations, the following references are also required: | *Not Applicable* |
| 8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations | *Not Applicable* |
| 8b. Chapter 71 of the USP/NF concerning Sterility Tests | *Not Applicable* |
| 8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test | *Not Applicable* |
| 8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding | *Not Applicable* |
| 8e. Handbook on Injectable Drugs (publication year: _____) | *Not Applicable* |

Publication Year
:

| | |
|---|---|
| 8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs) | *Not Applicable* |
| 9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site. | *Yes* |

| | |
|---|---|
| 10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit. | *Yes* |
| 11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E) | *Yes* |
| 12. An area suitable for confidential patient counseling, if the pharmacy serves the general public | *Not Applicable* |
| 13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded. | *Not Applicable* |
| 14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators). | *Not Applicable* |
| 15. Certified clean room(s) (e.g. ante area, buffer area). | *Not Applicable* |

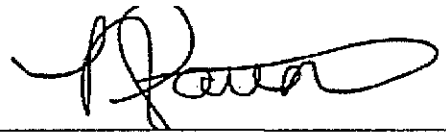
## Discussion Items

| | |
|---|---|
| The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed. | *Yes* |
| Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b). | *Yes* |
| Pharmacy will need to conduct an opening inventory on the first day of business. | *Yes* |
| Pharmacy will need to report all controlled substances to the PMP as required. | *Yes* |

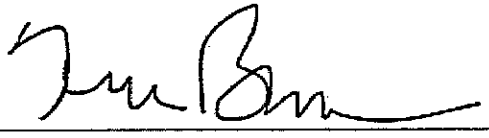
## Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



*Natalie Patten PIC #59306*



*Terri Burrows*

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 35322

(Date PDF Version Generated: 4/22/2024)

## HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

**An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/**

CERTIFICATE
TEXAS
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **35322** Expiration Date: **04/30/2026**

Balances: **6**

**VETSOURCE HOME DELIVERY**
**4251 DALE EARNHARDT BLVD STE 100**
**NORTHLAKE, TX 76262**

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**

# TEXAS STATE BOARD OF PHARMACY

| | |
|---|---|
| **Re:** | Vetsource Home Delivery |
| **Address:** | 4251 Dale Earnhardt Boulevard, Suite 100<br>Northlake, Texas 76262 |
| **License No.:** | 35322 |
| **Date Issued:** | April 21, 2024 |
| **Licensure Status:** | Active |
| **Expiration Date:** | April 30, 2026 |
| **Type of Pharmacy:** | Community – Class A |
| **Prior Disciplinary Orders**: | No |

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Vetsource Home Delivery (Texas Pharmacy License #35322) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

May 16, 2024
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

# TEXAS STATE BOARD OF PHARMACY

## Texas Pharmacy License # 35322

## VETSOURCE HOME DELIVERY

### License Information

**License Status** Active
**License #** 35322
**Expiration Date** 04/30/2026
**Date License Issued** 04/21/2024

### Address

4251 DALE EARNHARDT BLVD STE 100
NORTHLAKE, TX 76262
**County** DENTON
**Phone** (877) 738-4443

### Pharmacy Details

**Prior Disciplinary Orders*** No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

**Class of Pharmacy** Community Pharmacy
**Type of Ownership** Corporation
**Type of Pharmacy** Community Independent
**# of Hospital beds**

### Employment Information

**Pharmacist in Charge**
PATTEN, NATALIE

### Pharmacy Profile ¥

| | |
|---|---|
| **Accessible to disabled persons?** | Yes |
| **Participates in the Texas Medicaid program?** | No |

**Translating services (Listed Below If Available)**

Spanish
Vietnamese
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

### Remedial Plans and Inspection Reports

- 3332071 35322 VETSOURCEHOMEDELIVERY 2024-04 04-2029.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

### Services Provided

| | |
|---|---|
| **Nuclear** | No |
| **Out-Patient Prescriptions** | No |
| **Ship Prescription Out of State** | Yes |
| **Class D (Expanded Formulary)** | No |

| | |
|---|---|
| **Class D (Alternative Visit Schedule)** | No |
| **Compounding Sterile-Risk Level Low** | No |
| **Compounding Sterile-Risk Level Med** | No |
| **Compounding Sterile-Risk Level High** | No |
| **Compounding Non-Sterile** | No |
| **24 Hour Service** | No |
| **Closed Door** | Yes |
| **Compounding, Office Use** | No |
| **Home Delivery** | Yes |
| **Infusion** | No |
| **Pharmacist Administered Immunizations** | No |
| **Veterinary Prescriptions** | Yes |
| **In-Patient Medication Orders** | No |
| **Out-Patient Surgery** | No |
| **Rural Hospital** | No |
| **Tech Check Tech** | No |
| **503b Outsourcing Facility** | No |
| **Other Services** | No |

Texas Pharmacist Employment information

| Pharmacist Name | License # | Registr. Date | Expir. Date | Emp. Status | License Status |
|---|---|---|---|---|---|
| ATCHISON, EMILY ERIN | 54125 | 10/24/2013 | 11/30/2025 | Staff | Active |
| DEWAN, NAFI MUSTOFA | 71497 | 10/13/2022 | 01/31/2027 | Relief | Active |
| FLESHER, JUDITH VIRGINIA | 42544 | 07/26/2004 | 10/31/2026 | Staff | Active |
| PATTEN, NATALIE | 59306 | 08/25/2016 | 10/31/2026 | PIC | Active |
| QUINN, LAMAR | 51226 | 03/29/2012 | 08/31/2025 | Staff | Active |

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Texas Registered Technicians/Trainees Employment information

| Technician/Trainee Name | License # | Registr. Date | Expir. Date | Emp. Status | Reg. Status |
|---|---|---|---|---|---|
| ADAIR, KATELYN LIZHU | 379272 | 10/28/2024 | 10/31/2026 | Staff | Active |
| GUADARRAMA, MELINA | 257350 | 06/24/2016 | 05/31/2026 | Staff | Active |
| LYDZINSKI, KATE ELIZABETH | 330917 | 11/02/2021 | 03/31/2025 | Staff | Active |
| MORENO, RAKEL | 368930 | 03/26/2024 | 03/31/2026 | Staff | Active |
| POOL, FAITH | 341379 | 07/05/2022 | 05/31/2025 | Staff | Active |
| RUSSELL, PAMELA R | 376224 | 09/03/2024 | 09/30/2026 | Staff | Active |
| SANGHERA, AMANPREET SINGH | 364339 | 12/01/2023 | 12/31/2025 | Staff | Active |
| SEXTON, KAYLEE LORENE | 345055 | 09/22/2022 | 05/31/2025 | Staff | Active |
| SHEPHARD, MATTHEW ALEXANDER | 369874 | 04/16/2024 | 04/30/2026 | Staff | Active |
| WEAST, JANETTE | 335986 | 02/17/2022 | 12/31/2026 | Staff | Active |

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Texas Remote Pharmacy information

| Remote Pharmacy Name | Registr. # | Address | City | State | Zipcode |
|---|---|---|---|---|---|

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

| Owner Name | Owner Title | Address | City | State | Zipcode |
|---|---|---|---|---|---|
| STRATEGIC PHARMACEUTICAL SOLUTIONS INC | OWNER | 17014 NE SANDY BLVD, | PORTLAND | OR | 97230 |

| | | | | | |
|---|---|---|---|---|---|
| BANE, ANDREW J | OFFICER | , | | | |
| MALECH, YILI KO | OFFICER | , | | | |
| GREEN, KURT | OFFICER | , | | | |

Page 1 of 1 20 View 1 - 4 of 4

**The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.**

VETSOURCE

Corporation: Strategic Pharmaceutical Solutions, Inc.

Corporate Officers

Kurt D. Green – President/CEO

Office:

9500 NE Cascades Pkwy

Portland, OR 97220

(503) 802-7400 office

[redacted]

Residence:

[redacted]

Gresham, OR [redacted]

[redacted]

Andrew J. Bane – Secretary/COO

Office:

9500 NE Cascades Pkwy

Portland, OR 97220

(503) 802-7400 office

[redacted]

Residence:

[redacted]

Camas, WA [redacted]

[redacted]

VETSOURCE

Strategic Pharmaceutical Solutions, Inc. Shareholders

VCA Antech - A Division of Mars, Inc. (57%)
12401 West Olympic Blvd.
Los Angeles, CA 90064
310-571-6500
FEIN: 95-4097995
Doug Drew – President
Keith Melman - Secretary

MWI Animal Health – A Wholly Owned Subsidiary of AmerisourceBergen (12.2%)
3041 W. Pasadena Dr.
Boise, ID 83705
208-955-8930
FEIN: 02-0620787
NASDAQ: MWIV
Mark Shaw – President (MWI Animal Health)

Patterson Veterinary—A Division of Patterson Companies, Inc. (8.3%)
137 Barnum Rd.
Devens, MA 01434
978-353-6000
FEIN: 41-0886515
NASDAQ: PDCO
George L. Henriques - President

Bain Capital Ventures, L.P. (5.7%)
200 Clarendon Street
Boston, MA 02116
617-516-02116
FEIN: 20-5463883
Yumin Choi - Managing Director

STRATEGIC
PHARMACEUTICAL SOLUTIONS, INC.

# List of Directors and Officers

**Kurt Green – President & CEO**
Business
9500 NE Cascades Pkwy.
Portland, OR 97220
(503) 802-7400

**Andy Bane – Secretary & COO**
Business
9500 NE Cascades Pkwy.
Portland, OR 97220
(503) 802-7400

**Steven Henrickson - CFO**
Business
9500 NE Cascades Pkwy.
Portland, OR 97220
(503) 802-7400

**Doug Drew – Director**
VCA Antech, Inc.
12401 W. Olympic Blvd.
Los Angeles, CA 90067
(310) 314-5237

**Steven Shell - Director**
MWI Animal Health
3041 W. Pasadena Dr.
Boise, ID 83705
(208) 576-1927

**Cecile Coutens - Director**
Mars/Royal Canin
110 Edison Place
Newark, NJ 07102
(862) 324-2554

**Loic Moutault - Director**
[redacted]gue

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vetsource Home Delivery

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4251 Dale Earnhardt Blvd. Ste 100

City: Northlake State: TX Zip: 76262

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 877-738-4443 Website: vetsource.com

Licensing Company Email: rdixon@vetsource.com

### Section 2: Personal Information

First: Natalie Middle: Last: Patten

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Fort Worth State: TX Zip: [redacted]

Telephone: [redacted] Ema[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |



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**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: University of Oklahoma Health Science Center | | From - To (MM/YY – MM/YY): 08/12-06/16 | |
| Address: 1110 N Stonewall Ave | City: Oklahoma City | State: OK | Zip: 73117 |
| Diploma/Degree obtained, if any: Doctor of Pharmacy | | | |
| School Name: University of Oklahoma | | From - To (MM/YY – MM/YY): 08/04-05/09 | |
| Address: 660 Parrington Oval | City: Norman | State: OK | Zip: 73019 |
| Diploma/Degree obtained, if any: Bachelor of Science - Microbiology | | | |
| School Name: Altus High School | | From - To (MM/YY – MM/YY): 08/01-05/04 | |
| Address: 400 N Park Ave | City: Altus | State: Ok | Zip: 73521 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY): 07/20-present | [redacted] | City: Fort Worth | State: TX | [redacted] |
| From - To (MM/YY – MM/YY): 09/16-07/20 | | City: Richardson | State: TX | |
| From - To (MM/YY – MM/YY): 02/16-09/16 | | City: Oklahoma City | State: OK | |
| From - To (MM/YY – MM/YY): 07/14-02/16 | | City: Moore | State: OK | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |



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**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Vetsource Home Delivery | | | 01/24-Present |
| **Business Address** | **City** | **State** | **Zip** |
| 4251 Dale Earnhardt Blvd | Northlake | TX | 76262 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 877-738-4443 | Pharmacist in Charge | 2000 | |
| **Description of Duties** | | | |
| Pharmacist in Charge for mail order, veterinary, retail pharmacy. Responsible for policies, procedures, and staff workflow. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Village Lane Apothecary | | | 01/20-01/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 60 Village Lane | Colleyville | TX | 76034 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 817-717-2000 | Pharmacist in Charge | 8300 | |
| **Description of Duties** | | | |
| Pharmacist in Charge for Mail-order, retail, Sterile compounding pharmacy. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

**Continue on next page if additional space is needed.**



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| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |



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I, Natalie Patten, certify that as the designated representative for

Vetsource Home Delivery,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NP I am at least 21 years of age;
3. NP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Natalie Patten

Print Name (First, Last)

Natalie Patten

Original Signature (electronic, copies or stamps not accepted)

1-14-25

Date



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**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1.14.25

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of TEXAS, ss. County of TARRANT

I, Natalie Patten, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1.14.25

**Date**

Subscribed and Sworn to before me this 14th day of JANUARY.

**Notary Public Signature**

AMOL SANAP
My Notary ID # 134941125
Expires June 11, 2028

**(Seal)**



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## *APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES*

*Addendum to Pharmacy Application*
*(Only required if providing internet services)*

## *GENERAL INFORMATION*

Name of Nevada license pharmacy: Vetsource Home Delivery

Nevada license number: _____

Websites in use or intended to be used: vetsource.com

_____

_____

Affiliated websites (websites that link to or otherwise direct users to your website):

_____

_____

_____

## *VIPPS CERTIFICATION*

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

We are NABP Healthcare Merchant Certified. VIPPS does not apply to veterinary pharmacy websites.

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

## *PHARMACIES LACKING VIPPS CERTIFICATION*

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

**PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.**

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

**PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.**

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

8/19/24

Date


WHITE, OVAL CAPLET, 100,MG,NOVOX SCORED
FOR VETERINARY USE ONLY.
SAME MEDICATION YOU HAVE BEEN GETTING COLOR, SIZE OR SHAPE MAY BE DIFFERENT
Caution: Federal Law Prohibits Dispensing Without a Prescription
DR. JANE CALM
VETSOURCE HOME DELIVERY
Vetsource
Strategic Pharmaceutical Solutions, Inc
Date: 04/10/2024 Client: JOHN DOE
Species: CANINE Patient: STELLA
NOVOX CAPLETS 100MG 60CT BOTTLE
QTY: 1 Use by: 04/10/2025 FV0518603
GIVE 1/2 TABLET WITH FOOD EVERY12 HOURS TO CONTROl PAIN AND INFLAMMATION.
Rx: 25166226 Refills: 1 Until: 04/09/2025
RPH / Tech: HNR / BM Mfg: VEDCO
4251 DALE EARNHARDT BLVD #100 NORTLAKE TX 76262 (877) 730-4443

Vetsource

**Vetsource SOP Summary Reference for the NV Non-Resident Licence Application**

**Question 2, Items A-J**

Vetsource SOP 29: Pharmacist Procedures Ensuring Prescription Integrity

Item A:

- All veterinarian prescribers attest to a VCPR with their client
- Pharmacists follow procedures in SOP 29 to assess for the validity and integrity of all prescriptions (electronic, telephonic, faxed and written)
- Pets in general are on very few medications and pharmacists are trained to recognize normal prescribing patterns
- Controlled substances account for approximately 1% of Vetsource medication orders

Item B:

- Proprietary electronic prescription security ensures that a prescription can only be dispensed by Vetsource
- Faxes are verified through a secure fax server network
- Pharmacists are trained to follow up on any written prescriptions with the vet clinic if there is a concern

Item C:

- There are various system securities in place within the pharmacy system to ensure that only one pharmacy can dispense the prescription (e.g. Portland location vs Harrisburg location)

Item D:

- The veterinarian and pet are verified when an order is placed, each has a unique ID number to ensure that records are non-modifiable in our systems

Vetsource SOP 25: Pharmacist Procedures General

Item E:

- 4.1. All pharmacists are responsible for complying with all state and federal laws and regulations governing the practice of pharmacy.
- Includes performing a DUR, supervision and appropriate use of technicians and staff, drug & records security, confidentiality, controlled substance security, patient counseling, prescribers and drug information
- Additionally, all Technicians are trained on relevant SOPs regarding: General & Training requirements, Customer Service, Prescription Entry, Order Fill, Packing/Shipping, Compliance packaging, and Administrative SOPs

Vetsource SOP 33: Pharmacist Procedures Hospital and Patient Consultation

Item F:

- Pharmacists and technicians are trained in call handling and escalation procedures. The teams are trained in reporting Adverse Drug Reactions, Errors and Complaints.
- Often, the pharmacy team is also in touch with the prescribing veterinarian to help resolve complaints and service issues reported by a pet owner.
- Every order includes written drug information and a reminder to contact a pharmacist to discuss the pet's medication, side effects or errors related to the order. The following message accompanies every order:

**Important Information About Your Pet's Prescription(s):**
Written information is included in your shipment for any order containing prescription medication(s). Please read this information before you give this medication to your pet. If you have any questions about the proper use of a medication, if your pet experiences a side effect from using a medication, or if an error has occurred with your order, please call VetSource to speak with a pharmacist at 1-877-738-4443. Our pharmacists are available Monday through Friday, 8am -8pm EST. If your pet experiences a health emergency, go to the nearest emergency veterinary clinic and call your veterinarian.

Vetsource SOP 10: Administrative Requirements Quality Assurance Program

Item F, G, H:

- Vetsource defines a pharmacy service complaint and/or dispensing error as a Quality Related Event in SOP 10.
    - They are also further defined as a "product quality complaint" in SOP 7 Reporting Adverse Drug Events, when the complaint is about a manufacturer's defect.
    - All ADEs and product quality complaints are documented and reported to the drug manufacturer.
- Service complaints and errors are documented by the QA team(s).
    - These issues are resolved with the pet owner immediately after the investigation is completed.
    - Often, the pharmacy team is also in touch with the prescribing veterinarian to help resolve complaints and service issues reported by a pet owner.
    - Pharmacists may communicate with the pet owner and vet hospital depending on the nature of the event.
- The QA team and the PIC review all quality events and determine whether any of the following actions are warranted:
    - Assign root cause analysis, retrain and/or discipline staff, conduct staff awareness meetings, update SOPs or other procedures, develop technology solutions for further error prevention.
- Additionally, Vetsource records all calls and monitors for quality assurance, regulatory compliance and training.
    - SOP 55 Telework outlines procedures for recording and monitoring calls, and ensuring oversight of the call center and other remote pharmacy personnel.

Vetsource SOP 35: Pharmacist Procedures Client Notification Undue Delay

Item I:

- The pharmacy has specific procedures for notifying clients when a medication is out of stock or a shipment is delayed. If an order is delayed more than 24 hours, clients are notified.
    - In the event of a delayed order, Vetsource will establish the necessary delivery timeline with the pet owner, oftentimes upgrading the shipping at no cost to the pet owner.
- Vetsource does not make order substitutions. The pharmacy ensures that all orders are shipped exactly as prescribed.
    - This is due to the fact that there is limited data on the therapeutic equivalence between branded and generic veterinary medications.

Vetsource SOP 23: Inventory Maintenance Product Recalls and SOP 22: Inventory Maintenance Expiring Meds

Item J:

- The pharmacy has defined procedures for ensuring notification of the pet owner and veterinary practice for recalls:
    - Recall notices are immediately reviewed and prioritized
    - All Recalls are reviewed in the central inventory database and investigated for products that may be in the pharmacies and need to be quarantined
    - The Portland PIC will confirm the severity of the Recalls (Class I, II or III) and will initiate the appropriate notification protocol
    - Procedures will include instructions for pet owners to return the product to the pharmacy for return to the manufacturer, if applicable
- The inventory team will continually monitor the central inventory database for medications that expire with less than 12 months expiration dating. Short dated medications will be removed from stock and quarantined.
- In some cases, short dated medications may be sold provided that the Expiration date is clearly marked on the pharmacy label. E.g. immediate and one time use products.

**Question 3**

Vetsource SOP 33: Pharmacist Procedures Hospital and Patient Consultation
Vetsource SOP 14: Confidentiality Maintenance of Patient Profiles
Vetsource SOP 27: Pharmacist Procedures Precheck

- Vetsource collects specific information about the pet patient to ensure sufficient medical details are available for the pharmacist to conduct a clinical DUR and provide pet owner drug counseling
- All pet owner and pet/patient information is maintained in a secure and confidential manner

- Pharmacists are trained on specific procedures to review prescriptions, conduct clinical DUR and consult with pet owners and veterinary clinics

**Question 4**

Vetsource SOP 27: Pharmacist Procedures Precheck New Rx DUR
Vetsource SOP 28: Pharmacist Procedures Precheck Refills DUR
Vetsource SOP 33: Pharmacist Procedures Hospital and Patient Consultation
Vetsource SOP 6: Administrative Requirements Compliance & Conflicts of Law

- Vetsource reviews all state rules and laws and provides a service level that is consistent and in compliance with state requirements
    - DUR is performed on every order
    - Drug information and the offer to counsel is provided on every order

**Question 5**

Vetsource SOP 14: Confidentiality of Patient Vet Client Info, System Security

- The pharmacy system currently used is Epost (ANS health). Epost is a 3-tier architecture application – the application server tier and database server tier are located in Vetsource owned and managed servers in our Technology Center. The pharmacy user tier is browser-based and access is restricted to a single pharmacy-only network segment.
- Vetsource platform security
    - 1.1. VetSource integration ensures robust security between Veterinarian Hospitals and their affiliated websites, pet owners, employees and internal pharmacy systems. All customer, client, patient, and medical data resides in our servers that are protected in a hosted environment and utilize cloud VPC firewall rules, applied to each endpoint to protect all services. The ScriptRight application and hospital software portal (Services Home) encrypts 100% of the data transmitted over the internet from the practice to our servers using the latest supported TLS Encryption. Our SSL certificate is certified by GoDaddy.com, a Certified SSL Certificate Authority.
    - 1.2. Staff may only access the Vetsource network, pharmacy and phone systems when a pharmacist is on duty. Each remote user must perform a two-factor authentication process to access the Vetsource network and pharmacy systems
- Vetsource maintains all dispensing and prescription records for a minimum of 7 years from the last fill date.

**Question 6, Supporting Items A-C**

Vetsource SOP 6: Administrative Requirements Compliance & Conflicts of Law
Vetsource SOP 14: Confidentiality Maintenance of Patient Profiles
Vetsource SOP 16: Confidentiality General
Vetsource SOP 24: Inventory Maintenance Products Identified as Precursors

- Item A - As stated above to Question 2

- Item B -As stated above to Question 5, records maintained for a minimum of 7 years from the last dispense date for that prescription
- Item C - SOP 24 covers this category.
    - The only precursor medication we stock is dispensed as prescription required, Proin (Phenylpropanolamine) which is a legend veterinary medication used for urinary incontinence.
    - Vetsource monitors all Proin dispensing activity to ensure that there is no diversion of this medication.

**Questions 7 and 8:**

Vetsource SOP 41: TechnicianProcedures Storage and Shipment
Vetsource SOP 51: Inventory Maintenance Refrigeration Storage/Shipment
Vetsource SOP 22: Inventory Maintenance Storage Conditions & Expiring Meds

- Vetsource tracks all shipments and provides tracking information to pet owners
- Vetsource documents reports of lost or delayed shipments in our QA program (SOP 10)
- Vetsource works closely with shipping vendors (UPS and USPS) to ensure that all orders are delivered in a safe, timely and traceable manner.
- All drugs are stored according to USP standards. The pharmacy conducts real time continuous temperature and humidity monitoring of the pharmacy drug storage areas, including the inventory/receiving and quarantine zones.
- Temperature Sensitive procedures:
    - Vetsource maintains a reference log that documents the allowable temperature excursions for sensitive and popular products, sourced from the manufacturer
    - Vetsource ensures the appropriate packaging and handling for sensitive items and denotes these products in our catalog database, adjusting this list where needed
    - All refrigerated items are packed in coolers and overnighted. Each item has a temperature indicator device (Warm Mark tag) that alerts the pet owner if a product experienced an inappropriate temperature exposure.
    - Pharmacists consult with the pet owner to determine if a product needs to be replaced.

4HHH

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ■ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Ellen Middle: Thi Last: Ly

NV Pharmacist Registration # 24174

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum Care Cancer Center

Address: 2300 W Charleston Blvd

City: Las Vegas State: NV Zip: 89102

Employer Contact Name: Colby Meier

Employer Contact Telephone: 702 448 1073 Employer Contact email: Colby-meier@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Optum Care Cancer Center
Address: 2300 W Charleston Blvd
City: Las Vegas State: NV Zip: 89102
Country/Territory/Province: Clark
Is this a medical, residential, or business site? ☑ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday - Friday, 0700 - 1800

Name of Site (if applicable): Optum Care Cancer Center
Address: 6190 S Fort Apache Rd
City: Las Vegas State: NV Zip: 89148
Country/Territory/Province: Clark
Is this a medical, residential, or business site? ☑ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday - Friday 0700 - 1800

Name of Site (if applicable): Optum Care Cancer Center
Address: 3175 St. Rose Pkwy
City: Henderson State: NV Zip: 89052
Country/Territory/Province: Clark
Is this a medical, residential, or business site? ☑ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday - Friday 0700 - 1800

Name of Site (if applicable): Optum Care Cancer Center
Address: 3150 N Tenaya Way, Suite #510
City: Las Vegas State: NV Zip: 89128
Country/Territory/Province: Clark
Is this a medical, residential, or business site? ☑ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site? Monday - Friday 0700 - 1800

Name of Site (if applicable):
Address:
City: State: Zip:
Country/Territory/Province:
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site?

Name of Site (if applicable):
Address:
City: State: Zip:
Country/Territory/Province:
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business
Days of the week and hours services will be provided at this site?

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

- Consult with providers regarding oncology treatment regimens, including clinical research trials
- Patient counseling
- Provider, nurse, and support staff education
- Formulary development and enforcement
- oncology treatment regimen template production

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

- main patient population is hematology and oncology
- occasional neurological or immunological disorders due to overlaps in therapy

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

- National Comprehensive Cancer Network Guidelines
- Lexicomp drug database
- Clinical Pharmacology drug database

4. Provide an explanation of the policy for users of the services when you are unavailable.

- There are two full time pharmacists and 1 part-time pharmacist employed at Optum Care Cancer center. Pharmacists' schedules are created to ensure one pharmacist is available during clinic hours at all times.
- in the rare event all pharmacists are unable to be available during those scheduled times, the medical director of the clinic will be consulted for all urgent pharmacy needs

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information and maintaining confidentiality of patient records.
Add access to patient data is governed by Optum's internal policies and procedures, which are in compliance with State and Federal law

6. Provide a description of the business plan for the services provided.

Business identity is Optum Care Cancer Center [Optum, Inc]

No business plan is provided as Pharmacists do not provide billable services in this role

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Ellen Ly

Print Name

Original Signature, no copies or stamps accepted

1/22/2025

Date

| | |
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| **Board Use Only** | Date Received: 1/28/25<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

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| ANNUAL DISCIPLINE CASES<br>Reporting Period: January 2024 | | | |
|---|---|---|---|
| **FINDING** | **HARM** | **DISCIPLINE INDIVIDUAL** | **DISCIPLINE FACILITY** |
| SY was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S. | No | Certificate of Registration No. CS27231, is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs. | N/A |
| MH was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S. | No | Certificate of Registration No. CS22622 is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs. | N/A |
| JG pled guilty pursuant to a plea agreement and was convicted on one felony count of conspiracy in United States of America v. Jeffrey Dave Gress, United States District Court for Central District of California, Case 8:18-cr-00014-JLS. Respondent subsequently surrendered his DEA Registration No. FG3245455 by executing a DEA Form 104 | No | Certificate of Registration No. CS20182 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $5,000and assessed $1,000 for attorney's fees and costs. | N/A |
| WP dispensed a prescription with erroneous directions for use which resulted in negative outcome to patient and failed to properly document medication counseling. | Yes | N/A | Respondent fined $1,000 and assessed $500 for attorney's fees and costs. |

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| WH performed data entry review and final product verification of a prescription and failed to detect erroneous directions for use which resulted in a negative outcome to the patient. | Yes | Respondent fined $1,000 and assessed $500 for attorney's fees and costs. | N/A |
| HB failed to properly document medication counseling for a prescription. | Yes | Respondent fined $1,000 and assessed $500 for attorney's fees and costs. | N/A |
| NSP compounded and dispensed drug products for 64 patients located in Nevada without holding a Nevada Pharmacy license, and the prescriptions dispensed may not have been compounded in compliance with Nevada Law. | No | N/A | Respondent fined $25,000 for the violations. |
| JK surrendered his Neveda Medical License No. 15386 to practice medicine for cause and no longer qualifies as a practitioner for registration to dispense controlled substances, and he committed acts that render his registration inconsistent with the public interest. | No | Certificate of Registration No. CS24228 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $2,000 and assessed $1,880.42 for attorney's fees and costs. | N/A |
| JB failed to disclose arrests and/or convictions on his original Pharmaceutical Technician in Training application. The Board held a hearing to address the charges against him on January 15, 2025, where he failed to appear, and a default order was taken. | No | Certificate of Registration No. PT28790 was revoked for a period of one year and assessed $511.46 in attorney's fees and costs. | N/A |

| | | | |
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| AL transported a supply of controlled substances between his home/vehicle/office and various hospital operating rooms and/or surgery centers in a location other than a registered office in violation of Nevada Law. In addition, he knowingly or intentionally acquired controlled substances and/or dangerous drugs without a prescription and failed to query the controlled substance information in the PMP in violation of Nevada Law. | No | Certificate of Registration No. CS18089 is revoked. The revocation is stayed and placed on probation for a period of five years from the effective date of the Order. Respondent Lee shall not possess controlled substances except while on the premises of a hospital, a surgery center for ambulatory patients, or another medical facility where respondent is treating or caring for a surgical patient. Respondent Lee shall participate in four quarterly inspections from the effective date of the Order to January 14, 2026. Respondent fined $10,000 for the violations; and assessed $5,000 in attorney's fees and costs. | N/A |

# 5A

FILED
JAN 1 1 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ERIC MARTIN MATH, MD,**<br>**Certificate of Registration No. CS04598,**<br>**Respondent.** | **CASE NO. 19-083-CS-N**<br><br>**ORDER TO SHOW CAUSE** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), makes the following that will serve both a notice of intended action under NRS 233B.127(3) and as an order to show cause under NAC 639.965:

1. Eric Martin Math, MD, revoked Certificate of Registration No. CS04598, is hereby directed to appear before the Board for a hearing to show cause scheduled **for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

2. On April 21, 2022, the Board entered its Findings of Fact, Conclusions of Law, and Order revoking Certificate of Registration No. CS04598 and imposing discipline on Respondent pursuant to NRS 453.241(1)(b) and NRS 639.255 (Order).

3. Respondent has failed to make payment of a fine of Five Thousand Dollars ($5,000.00) pursuant to the Order.

4. Respondent has failed to make payment of Eight Hundred Twelve Dollars and Fifty Cents ($812.50) for attorney's fees and investigative costs pursuant to the Order.

5. Respondent is therefore directed to show cause why he should not be subject to further discipline pursuant to NRS Chapters 453 and 639, or otherwise demonstrate that his conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3).

**IT IS SO ORDERED.**

Entered this 17th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of Jan. 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Eric M. Math, MD
[redacted]
Reno, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
APR 21 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | |
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| NEVADA STATE BOARD OF PHARMACY,<br>Petitioner,<br>v.<br>ERIC MARTIN MATH, MD,<br>Certificate of Registration No. CS04598,<br>Respondent. | CASE NO. 19-083-CS-N<br><br>FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER |

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 14, 2021. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Eric Martin Math, MD, Certificate of Registration No. CS04598, appeared through counsel, Hal Taylor, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

## FINDINGS OF FACT

The allegations against Respondent, as stated in the Notice of Intended Action and Accusation (Accusation) on file herein, and upon which the Board makes findings of fact, are as follows:

1. At the time of the events herein, Respondent Eric Martin Math, MD, held a Nevada controlled substance registration, Certificate No. CS04598, issued by the Board.

2. On June 3, 2019, Respondent surrendered his DEA Certificate of Registration No. BM4705616 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

4. On or about June 4, 2019, Board staff notified Respondent that his surrender of DEA Certificate of Registration No. BM4705616 for cause operated as an immediate suspension of his Certificate of Registration No. CS04598 with the Board pursuant to NRS 639.2107.

5. On or about June 27, 2019, Respondent requested that his License No. 8878 issued by the Nevada State Board of Medical Examiners (NSBME) be placed on inactive status pursuant to NRS 630.255 rather than renewed on the basis that he was not engaged in the practice of medicine in Nevada.

6. On or about July 12, 2019, Board Staff properly served Respondent with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

7. On or about September 3, 2019, Respondent filed an Answer and Notice of Defense to the original Accusation and requested a stay of administrative proceedings until final disposition of *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026. Pursuant to NAC 639.120(1) this matter was continued.

8. On or about March 2, 2020, Respondent entered into a plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, wherein he pled guilty to one count of conspiracy to distribute a controlled substance – hydrocodone and oxycodone, in violation of 21 USC § 841(a)(1) and (b)(1)(c) and 21 USC § 846.

9. Board staff incurred at least $812.50 in attorney's fees prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

## CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent was a practitioner registered with the Board.

2. The applicable law in this matter is as follows:

a. A practitioner must hold an active license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

b. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has been convicted of a felony under a state or federal law relating to a controlled substance. NRS 453.236(1)(b) and NRS 453.241(1).

c. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

d. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

e. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

f. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

g. The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

h. Conviction of a felony for a violation of federal law concerning drugs operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2121.

3. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Respondent is subject to discipline and his Certificate of Registration No. CS04598 subject to revocation pursuant to NRS 453.236(1)(b) and NRS 639.210(11) and (12).

4. By violating the federal Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

5. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct

contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

6. By placing his NSBME License No. 8878 to practice medicine on inactive status, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to suspension pursuant to NRS 453.236(1) and NRS 453.241(1).

7. By surrendering his DEA Certificate of Registration No. BM4705616 for cause and by his felony conviction, Respondent has admitted to violating federal law, is no longer authorized by federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

8. The suspension of Respondent's Nevada Controlled Substance Registration, Certificate No. CS04598, pursuant to NRS 639.2107 and NRS 639.2121 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

## ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Eric Martin Math, MD, Certificate of Registration No. CS04598, is hereby revoked pursuant to NRS 453.241(l)(b).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration.

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of five (5) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to

answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

5. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations, by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

6. Pursuant to NRS 622.400, Respondent shall pay $812.50 to partially reimburse the Board for reasonable and necessary attorney's fees actually incurred in prosecuting this matter. Payment shall be made by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

7. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

8. This Order is effective immediately.

**IT IS SO ORDERED.**

Entered this 21st day of April, 2021.

Helen Park, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ERIC MARTIN MATH, MD,**<br>**Certificate of Registration No. CS04598,**<br>**Respondent.** | **CASE NO. 19-083-CS-N**<br><br>**FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Eric Martin Math, MD (Math), held a Nevada Controlled Substance Registration, Certificate No. CS04598, issued by the Pharmacy Board.

## FACTUAL ALLEGATIONS

2. On June 3, 2019, Math surrendered his DEA Certificate of Registration No. BM4705616 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Math acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.



NEVADA STATE BOARD OF PHARMACY
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4. On or about June 4, 2019, Board staff notified Math that his surrender of DEA Certificate of Registration No. BM4705616 for cause operated as an immediate suspension of his Certificate of Registration No. CS04598 with the Board pursuant to NRS 639.2107.

5. On or about June 27, 2019, Math requested that his License No. 8878 issued by the Nevada State Board of Medical Examiners (NSBME) be placed on inactive status pursuant to NRS 630.255 rather than renewed on the basis that he was not engaged in the practice of medicine in Nevada.

6. On or about July 12, 2019, Board Staff properly served Math with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

7. On or about September 3, 2019, Math filed an Answer and Notice of Defense to the original Accusation and requested a stay of administrative proceedings until final disposition of *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026. Pursuant to NAC 639.120(1) this matter was continued.

8. On or about March 2, 2020, Math entered into a plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, wherein he pled guilty to one count of conspiracy to distribute a controlled substance – hydrocodone and oxycodone, in violation of 21 USC § 841(a)(1) and (b)(1)(c) and 21 USC § 846.

## FIRST CAUSE OF ACTION
### Violation of Federal Law

9. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has been convicted of a felony under a state or federal law relating to a controlled substance. NRS 453.236(1)(b) and NRS 453.241(1).

10. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

11. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

12. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Math is subject to discipline and his Certificate of Registration No. CS04598 subject to revocation pursuant to NRS 453.236(1)(b) and NRS 639.210(11) and (12).

## SECOND CAUSE OF ACTION

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

14. By violating the federal Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Math has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

## THIRD CAUSE OF ACTION

**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

15. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Math has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

## FOURTH CAUSE OF ACTION

**Inactive License to Practice Medicine**

17. A practitioner must hold an active license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

18. By placing his NSBME License No. 8878 to practice medicine on inactive status, Math no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

## FIFTH CAUSE OF ACTION

**Surrender of DEA Registration for Cause and Federal Conviction**

19. The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

Conviction of a felony for a violation of federal law concerning drugs operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2121.

20. By surrendering his DEA Certificate of Registration No. BM4705616 for cause and his felony conviction, Math has admitted to violating federal law, is no longer authorized by federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

21. The suspension of Math's Nevada Controlled Substance Registration, Certificate No. CS04598 pursuant to NRS 639.2107 and NRS 639.2121 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 16 day of January, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ERIC MARTIN MATH, MD,**<br>**Certificate of Registration No. CS04598,**<br>**Respondent.** | **CASE NO. 19-083-CS-N**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

**The Board has scheduled your hearing on this matter for Wednesday, March 3, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.**

**Via Videoconference at Zoom: https://zoom.us/j/5886256671**
**or**
**Via Teleconference at 1 (669) 900-6833**
**Meeting ID: 588 625 6671**

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of January, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,** | ) | **CASE NO. 19-083-CS-N** |
| | ) | |
| **Petitioner,** | ) | |
| **v.** | ) | **ANSWER AND NOTICE** |
| | ) | **OF DEFENSE** |
| **ERIC MARTIN MATH, MD,** | ) | |
| **Certificate of Registration No.** CS04598, | ) | |
| | ) | |
| **Respondent.** | / | |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2021.

_____

**ERIC MARTIN MATH, MD**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of January, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David R. Houston, Esq.
432 Court Street
Reno, NV 89501

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,** | ) | **CASE NO. 19-083-CS-N** |
| **Petitioner,** | ) | |
| **v.** | ) | |
| | ) | **NOTICE OF INTENDED ACTION** |
| **ERIC MARTIN MATH, MD,** | ) | **AND ACCUSATION** |
| **Certificate of Registration No. CS04598,** | ) | |
| **Respondent.** | ) | |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Eric Martin Math, MD (Math), held a Nevada Controlled Substance Registration, Certificate No. CS04598, issued by the Pharmacy Board.

## FACTUAL ALLEGATIONS

II.

On June 3, 2019, Math surrendered his DEA Certificate of Registration No. BM4705616 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

III.

By executing the DEA Surrender for Cause, Math acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

IV.

On or about June 4, 2019, Board staff notified Math that his surrender of DEA Certificate of Registration No. BM4705616 for cause operated as an immediate suspension of his Certificate of Registration No. CS04598 with the Board pursuant to NRS 639.2107.

## APPLICABLE LAW

V.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

VI.

The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

VII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

VIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

IX.

By failing to comply with the Federal requirements pertaining to controlled substances, Math committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

**SECOND CAUSE OF ACTION**

X.

By surrendering his DEA Certificate of Registration No. FM2307468 for cause, the suspension of Math's Nevada Controlled Substance Registration, Certificate No. CS04598 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

**THIRD CAUSE OF ACTION**

XI.

By failing to comply with the Federal requirements pertaining to controlled substances, Math is subject to discipline pursuant to NRS 639.210(11) and/or (12), and NRS 639.255.

XII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 12th day of July, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,** | ) | **CASE NO. 19-083-CS-N** |
| | ) | |
| **Petitioner,** | ) | |
| **v.** | ) | |
| | ) | **STATEMENT TO THE** |
| **ERIC MARTIN MATH, MD,** | ) | **RESPONDENT** |
| **Certificate of Registration No. CS04598,** | ) | **NOTICE OF INTENDED ACTION** |
| | ) | **AND ACCUSATION** |
| **Respondent.** | / | **RIGHT TO HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

**The Board has scheduled your hearing on this matter for Wednesday, September 4, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.**

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12th day of July, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Eric Math, MD**
[redacted]
**Reno, NV** [redacted]

SHIRLEY HUNTING

# RETURN OF SERVICE

**STATE OF NEVADA** )
**ss.**
**COUNTY OF WASHOE** )

I HEREBY certify and return that I received the within Notice of Intended Action, Statement to the Respondent Notice of Intended Action and Accusation Right to Hearing, Answer and Notice of Defense, and Suspension of Certificate of Registration No. CS04598 on the 31st day of July, 2019 and that I personally served the same upon Front desk receptionist Itzel Arnate at the law office of David Huston, 432 Court Street, Reno, NV 89501, a person at least eighteen years of age, at law office of David Huston on the 31st day of July, 2019.

Signature

Joseph J. Depczynski

Name (print)

SUBSCRIBED AND SIGNED before me

this 31st day of JULY, 2019

by JOSEPH J. DEPCZYNSKI

NOTARY PUBLIC

SHIRLEY LOWERY-HUNTING
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 13-10953-2 - Expires May 24, 2021

FILED
APR 12 2021
NEVADA STATE BOARD OF PHARMACY

Hal Taylor, Esq.
SBN: 4399
1551 W. Lakeridge Shores.
Reno, NV 89519
Tel: (775) 825-2223
Fax: (775) 329-1113
Email: HalTaylorLawyer@gbis.com
Attorney for Eric Martin Math, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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|---|---|
| NEVADA STATE BOARD OF PHARMACY<br>Petitioner,<br>v.<br>ERIC MARTIN MATH, MD<br>Certificate of Registration No. CS04598,<br>Respondent, | Case No.: 19-083-CS-N |

**Amended Answer**

Respondent Eric Martin Math, MD, through his counsel, Hal Taylor, Esq., responds to the Notice of Intended Action and Accusation ("Accusation") filed by the Nevada State Board of Pharmacy ("Board") as follows:

**JURISDICTION**

I.

Admitted.

**INCORPORATION OF PREVIOUS ANSWER AND NOTICE OF DEFENSE**

Respondent Math, though his criminal counsel, David R. Houston, Esq., previously filed an Answer and Notice of Defense ("Original Answer"). By this reference, the relevant portions of the Original Answer are incorporated into this Amended Answer as if fully set forth herein. It is anticipated that if a trial goes forward of the Co-Defendants in the Federal case against Respondent Math, that he may be subpoenaed to testify the United States Attorney's Office.

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HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
RENO, NV 89519
TEL. (775) 825-2225 - HalTaylorLawyer@gbis.com

## FACTUAL ALLEGATIONS

**II.**

Since the filing of the Original Answer, Respondent Math entered into a Plea Agreement with the United States Attorney's Office in which he agreed to plead guilty to Count I of the indictment (Conspiracy to distribute a controlled substance - hydrocodone and oxycodone.) in *United States of America v Eric Math*, Case No.: 3:19-cr-0026 pending in the Untied States District Court for the District of Nevada "District Court"). That plea has been accepted by the District Court, and Respondent Math is waiting for sentencing, currently scheduled for June 15, 2021.

The relevant factual admissions are contained in Factual Basis portion of the Plea Agreement, incorporated by this reference into this Amended Answer.

Admitted that Respondent Math surrendered his DEA Certificate of Registration as alleged.

**III.**

Admitted as to statements made in the DEA Surrender for Cause.

**IV.**

Admitted.

## APPLICABLE LAW

**V.**

Admitted.

**VI.**

Admitted.

**VII.**

Admitted.

**VIII.**

Admitted.

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TEL: (775) 825-2225 - HalTaylorLawyer@gbls.com

**FIRST CAUSE OF ACTION**

**IX.**

Admitted that were the Board to find that Respondent Math failed to comply with the Federal requirements pertaining to controlled substances that Respondent Math may be subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.24(1).

**SECOND CAUSE OF ACTION**

**X.**

Admitted.

**THIRD CAUSE OF ACTION**

**XI.**

Admitted that were the Board to find that Respondent Math failed to comply with the Federal requirements pertaining to controlled substances that Respondent Math may be subject to discipline pursuant to NRS 639.210(11) and/or (12), and NRS 639.255.

**XII.**

Wherefore, Respondent Eric Math, M.D. prays that the Board will enter an order appropriate to this case which will allow Respondent Math to seek active licensure in the future under appropriate circumstances and conditions.

**AFFIRMATION PURSUANT TO NRS 239B.030**

By signature below, the undersigned affirms that the preceding document does not contain the social security number of any person.

Dated: April 12, 2021.

HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
Reno, Nevada 89519
(775) 825-2223

HAL TAYLOR
Attorney for Respondent

HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
RENO, NV 89519
TEL.: (775) 825-2225 - HalTaylorLawyer@gbls.com

## CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of Hal Taylor, Attorney at Law, and that on this date, I electronically filed the foregoing **Amended Answer** with the Nevada State Board of Pharmacy.

Dated: April 12, 2021

Hal Taylor, Esq.

HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
RENO, NV 89519
TEL.. (775) 825-2225 - HalTaylorLawyer@gbis.com

5B

FILED
JAN 1 1 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**URI ASSA KRUTILIN, RPH,**<br>**Certificate of Registration No. 18266,**<br>**Respondent.** | **CASE NO. 18-052-RPH-S**<br><br>**ORDER TO SHOW CAUSE** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), makes the following that will serve both a notice of intended action under NRS 233B.127(3) and as an order to show cause under NAC 639.965:

1. Uri Assa Krutilin , forfeited Certificate of Registration No. 18266, is hereby directed to appear before the Board for a hearing to show cause scheduled **for Wednesday, Match 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

2. On December 1, 2021, the Board entered default against Respondent pursuant to NRS 622A.320(1), NRS 639.244 and NRS 622A.350, and entered its Findings of Fact, Conclusions of (Default Order).

3. Respondent has failed to make payment of a fine of One Thousand Three Hundred Dollars ($1,300.00) pursuant to the Default Order.

4. Respondent has failed to make payment of Seven Hundred Forty-Nine Dollars ($749.00) for attorney's fees and investigative costs pursuant to the Default Order.

5. Respondent is therefore directed to show cause why he should not be subject to further discipline pursuant to NRS Chapter 639, or otherwise demonstrate that his conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3).

**IT IS SO ORDERED.**

Entered this 11th day of January 2025.

J. David Wiest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Uri Assa Krutilin
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED
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NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**OMNICARE OF LAS VEGAS, Pharmacy License No. PHC01949,**<br><br>**URI ASSA KRUTILIN, RPH, Certificate of Registration No. 18266,**<br><br>**Respondents.** | **CASE NO. 18-052-PH-S**<br>**18-052-RPH--S**<br><br>**FINDINGS OF FACTS, CONCLUSIONS OF LAW, AND ORDER AS TO RESPONDENT URI ASSA KRUTILIN ONLY** |

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday, December 1, 2021, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared and prosecuted the case before the Board. Respondent Omnicare of Las Vegas ("Omnicare"), Pharmacy License No. PHC01949 appeared by Omnicare representative Brian Convery and a Stipulation and Order as to Respondent Omnicare only was approved by the Board.

Respondent Uri Assa Krutilin, RPH ("Assa Krutilin"), Certificate of Registration No. 18266, did not appear. Assa Krutilin did not file an answer or notice of defense, which constitutes a waiver of right to a hearing pursuant to NRS 639.244. Assa Krutilin failed to appear, therefore an offer of proof of sufficient legal notice was submitted by Board coordinators', Shirley Hunting and Kris Mangosing, through their testimonies and proof of service documents submitted as Exhibit "1". The Board proceeded to consider and dispose of the case without Respondent Assa Krutilin pursuant to NRS 622A.350. Upon hearing the case, the Board determines the following Findings of Fact, Conclusions of Law, and Order.

## FINDINGS OF FACT

The allegations against Respondent Assa Krutilin, as stated in the Notice of Intended Action and Accusation ("Accusation") on file herein, and upon which the Board determines findings of fact, are as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Uri Assa Krutilin, RPh ("Assa Krutilin") held a Nevada Pharmacist Certificate of Registration No. 18266, issued by the Board.

2. Respondent Omnicare is a compounding pharmacy located on 1525 E. Sunset, #16, Las Vegas, Nevada.

3. Respondent Assa Krutilin is/was the managing pharmacist of Omnicare during the relevant timeframes.

4. On or about June 29, 2018, Board staff visited Omnicare at 8:00 a.m. Pharmacist L.T. was the only pharmacist present with eight (8) technicians.

5. Upon review of the work schedules, timeclock records, security door scan records, and sign in logs, the following violations were discovered:

a. On or about June 18, 2018, from 8:00 a.m. to 9:30 a.m., Pharmacist J.P. and L.T. were present with technicians J.F., F.B., W.M., D.R., M.R., J.B., and D.W., a ratio of 2:7.

b. On or about June 22, 2018, from 8:00 a.m. to 8:30 a.m., Pharmacists H.B. and L.T. were present with technicians J.F., F.B., K.F., M.E., A.D., C.F., and V.W., a ratio of 2:7.

c. On or about June 22, 2018, from 1:30 p.m. to 4:00 p.m., Pharmacists H.B. and Respondent Assa Krutilin were present with technicians F.B., K.F., L.K., A.D., N.K., N.P., J.B., and V.W., a ratio of 2:8.

d. On or about June 22, 2018, from 5:30 p.m. to 6:00 p.m., Pharmacists H.B. was present with technicians A.M., L.K., A.D., N.K., N.P., and V.W., a ratio of 1:6.

e. On or about June 22, 2018, from 6:30 p.m. to 8:00 p.m., Pharmacist J.P. was present with technicians A.M., L.K., N.K., N.P., and V.W., a ratio of 1:5.

f. On or about June 22, 2018, from 8:00 p.m. to 8:30 p.m., Pharmacist J.P. was present with technicians L.K., N.K., N.P., and V.W., a ratio of 1:4.

g. On or about June 25, 2018, from 8:00 a.m. to 8:30 a.m., Pharmacist L.T. was present with technicians J.F., A.M., K.F., A.D., M.R., and V.W., a ratio of 1:6.

h. On or about June 25, 2018, from 2:30 p.m. to 4:00 p.m., Respondent Assa Krutilin and Pharmacist J.P. were present with technicians F.B., K.F., M.R., N.P., V.W., R.B., J.B., and D.W., a ratio of 2:8.

i. On or about June 25, 2018, from 4:00 p.m. to 4:30 p.m., Respondent Assa Krutilin, Pharmacists B.K. and J.P. were present with technicians A.D., F.B., K.F., M.R., N.K., N.P., V.W., R.S., R.B., and D.W., a ratio of 3:10.

j. On or about June 25, 2018, from 4:30 p.m. to 5:00 p.m., Pharmacists B.K. and J.P. were present with technicians A.D., F.B., N.K., V.W., R.S., J.B., and R.B., a ratio of 2:7.

k. On or about June 29, 2018 at 8:00 a.m., Pharmacist L.T. was present with F.B., W.M., A.D., C.F., N.P., M.E., V.W., and J.B., a ratio of 1:8.

l. On or about June 29, 2018, from 4:00 p.m. to 4:30 p.m., Pharmacists H.B., and B.K. were present with technicians A.M., F.B., K.F., L.K., W.M., N.K., R.S., R.B., J.B., and V.W., a ratio of 2:10.

6. Outside of the written work schedule, there are no records to document the hours that managing pharmacist Assa Krutilin was present in the pharmacy.

## CONCLUSIONS OF LAW

Based upon the foregoing findings of fact, the Board concludes as a matter of law:

7. As the managing pharmacist of Omnicare, Assa Krutilin allowed ratios of supervising pharmacists to technicians to be exceeded in violation of NRS 639.220, NAC 639.250(1), and (2), performed his duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15), and/or NRS 639.255.

8. Respondent Assa Krutilin failed to keep records to document his own hours worked in the pharmacy in violation of NAC 639.245(1), engaged in unprofessional conduct as

defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15), and/or NRS 639.255.

**ORDER**

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. This Order shall serve as a public reprimand regarding Respondent Assa Krutilin's duties and responsibilities as a registered pharmacist.

2. Respondent Assa Krutilin shall pay fines of One Thousand Three Hundred Dollars ($1,300) for violations of his duties as a registered/supervising pharmacist by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

3. Respondent Assa Krutilin shall pay for his portion of attorney's fees and investigative costs of Seven Hundred Forty-Nine Dollars ($749) by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

4. The expired and non-renewed certificate of registration of Respondent Assa Krutilin, RPH, Certificate of Registration No. 18266, is considered forfeited pursuant to NRS 639.180(6).

5. In the event that Respondent applies for registration, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and provide testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

6. This Order is a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

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7. This Order is effective immediately.

**IT IS SO ORDERED.**

Entered this 17 day of December, 2021.

Helen Park, President
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of December 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Uri Assa Krutilin, RPH
[redacted]
Las Vegas, NV [redacted]

Omnicare of Las Vegas
1525 E. Sunset Road Suite 16
Las Vegas, NV 89119

KRISTOPHER MANGOSING

FILED
OCT 11 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| NEVADA STATE BOARD OF PHARMACY,<br>Petitioner,<br>v.<br>OMNICARE OF LAS VEGAS,<br>Pharmacy License No. PHC01949,<br>URI ASSA KRUTILIN, RPH,<br>Certificate of Registration No. 18266,<br>Respondents. | CASE NO. 18-052-PH-S<br>18-052-RPH-S<br><br>NOTICE OF INTENDED ACTION AND ACCUSATION |

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Omnicare of Las Vegas ("Omnicare") held a Nevada Pharmacy License No. PHC01949; and Respondent Uri Assa Krutilin, RPh ("Assa Krutilin") held a Nevada Pharmacist Certificate of Registration No. 18266, all issued by the Board.

## FACTUAL ALLEGATIONS

2. Respondent Omnicare is a compounding pharmacy located on 1525 E. Sunset, #16, Las Vegas, Nevada.

3. Respondent Assa Krutilin is/was the managing pharmacist of Omnicare during the relevant timeframes.

4. On or about June 29, 2018, Board staff visited Omnicare at 8:00 a.m. Pharmacist L.T. was the only pharmacist present with eight (8) technicians.

5. Upon review of the work schedules, timeclock records, security door scan records, and sign in logs, the following violations were discovered:

a. On or about June 18, 2018, from 8:00 a.m. to 9:30 a.m., Pharmacist J.P. and L.T. were present with technicians J.F., F.B., W.M., D.R., M.R., J.B., and D.W., a ratio of 2:7.

b. On or about June 22, 2018, from 8:00 a.m. to 8:30 a.m., Pharmacists H.B. and L.T. were present with technicians J.F., F.B., K.F., M.E., A.D., C.F., and V.W., a ratio of 2:7.

c. On or about June 22, 2018, from 1:30 p.m. to 4:00 p.m., Pharmacists H.B. and Respondent Assa Krutilin were present with technicians F.B., K.F., L.K., A.D., N.K., N.P., J.B., and V.W., a ratio of 2:8.

d. On or about June 22, 2018, from 5:30 p.m. to 6:00 p.m., Pharmacists H.B. was present with technicians A.M., L.K., A.D., N.K., N.P., and V.W., a ratio of 1:6.

e. On or about June 22, 2018, from 6:30 p.m. to 8:00 p.m., Pharmacist J.P. was present with technicians A.M., L.K., N.K., N.P., and V.W., a ratio of 1:5.

f. On or about June 22, 2018, from 8:00 p.m. to 8:30 p.m., Pharmacist J.P. was present with technicians L.K., N.K., N.P., and V.W., a ratio of 1:4.

g. On or about June 25, 2018, from 8:00 a.m. to 8:30 a.m., Pharmacist L.T. was present with technicians J.F., A.M., K.F., A.D., M.R., and V.W., a ratio of 1:6.

h. On or about June 25, 2018, from 2:30 p.m. to 4:00 p.m., Respondent Assa Krutilin and Pharmacist J.P. were present with technicians F.B., K.F., M.R., N.P., V.W., R.B., J.B., and D.W., a ratio of 2:8.

i. On or about June 25, 2018, from 4:00 p.m. to 4:30 p.m., Respondent Assa Krutilin, Pharmacists B.K. and J.P. were present with technicians A.D., F.B., K.F., M.R., N.K., N.P., V.W., R.S., R.B., and D.W., a ratio of 3:10.

j. On or about June 25, 2018, from 4:30 p.m. to 5:00 p.m., Pharmacists B.K. and J.P. were present with technicians A.D., F.B., N.K., V.W., R.S., J.B., and R.B., a ratio of 2:7.

k. On or about June 29, 2018 at 8:00 a.m., Pharmacist L.T. was present with F.B., W.M., A.D., C.F., N.P., M.E., V.W., and J.B., a ratio of 1:8.

l. On or about June 29, 2018, from 4:00 p.m. to 4:30 p.m., Pharmacists H.B., and B.K. were present with technicians A.M., F.B., K.F., L.K., W.M., N.K., R.S., R.B., J.B., and V.W., a ratio of 2:10.

6. Outside of the written work schedule, there are no records to document the hours that managing pharmacist Assa Krutilin was present in the pharmacy.

## APPLICABLE LAW

7. Each pharmacy must be managed by a registered pharmacist responsible for the compliance of the pharmacy and its personnel with all federal and state laws and regulations relating to the operation of the pharmacy. NRS 639.220.

8. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians, and pharmaceutical technicians on duty during the hours of business. NAC 639.245(1).

9. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

10. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or

regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

11. A pharmacy that requires or allows a pharmacist to use pharmaceutical technicians in violation of law or regulation is subject to discipline. NAC 639.260.

12. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

## FIRST CAUSE OF ACTION
### Violations of Law and Unprofessional Conduct
### (Respondent Assa Krutilin)

13. As the managing pharmacist of Omnicare, Assa Krutilin allowed ratios of supervising pharmacists to technicians to be exceeded in violation of NRS 639.220, NAC 639.250(1), and (2), performed his duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15), and/or NRS 639.255.

14. Respondent Assa Krutilin failed to keep records to document his own hours worked in the pharmacy in violation of NAC 639.245(1), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15), and/or NRS 639.255.

## SECOND CAUSE OF ACTION
### Pharmacy/Owner Responsibilities
### (Respondent Omnicare)

15. As the owners/operators of Omnicare at the time of each of the violations alleged herein, Omnicare is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

16. Omnicare allowed pharmacists to use pharmaceutical technicians in violation of ratios pursuant to NAC 639.260, and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 11th day of October 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**URI ASSA KRUTILIN, RPH,**<br>**Certificate of Registration No. 18266,**<br><br>**Respondent.** | **CASE NO. 18-052-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The hearing for case number 18-052-RPH-S has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd.**
**Las Vegas, NV 89123**

**Via Videoconference at Zoom: https://zoom.us/j/5886256671**

**or**
**Via Teleconference at 1 (669) 900-6833**
**Meeting ID: 588 625 6671**

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of October, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**URI ASSA KRUTILIN, RPH,**<br>**Certificate of Registration No. 18266,**<br><br>**Respondent.** | **CASE NO. 18-052-RPH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

**URI ASSA KRUTILIN, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

URI ASSA KRUTILIN, RPH
[redacted]
LAS VEGAS, NV, [redacted]

OMNICARE OF LAS VEGAS
1525 E SUNSET ROAD SUITE 16
LAS VEGAS, NV 89119

SHIRLEY HUNTING

5C

FILED
JAN 1 1 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ROSALINA ROSS, PT,**<br>**Certificate of Registration No. PT28825,**<br>**Respondent.** | **CASE NO. 20-075-PT-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Rosalina Ross, PT (Ross), held a Nevada pharmaceutical technician in training registration, Certificate of Registration No. PT22373, and currently holds a pharmaceutical technician registration, Certificate of Registration No. PT28825, both issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about March 11, 2020, Ross was hired as a pharmaceutical technician in training by Meta Pharmacy Services (Meta), Pharmacy License No. PH03433, located in Las Vegas. At that time Ross held Certificate of Registration No. PT22373 as a pharmaceutical technician in training at Sunrise Pharmacy, Pharmacy License No. PH03880, in Las Vegas.

3. Ross worked at Meta until June 22, 2020, without obtaining a certificate of registration from the Board to work at Meta.

## APPLICABLE LAW

4. Prior to amendment by LCB File No. R041-21 effective 9-29-2022, NAC 639.242(6) required a registration certificate of a pharmaceutical technician in training to specify the pharmacy of employment; termination of that employment voided the registration, and the trainee must reapply for registration before his or her services may be used by another pharmacy.

5. Performing any duties as a license holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

6. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

## COUNT ONE

**Violations of State Law – Registration of Pharmaceutical Technician in Training**

8. By working as a pharmaceutical technician in training at Meta without obtaining a certificate of registration to work at Meta, Ross violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.242(6) and is subject to discipline pursuant to NRS 639.210(12).

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**COUNT TWO**
**Unprofessional Conduct – Unlicensed Practice**

9. By working as a pharmaceutical technician in training at Meta without obtaining a certificate of registration to work at Meta, Ross performed her duties as the holder of a pharmaceutical technician in training registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(i) and (k), and is subject to discipline pursuant to NRS 639.210(4)

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of JANUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ROSALINA ROSS, PT**<br>**Certificate of Registration No. PT28825,**<br><br>**Respondent.** | **Case No. 20-075-PT-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ROSALINA ROSS, PT**<br>**Certificate of Registration No. PT28825,**<br><br>**Respondent.** | **Case No. 20-075-PT-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**ROSALINA ROSS, PT**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Rosalina Ross, PT
[redacted]
Las Vegas, NV[redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Rosalina Ross, PT
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

# 5D

FILED
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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**YUKO SWEATT, APRN,**<br>**Certificate of Registration No. CS28545,**<br>**Respondent.** | **CASE NO. 22-214-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Yuko Sweatt, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS28545, issued by the Board.

## FACTUAL ALLEGATIONS

2. Respondent co-owned and served as medical director of Elvea Medspa LLC (Elvea), located at 6835 W Charleston Blvd #102, in Las Vegas, Nevada, during the relevant times frames herein. Respondent co-owned Elvea with Ellen Kim (Kim) and Gonzalo Cruz-Schiavone. Kim and Cruz-Schiavone are not Nevada-licensed practitioners.

3. Respondent also served as medical director of Face Line Medi Spa (Face Line), located at 6835 W Charleston Blvd #102, in Las Vegas, Nevada, during the relevant times frames herein. Kim owned Face-Line.

4. A Board investigation in July 2022 revealed that Respondent permitted Kim and registered nurses (RNs) at both Elvea and Face Line to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision.

5. The investigation revealed that Respondent permitted RNs at both Elvea and Face Line to independently access, possess, furnish and administer dangerous drugs to patients, to provide on-site medical treatment at both Elvea and Face Line, including the administration of dangerous drugs through intravenous (IV) therapy and/or by injection, specifically cosmetic injectable fillers, including, without limitation, Allergan's Juvederm Voluma and Juvederm Ultra XC, ASCE (Adipose Stem Cell Exosome), Restylane and Botox, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

6. The investigation revealed that the dangerous drug products in the inventories of both Elvea and Face Line that were furnished and administered to patients were intended for distribution in foreign markets and not approved for distribution or use in the U.S.

7. On or about October 20, 2022, the Board issued a cease-and-desist order with a citation and fine against Kim pursuant to NRS 639.2895 for unlicensed activity.

## APPLICABLE LAW

8. No person may possess, furnish or administer a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356; NRS 639.100(1).

9. A practitioner may give an RN limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

> A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing

> physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

10. It is unlawful to purchase, possess, sell, furnish or administer any drug product intended for distribution in foreign markets and not approved for distribution or use in the U.S. 21 U.S.C. § 331; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

11. All controlled substances and dangerous drugs in the possession of an advanced practice registered nurse must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

12. The Board may suspend or revoke the certificate of registration of an advanced practice registered nurse that has failed to maintain the security of his or her drug supply. NAC 639.900(12).

13. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

14. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

15. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

16. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any

provision of chapter 453, 454,585 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

17. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

**COUNT ONE**

**Violations of State Law - Failure to Maintain Security of Dangerous Drugs**

18. By permitting Kim and RNs to have unrestricted access to her inventory of dangerous drugs at both Elvea and Face Line as alleged in paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(12) and (14) and/or NRS 639.210(12).

**COUNT TWO**

**Violations of State Law - Unlawful Possession & Administration of Dangerous Drugs**

19. By permitting RNs to independently access, possess, furnish and administer dangerous drugs without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, as alleged in paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NAC 639.900(14) and/or NRS 639.210(12).

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**COUNT THREE**

**Violation of Federal and State Law – Using Drugs Not Approved in United States**

20. By purchasing, possessing, selling, furnishing and/or administering drug products intended for distribution in foreign markets and not approved for distribution or use in the U.S., as alleged in paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490, and is subject to discipline pursuant to NAC 639.900(10) and (14) and/or NRS 639.210(12).

**COUNT FOUR**

**Unprofessional Conduct - Unlawful Possession & Administration of Dangerous Drugs**

21. By her conduct as alleged in paragraphs 4-6 herein, Respondent performed her duties as the holder of a controlled substance registrations in an incompetent, unskillful or negligent manner, aided and abetted unlicensed practice, and engaged in, or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n), and is subject to discipline pursuant to NRS 639.210(4) and/or NAC 639.900(4).

**COUNT FIVE**

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

22. By her conduct as alleged in paragraphs 4-6 herein, Respondent has committed acts that render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 4th day of October 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**YUKO SWEATT, APRN,**<br>**Certificate of Registration No. CS28545,**<br><br>**Respondent.** | **Case No. 22-214-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**YUKO SWEATT, APRN,**<br>**Certificate of Registration No. CS28545,**<br><br>**Respondent.** | **Case No. 22-214-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**YUKO SWEATT, APRN**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of October 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Yuko Sweatt, APRN
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

JOSHUA M. DICKEY
Nevada Bar No. 6621
REBECCA L. CROOKER
Nevada Bar No. 15202
**BAILEY❖KENNEDY**
8984 Spanish Ridge Avenue
Las Vegas, Nevada 89148-1302
Telephone: 702.562.8820
Facsimile: 702.562.8821
JDickey@BaileyKennedy.com
RCrooker@BaileyKennedy.com

*Attorneys for Respondent*
*Yuko Sweatt, APRN*

FILED
DEC 17 2024
NEVADA STATE BOARD
OF PHARMACY

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner,<br><br>v.<br><br>YUKO SWEATT, APRN,<br>Certificate of Registration No. CS28545,<br><br>Respondent. | Case No. 22-214-CS-S<br><br>**RESPONDENT YUKO SWEATT, APRN'S ANSWER AND NOTICE OF DEFENSE** |

Respondent Yuko Sweatt, APRN ("Sweatt"), by and through her counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation as follows:

## JURISDICTION

1. Answering paragraph 1, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

## FACTUAL ALLEGATIONS

2. Answering paragraph 2, Sweatt admits that she co-owned Elvea Medspa LLC ("Elvea"), located at 6835 West Charleston Boulevard, Suite 102, in Las Vegas, Nevada, during the relevant time frames herein with Ellen Kim ("Kim") and Gonzalo Cruz-Schiavone ("Cruz-Schiavone"). Sweatt denies that she served as medical director of Elvea. Sweatt further states that

she is without knowledge or information sufficient to form a belief as to the truth of the remaining allegations contained in paragraph 2, and therefore denies them on that basis.

3. Answering paragraph 3, Sweatt denies that she served as medical director of Face Line. Sweatt further denies that Face Line was located at 6835 West Charleston Boulevard, Suite 102, in Las Vegas, Nevada. Sweatt further states that she is without knowledge or information sufficient to form a belief as to the truth of the remaining allegations contained in paragraph 3, and therefore denies them on that basis.

4. Sweatt denies the allegations contained in paragraph 4.

5. Sweatt denies the allegations contained in paragraph 5.

6. Sweatt denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Sweatt is without knowledge or information sufficient to form a belief as to the truth of the allegations contained in said paragraph, and therefore denies them on that basis.

BAILEY ❖ KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

## APPLICABLE LAW

8. Answering paragraph 8, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

9. Answering paragraph 9, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

10. Answering paragraph 10, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

11. Answering paragraph 11, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

12. Answering paragraph 12, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

13. Answering paragraph 13, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

14. Answering paragraph 14, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

15. Answering paragraph 15, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

16. Answering paragraph 16, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

17. Answering paragraph 17, Sweatt states that the allegations contained therein constitute legal conclusions to which no response is required; to the extent a response is required, Sweatt denies them to the extent they are contrary to or inconsistent with the law.

**COUNT ONE**

**Violations of State Law – Failure to Maintain Security of Dangerous Drugs**

18. Sweatt denies the allegations contained in paragraph 18.

**COUNT TWO**

**Violations of State Law – Unlawful Possession & Administration of Dangerous Drugs**

19. Sweatt denies the allegations contained in paragraph 19.

**COUNT THREE**

**Violation of Federal and State Law – Using Drugs Not Approved in United States**

20. Sweatt denies the allegations contained in paragraph 20.

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**COUNT FOUR**

**Unprofessional Conduct – Unlawful Possession & Administration of Dangerous Drugs**

21. Sweatt denies the allegations contained in paragraph 21.

**COUNT FIVE**

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

22. Sweatt denies the allegations contained in paragraph 22.

**AFFIRMATIVE DEFENSES**

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Sweatt acted in compliance with all lawful requirements for the retention of her controlled substance registration.

3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The Notice of Intended Action and Accusation violates Sweatt's right to due process by failing to sufficiently apprise her of the nature of the proceedings so that she has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutional/unconstitutionally vague as applied to Sweatt's actions.

6. The Pharmacy Board's causes of action are barred, in whole or in part, because they arise from an unconstitutional and/or illegal search.

7. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

8. Any and all alleged problems and/or violations were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and/or violations, if any.



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9. The Pharmacy Board's claims are barred, in whole or in part, because Sweatt's actions were justified under the circumstances.

10. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

11. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

12. Sweatt reserves the right to assert additional affirmative defenses, and gives notice that she intends to rely upon, any other affirmative defense(s) that may become available or appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 17th day of December, 2024.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

*Attorneys for Respondent*
*Yuko Sweatt, APRN*

BAILEY❖KENNEDY
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702.562.8820

## CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 17th day of December, 2024, service a true and correct copy of the foregoing **RESPONDENT YUKO SWEATT, APRN'S ANSWER AND NOTICE OF DEFENSE** was made via email to the following at his last known address:

BRETT KANDT, GENERAL COUNSEL
**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

bkandt@pharmacy.nv.gov

*Attorneys for Petitioner*
*Nevada State Board of Pharmacy*

*/s/ Joshua M. Dickey*
An Employee of BAILEY❖KENNEDY

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**YUKO SWEATT, APRN,**<br>**Certificate of Registration No. CS28545,**<br><br>**Respondent.** | **CASE NO. 22-214-CS-S**<br><br>**STIPULATION AND ORDER** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Yuko Sweatt, APRN, Certificate of Registration No. CS28545, by and through counsel, Joshua M. Dickey, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 4, 2024, with the Board filed the Notice of Intended Action and Accusation (Accusation) in this matter together with the Statement to Respondent and Notice of Hearing and subsequently served both on Respondent.

3. On or about December 17, 2024, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. For purposes of resolving this matter only and for no other purpose, Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegations that on or about July 11, 2022, Respondent failed to secure dangerous drugs in a locked cabinet thereby allowing access to dangerous drugs by unlicensed personnel, in violation of NAC 639.898(1), and administered drug products to a patient that were not acquired in compliance with NRS Chapter 639.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210, NRS 639.255 and/or NAC 639.900.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent. Yuko Sweatt, APRN, Certificate of Registration No. CS28545, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the

Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by June 1, 2025; and

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by June 1, 2025.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay and immediately suspend Respondent's Certificate of Registration No. CS28545 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025. Respondent and/or counsel will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. If the Board rejects the Agreement, this Stipulation shall not be deemed to be an admission by Respondent and shall not be admissible in any hearing or used as evidence for any purpose, and all Respondent's rights shall be preserved, including the right to challenge evidence in connection with any hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

**Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.**

**AGREED:**

**Signed this ___ day of _____ 2025**

**YUKO SWEATT, APRN**
**Certificate of Registration No. CS28545**

**Signed this ___ day of _____ 2025**

**BRETT KANDT, ESQ.**
**General Counsel**
**Nevada State Board of Pharmacy**

**APPROVED AS TO FORM AND CONTENT**
**this ___ day of _____ 2025**

**JOSHUA M. DICKEY, ESQ.**
**Counsel for Respondent**

## DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Yuko Sweatt, APRN, Certificate of Registration No. CS28545, in Case No. 22-214-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

**IT IS SO ORDERED.**

Entered this ___ day of March 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**JON SIEMS, MD,**<br>**Certificate of Registration No. CS09874,**<br>**Respondent.** | **CASE NO. 24-390-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jon Siems, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS09874, issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about September 16, 2024, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 24-13009-1, suspending Respondent's NSBME License No. 9250 to practice medicine for cause.

3. On or about September 25, 2024, Board staff served Respondent with notice that the suspension of his NSBME License No. 9250 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS09874 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

## APPLICABLE LAW

4. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

5. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

6. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

7. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

## COUNT ONE
### Suspension of NSBME License for Cause

8. By the suspension of his NSBME License No. 9250 to practice medicine for cause, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

**COUNT TWO**

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

9. As detailed in the NSBME Order entered an order in Case No. 24-13009-1, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 31st day of September 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JON SIEMS, MD**<br>**Certificate of Registration No. CS09874,**<br><br>**Respondent.** | **Case No. 24-390-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of SEPTEMBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JON SIEMS, MD,**<br>**Certificate of Registration No. CS09874,**<br><br>**Respondent.** | **Case No. 24-390-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**JON SIEMS, MD**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of October 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jon Siems, MD
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of Octoberk 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jon Siems, MD
[redacted]
Coto de Caza, CA [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT
BOARD COORDINATOR I

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**JON SIEMS, MD,**<br>**Certificate of Registration No. CS09874,**<br>**Respondent.** | **CASE NOS. 24-390-CS-S**<br>**23-449-CS-S**<br><br>**FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jon Siems, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS09874, issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about December 3, 2021, the Nevada State Board of Medical Examiners (NSBME) and Respondent entered a settlement agreement in Case No. 19-13009-1, imposing discipline on Respondent's NSBME License No. 9250 to practice medicine for cause.

3. Respondent failed to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874.

4. On or about December 27, 2022, the NSBME entered an order in Case No. 19-13009-1, suspending Respondent's NSBME License No. 9250 to practice medicine for cause.

5. On or about November 9, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 9250 to practice medicine operated as an immediate

suspension of his Certificate of Registration No. CS09874 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

6. Respondent issued at least sixty-eight (68) controlled substance prescriptions for thirty-seven (37) unique patients between December 28, 2022, and March 23, 2023, during the suspension of his NSBME License No. 9250 to practice medicine and his Certificate of Registration No. CS09874 with the Board.

7. Respondent regularly permitted medical assistants to use his credentials to forge and issue prescriptions for controlled substances.

8. Respondent's NSBME License No. 9250 to practice medicine was reinstated to active-probation status on December 18, 2023, and his Certificate of Registration No. CS09874 with the Board was reinstated on February 29, 2024.

9. On or about September 16, 2024, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 24-13009-1, suspending Respondent's NSBME License No. 9250 to practice medicine for cause a second time.

10. On or about September 25, 2024, Board staff served Respondent with notice that the suspension of his NSBME License No. 9250 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS09874 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

## APPLICABLE LAW

11. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

12. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

13. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

14. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

15. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

16. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

18. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

19. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

20. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

21. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

22. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

23. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

24. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

**COUNT ONE**
**Furnishing False Material Information to Board**

25. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1) and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

**COUNT TWO**
**Obtaining Registration by False or Fraudulent Application**

26. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

**COUNT THREE**
**Violations of Federal Controlled Substances Act – Unlawfully Issuing Prescriptions**

27. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and/or 21 CFR § 1306.03(a)(1). By permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent further violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and/or 21 CFR § 1306.03(a)(1). Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

## COUNT FOUR

**Violations of State Controlled Substances Act – Unlawfully Issuing Prescriptions**

28. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1). By permitting medical assistants to usé his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent further violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1). Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

## COUNT FIVE

**Unprofessional Conduct – Party to Fraudulent or Deceitful Practice or Transaction**

29. By permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and each is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

## COUNT SIX

**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

30. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, and by permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional

conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

**COUNT SEVEN**

**Unprofessional Conduct – Prescribing on Suspended Registration**

31. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

**COUNT EIGHT**

**Suspension of NSBME License for Cause**

32. By the suspension of his NSBME License No. 9250 to practice medicine for cause, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

**COUNT NINE**

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

33. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874, and by unlawfully issuing controlled substance prescriptions as alleged, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 12 day of November 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JON SIEMS, MD**<br>**Certificate of Registration No. CS09874,**<br><br>**Respondent.** | **Case No. 24-390-CS-S**<br>**23-449-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12th day of NOVEMBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JON SIEMS, MD,**<br>**Certificate of Registration No. CS09874,**<br><br>**Respondent.** | **Case No. 24-390-CS-S**<br>**23-449-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**JON SIEMS, MD**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of November 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jon Siems, MD
[redacted]
Las Vegas, NV [redacted]

Jon Siems, MD
[redacted]
Coto de Caza, CA [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
DEC 12 2024
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**JON SIEMS, MD,**<br>**Certificate of Registration No. CS09874,**<br>**Respondent.** | **Case Nos. 24-390-CS-S**<br>**23-449-CS-S**<br><br>**SECOND AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jon Siems, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS09874, issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about December 3, 2021, the Nevada State Board of Medical Examiners (NSBME) and Respondent entered a settlement agreement in Case No. 19-13009-1, imposing discipline on Respondent's NSBME License No. 9250 to practice medicine for cause.

3. Respondent failed to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874.

4. On or about December 27, 2022, the NSBME entered an order in Case No. 19-13009-1, suspending Respondent's NSBME License No. 9250 to practice medicine for cause.

5. On or about November 9, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 9250 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS09874 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

6. Respondent issued at least sixty-eight (68) controlled substance prescriptions for thirty-seven (37) unique patients between December 28, 2022, and March 23, 2023, during the suspension of his NSBME License No. 9250 to practice medicine and his Certificate of Registration No. CS18967 with the Board.

7. Respondent regularly permitted medical assistants to use his credentials to forge and issue prescriptions for controlled substances.

8. Respondent's NSBME License No. 9250 to practice medicine was reinstated to active-probation status on December 18, 2023, and his Certificate of Registration No. CS09874 with the Board was reinstated on February 29, 2024.

9. On or about September 16, 2024, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 24-13009-1, suspending Respondent's NSBME License No. 9250 to practice medicine for cause a second time.

10. On or about September 25, 2024, Board staff served Respondent with notice that the suspension of his NSBME License No. 9250 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS09874 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

11. On or about November 11, 2024, Respondent surrendered his DEA Certificate of Registration No. BS4492512 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

## APPLICABLE LAW

12. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

13. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

14. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

15. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

17. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

18. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

19. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

20. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

21. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

22. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

23. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

24. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

25. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

## COUNT ONE
**Furnishing False Material Information to Board**

26. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

## COUNT TWO
**Obtaining Registration by False or Fraudulent Application**

27. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

## COUNT THREE
**Violations of Federal Controlled Substances Act – Unlawfully Issuing Prescriptions**

28. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and/or 21 CFR § 1306.03(a)(1). By permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent further violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and/or 21 CFR § 1306.03(a)(1). Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

## COUNT FOUR

**Violations of State Controlled Substances Act – Unlawfully Issuing Prescriptions**

29. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1). By permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent further violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1). Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

## COUNT FIVE

**Unprofessional Conduct – Party to Fraudulent or Deceitful Practice or Transaction**

30. By permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and each is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

## COUNT SIX

**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

31. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, and by permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional

conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

**COUNT SEVEN**

**Unprofessional Conduct – Prescribing on Suspended Registration**

32. By issuing controlled substance prescriptions during the suspension of his Certificate of Registration No. CS09874, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

**COUNT EIGHT**

**Suspension of NSBME License for Cause**

33. By the suspension of his NSBME License No. 9250 to practice medicine for cause, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

**COUNT NINE**

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

34. By failing to disclose to the Board the disciplinary order in NSBDE Case No. 19-13009-1 on his 2022 biennial renewal application for Certificate of Registration No. CS09874, and by unlawfully issuing controlled substance prescriptions as alleged, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

**COUNT TEN**

**Surrender of DEA Registration**

35. By the surrender of his DEA Registration No. BS4492512 for cause, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 12th day of December 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JON SIEMS, MD**<br>**Certificate of Registration No. CS09874,**<br><br>**Respondent.** | **Case Nos. 24-390-CS-S**<br>**23-449-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Second Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12th day of December 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JON SIEMS, MD,**<br>**Certificate of Registration No. CS09874,**<br><br>**Respondent.** | **Case No. 24-390-CS-S**<br>**23-449-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Second Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Second Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Second Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**JON SIEMS, MD**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of December 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jon Siems, MD
[redacted]
Coto de Caza, CA [redacted]

Jon Siems, MD
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

# BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

| | |
|---|---|
| **In the Matter of Charges and Complaint Against JON LANE SIEMS, M.D., Respondent.** | **Case No. 19-13009-2** |

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

## SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Esq., Deputy General Counsel for the Board and attorney for the IC, and Jon Lane Siems, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, David J. Mortensen, Esq., of the law firm of Messner Reeves LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

**A. Background**

1. Respondent is a medical doctor licensed by the Board, pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since December 20, 1999 (License No. 9250).

2. On November 13, 2019, in Case No. 19-13009-2, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. On November 25, 2020, in Case No. 19-13009-2, the IC filed a First Amended Complaint (First Amended Complaint). Specifically, the Complaint alleges a violation of NRS 630.301(4), Count I, Malpractice, and a

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

violation of NRS 630.3062(1)(a), Count II, Failure to Maintain Proper Medical Records. The First Amended Complaint consisted of adding a violation of NRS 630.3065(2)(a), Count III, Knowing or Willful Failure to Comply with a Board Order, for not providing medical records upon request.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint and the First Amended Complaint, has reviewed and understands the Complaint and the First Amended Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA) applicable to certain regulatory bodies, which is contained in NRS Chapters 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

**B. Terms & Conditions**

**NOW, THEREFORE,** in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent was, and at all times relevant to the Complaint, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.

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Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing[2] or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit. Respondent is agreeing to resolve this matter to avoid the costs of a hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I Malpractice, a violation of NRS 630.301(4), and Count II, Failure to Maintain Proper Medical Records, a violation of NRS 630.3062(1)(a), of the First Amended Complaint.

b. Respondent's license to practice medicine in the State of Nevada shall be suspended with the suspension to be immediately stayed. Respondent's license shall be subject to suspension upon a term of probation for a period of sixty (60) months from the date of the Board's acceptance, adoption, and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board before or within sixty (60) months, including but not limited to, payment in full of costs and fees imposed, and at that time he may petition the Board to lift the probationary status of his license. If Respondent fails to demonstrate compliance with the terms and conditions of this Agreement, or otherwise violates the terms of

[2] A hearing was held on September 30, 2020, December 10, 2020, and December 11, 2020, in which Respondent participated without counsel.



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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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this Agreement or the Medical Practice Act, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing on immediate suspension of his license, which hearing will be duly noticed.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of this matter in four (4) equal payments of Six Thousand Two Hundred Fifty-Two Dollars and Seventy-Six Cents ($6,252.76), commencing on January 5, 2022, continuing on February 5, 2022, and March 5, 2022, and paid in full on or before April 5, 2022, upon the Board's acceptance, adoption, and approval of this Agreement.

d. For Count I, Respondent shall pay a fine of five thousand dollars ($5,000.00) in four (4) equal payments of One Thousand Two Hundred Fifty Dollars ($1,250.00), commencing on January 5, 2022, continuing on February 5, 2022 and March 5, 2022, and paid in full on or before April 5, 2022, upon the Board's acceptance, adoption, and approval of this Agreement.

e. Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness for Duty (FFD) evaluation, pass all of the above to the satisfaction of the Board, and follow all recommendations presented in the report(s) within one year of the Board's approval, at his cost.

f. Respondent shall complete twenty (20) hours of continuing medical education (CME), fourteen (14) of the CME hours related to the subject matter of best practices in Ophthalmologic surgery, and six (6) hours related to the subject matter of maintaining proper medical records, within one (1) year from the date of the Board's acceptance, adoption, and approval of this Agreement. The aforementioned twenty (20) hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

g. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

h. Respondent shall receive a Public Letter of Reprimand.

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i. Count III shall be dismissed with prejudice, and this Agreement shall encompass the resolution of the formal disciplinary case currently before the Board.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement, or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
(775) 688-2559

an order of the Board, and, pending full compliance with the terms herein, the case shall be closed.

**9. Effect of Rejection of Agreement by Board.** In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

**10. Binding Effect.** If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

**11. Forum Selection Clause.** The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

**12. Attorneys' Fees and Costs.** The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

**13. Failure to Comply With Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Nevada State Board of Medical Examiners
9600 Gateway Drive
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(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 29th day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
*Attorney for the Investigative Committee*

DATED this 24th day of November, 2021.

By: _____

JON LANE STEMS, M.D.,
Nevada License No. 9250
*Respondent*

DATED this 20 day of Nov, 2021.

MESSNER REEVES LLP

By: _____

DAVID J. MORTENSEN, ESQ.
8945 W. Russell Road, Suite 300
Las Vegas, NV 89148
Tel: (702) 363-5100
Email: dmortensen@messner.com
*Attorney for Respondent*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## ORDER

**IT IS HEREBY ORDERED** that, the foregoing Settlement Agreement (Case No. 19-13009-2) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3rd day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
*Board President*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

Back To Dashboard

## Renewal Application
## Controlled Substance

| | |
|---|---|
| **Application Fee :** | $200.00 |
| **Convenience Fee :** | $10.00 |
| **License Number :** | CS09874 |
| **License Type :** | **Controlled Substance** |
| **New Expiration Date :** | 10/31/2024 |

### Personal Information

First Name : JON

Middle (initial only) :

Last Name : SIEMS

License # : CS09874

**If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.**

**Practice Address :**

Name/Practice Name/DBA : Jon L Siems , MD., PC

Military Address :

Street : 8230 W SAHARA AVE #111

Country : United States

City : LAS VEGAS State : Nevada Zip : 89117

Practice Phone : [redacted] Practice Fax : (XXX) XXX-XXXX

Email Address : [redacted]@siemslasik.com

Sex : Male

Practice License Number: Specialty:

### Child Support Information – Check appropriate answer

- (•) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

### Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable — ( ) Yes (•) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable — ( ) Yes (•) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? — ( ) Yes (•) No

## Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

## DEA Registration

| Document Name | Document Type | Date | Link | Action |
|---|---|---|---|---|
| No Record Found | | | | |

Document Name :

Document Type : NV DEA Certificate

Document : Drop file here to upload or click here to browse and select file(s) to upload.

*Only PDF files are allowed*

Click here to complete Upload | Cancel

## Acknowledgement and Declaration

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an **active** and **current** Nevada license with my professional licensing board

**It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

Signature : Jon Siems

Date Of Application : 09/13/2022

Please type only the First and Last Name that are listed at the top of the page.

## Fee Detail(s)

**The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.**

| Description | Fee Type | Fee |
|---|---|---|
| Renewal Period from 11/1/2022 to 10/31/2024 | License Renewal Fee | $200.00 |
| | Convenience Fee | $10.00 |
| | Late Fee | $0.00 |
| | **Total :** | **$210.00** |

## Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 63929757142

InvoiceDate : 09/13/2022

Paid

Pay & Submit

# BEFORE THE BOARD OF MEDICAL EXAMINERS
# OF THE STATE OF NEVADA

* * * * *

| | |
|---|---|
| **In the Matter of the Charges and Complaint Against:** **JON LANE SIEMS, M.D.,** **Respondent.** | **Case No.: 19-13009-2** |

FILED

DEC 27 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## ORDER OF SUSPENSION AND NOTICE OF HEARING

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUSPENDS** the license of Jon L. Siems, M.D. (Respondent) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Suspension (Order) based on its determination that Respondent violated a Board Order when he did not satisfy all of the conditions contained in the Settlement Agreement he entered into with the IC on November 29, 2021, and which was approved by the Board on December 3, 2021.

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Respondent is a medical doctor licensed to practice medicine in the State of Nevada (License No. 9250). The Board issued his license on December 20, 1999.

2. On November 29, 2021, Respondent entered into a Settlement Agreeement with the IC and the Board approved the agreement on December 3, 2021. *See* **Exhibit 1** (Settlement Agreement and Order).

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Chairman, Chowdhury H. Ashan, M.D., Ph.D., FACC, and Col. Eric D. Wade, USAF (Ret.).

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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3. Notably, two (2) of the conditions contained in the Settlement Agreement were for Respondent, Dr. Siems, to unequivocally complete twenty (20) hours of Continued Medical Education (CME) and to complete the Physician Assessment and Clinical Education Program (PACE) within one (1) year of the Board's acceptance, adoption, and approval of the Agreement. The Settlement Agreement was approved and adopted on December 3, 2021, requiring completion of the terms on or before December 3, 2022.

4. Pursuant to the Settlement Agreement and Order, Respondent agreed that his license was suspended, but that the suspension was immediately stayed, thereby subjecting his license to a sixty (60) month term of probation with conditions for continuing the stay of the suspension.

5. As of the writing of this Order on December 27, 2022, Board staff has received no notification that Respondent has enrolled in nor completed either his CMEs or the PACE Program as required by the Settlement Agreement and Order as a condition to continue the stay of the suspension of his license.

6. NRS 630.3065(2)(a) states in pertinent part that [e]xcept as otherwise provided in NRS 630.2672, knowingly or willfully failing to comply with: (a) [a] regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician, constitutes grounds for initiating disciplinary action.

7. Based on the foregoing, the IC finds that Respondent, Jon L. Siems, M.D., has willfully and knowingly violated his Settlement Agreement and Board Order and is immediately suspended from the practice of medicine in the State of Nevada. *See* NRS 630.326(1).

**ORDER**

**IT IS HEREBY ORDERED** that the License of Jon L. Siems, M.D. (9250) is immediately **SUSPENDED** until further order of the IC or Board, and Respondent is prohibited from engaging in any acts that constitute the practice of medicine pursuant to NRS 630.020; and

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**IT IS FURTHER ORDERED** that a hearing on this matter is set for the **13th day of February, 2023, at 9:00 a.m.,** at the Board's office located at 9600 Gateway Drive, Reno, Nevada 89521, to determine whether this suspension may continue, unless the parties mutually agree in writing to a different date and/or time. *See* NRS 630.326(2).

DATED this 27th day of December, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
*Chairman of the Investigative Committee*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

# EXHIBIT 1

# EXHIBIT 1

# BEFORE THE BOARD OF MEDICAL EXAMINERS
# OF THE STATE OF NEVADA

* * * * *

| | |
|---|---|
| In the Matter of Charges and Complaint Against JON LANE SIEMS, M.D., Respondent. | Case No. 19-13009-2 |

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Esq., Deputy General Counsel for the Board and attorney for the IC, and Jon Lane Siems, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, David J. Mortensen, Esq., of the law firm of Messner Reeves LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

**A. Background**

1. Respondent is a medical doctor licensed by the Board, pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since December 20, 1999 (License No. 9250).

2. On November 13, 2019, in Case No. 19-13009-2, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. On November 25, 2020, in Case No. 19-13009-2, the IC filed a First Amended Complaint (First Amended Complaint). Specifically, the Complaint alleges a violation of NRS 630.301(4), Count I, Malpractice, and a

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

violation of NRS 630.3062(1)(a), Count II, Failure to Maintain Proper Medical Records. The First Amended Complaint consisted of adding a violation of NRS 630.3065(2)(a), Count III, Knowing or Willful Failure to Comply with a Board Order, for not providing medical records upon request.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint and the First Amended Complaint, has reviewed and understands the Complaint and the First Amended Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA) applicable to certain regulatory bodies, which is contained in NRS Chapters 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

**B. Terms & Conditions**

**NOW, THEREFORE,** in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent was, and at all times relevant to the Complaint, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.

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Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing[2] or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit. Respondent is agreeing to resolve this matter to avoid the costs of a hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I Malpractice, a violation of NRS 630.301(4), and Count II, Failure to Maintain Proper Medical Records, a violation of NRS 630.3062(1)(a), of the First Amended Complaint.

b. Respondent's license to practice medicine in the State of Nevada shall be suspended with the suspension to be immediately stayed. Respondent's license shall be subject to suspension upon a term of probation for a period of sixty (60) months from the date of the Board's acceptance, adoption, and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board before or within sixty (60) months, including but not limited to, payment in full of costs and fees imposed, and at that time he may petition the Board to lift the probationary status of his license. If Respondent fails to demonstrate compliance with the terms and conditions of this Agreement, or otherwise violates the terms of

[2] A hearing was held on September 30, 2020, December 10, 2020, and December 11, 2020, in which Respondent participated without counsel.



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this Agreement or the Medical Practice Act, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing on immediate suspension of his license, which hearing will be duly noticed.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of this matter in four (4) equal payments of Six Thousand Two Hundred Fifty-Two Dollars and Seventy-Six Cents ($6,252.76), commencing on January 5, 2022, continuing on February 5, 2022, and March 5, 2022, and paid in full on or before April 5, 2022, upon the Board's acceptance, adoption, and approval of this Agreement.

d. For Count I, Respondent shall pay a fine of five thousand dollars ($5,000.00) in four (4) equal payments of One Thousand Two Hundred Fifty Dollars ($1,250.00), commencing on January 5, 2022, continuing on February 5, 2022 and March 5, 2022, and paid in full on or before April 5, 2022, upon the Board's acceptance, adoption, and approval of this Agreement.

e. Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness for Duty (FFD) evaluation, pass all of the above to the satisfaction of the Board, and follow all recommendations presented in the report(s) within one year of the Board's approval, at his cost.

f. Respondent shall complete twenty (20) hours of continuing medical education (CME), fourteen (14) of the CME hours related to the subject matter of best practices in Ophthalmologic surgery, and six (6) hours related to the subject matter of maintaining proper medical records, within one (1) year from the date of the Board's acceptance, adoption, and approval of this Agreement. The aforementioned twenty (20) hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

g. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

h. Respondent shall receive a Public Letter of Reprimand.

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i. Count III shall be dismissed with prejudice, and this Agreement shall encompass the resolution of the formal disciplinary case currently before the Board.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement, or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement

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an order of the Board, and, pending full compliance with the terms herein, the case shall be closed.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 29th day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
*Attorney for the Investigative Committee*

DATED this 20 day of Nov, 2021.

MESSNER REEVES LLP

By: _____

DAVID J. MORTENSEN, ESQ.
8945 W. Russell Road, Suite 300
Las Vegas, NV 89148
Tel: (702) 363-5100
Email: dmortensen@messner.com
*Attorney for Respondent*

DATED this 24th day of November, 2021.

By: _____

JON LANE SIEMS, M.D.,
Nevada License No. 9250
*Respondent*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## ORDER

**IT IS HEREBY ORDERED** that, the foregoing Settlement Agreement (Case No. 19-13009-2) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3rd day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
*Board President*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

JOE LOMBARDO
*Governor*

HELEN PARK
*President*

J. DAVID WUEST
*Executive Secretary*

**STATE OF NEVADA**
**BOARD OF PHARMACY**
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

November 9, 2023

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:** [redacted]@hotmail.com

Jon L. Siems, M.D., P.C.
[redacted]
Las Vegas NV [redacted]

***Re: Suspension of Certificate of Registration No. CS09874 (Case No. 23-449-CS-S)***

Dear Dr. Siems:

The Nevada State Board of Pharmacy (Board) has determined that your medical license was suspended by the Nevada State Board of Medical Examiners on December 27, 2022.

Please be advised that pursuant to NRS 639.2107 the suspension of your medical license operates as an immediate suspension of your Certificate of Registration No. CS09874 with the Board. You have **not** been and are **not** authorized to prescribe any controlled substances in the state of Nevada. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 Ext. 132 or gvanderdonck@pharmacy.nv.gov.

Best regards,

Gustaf Vanderdonck
Assistant General Counsel
Nevada State Board of Pharmacy



9171 9690 0935 0307 6311 33

# BEFORE THE BOARD OF MEDICAL EXAMINERS
# OF THE STATE OF NEVADA

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|---|---|
| **In the Matter of the Charges and Complaint Against:** **JON LANE SIEMS, M.D.,** **Respondent.** | **Case No.: 24-13009-1** |

FILED
SEP 16 2024
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## ORDER OF SUSPENSION AND NOTICE OF HEARING

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUSPENDS** the license of Jon Lane Siems, M.D. (Respondent) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Suspension (Order) based on its determination that Respondent violated a Board Order when he did not satisfy all of the conditions contained in the discipline issued by the Board after adjudication at the Board meeting on December 1, 2023. *See* **Exhibit 1**.

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Respondent is a medical doctor licensed to practice medicine in the State of Nevada (License No. 9250). The Board issued his license on December 20, 1999.

2. On December 27, 2022, in Case No. 19-13009-2, the IC suspended Respondent's license to practice medicine in the State of Nevada pending a show cause hearing regarding the subject of that summary suspension via an Order of Summary Suspension.

3. On January 30, 2023, the IC filed a formal Complaint against Respondent in Case No. 23-13009-1 which facts relate directly back to an Order issued in Case No. 19-13009-2.

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Chairman, Carl N. Williams, Jr., M.D., and Col. Eric D. Wade, USAF (Ret.).

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4. On February 2, 2023, a show cause hearing was held regarding Respondent's suspension.

5. After attempts to serve Respondent with the formal Complaint on a previous date, Respondent was served with the formal Complaint in Case 23-13009-1 on March 3, 2023.

6. On April 13, 2023, a formal hearing was held in Case No. 23-13009-1.

7. On December 1, 2023, the Board adjudicated the matter and found that Respondent did indeed violate the single count of Knowing or Willful Failure to Comply with a Board Order, as provided by NRS 630.3065(2)(a), and imposed discipline.

8. The discipline the Board imposed was a written public reprimand, that Respondent's license be suspended for a period of one (1) year from December 28, 2022 to December 27, 2023, and on December 28, 2023, Respondent's license status shall be reinstated to an active-probation status; Respondent shall complete the University of San Diego Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, or substantially similar assessment by another entity approved by the Board within six (6) months of issuance of the Order; that any continuing medical education received for attending the program shall be in addition to the requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada pursuant to NAC 630.153(1); and Respondent was required to reimburse the Board the reasonable and necessary costs and expenses actually incurred in the investigation and prosecution of this case in the amount of seven thousand four hundred and ninety-nine dollars, and twenty cents ($7,499.20) within six (6) months of service of the Order.

9. Respondent received a deadline of June 1, 2024, to pay the fines and costs in Case No. 23-13009-1.

10. Johnna LaRue, CMBI, Compliance Officer for the Board sent Respondent a letter dated December 19, 2023, containing helpful instructions and deadlines to assist Respondent in complying with the Board Order. *See* **Exhibit 2**.

11. As of today's date, Respondent has not paid the costs in the amount of seven thousand four hundred and ninety-nine dollars, and twenty cents ($7,499.20) and is therefore in violation of the Board's Order.

12. NRS 630.3065(2)(a) states in pertinent part that [e]xcept as otherwise provided in NRS 630.2672, knowingly or willfully failing to comply with: (a) [a] regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician, constitutes grounds for initiating disciplinary action.

13. Based on the foregoing, the IC finds that Respondent has willfully and knowingly violated the Board Order and is immediately suspended from the practice of medicine in the State of Nevada. *See* NRS 630.326(1).

**ORDER**

**IT IS HEREBY ORDERED** that the License of Jon Lane Siems, M.D. (9250) is immediately **SUSPENDED** until further order of the IC or Board, and Respondent is prohibited from engaging in any acts that constitute the practice of medicine pursuant to NRS 630.020; and

**IT IS FURTHER ORDERED** that a hearing on this matter is set for the **18th day of October, 2024, at 9:00 a.m.,** at the Board's office located at 9600 Gateway Drive, Reno, Nevada 89521, with video conferencing to the Las Vegas office at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119 to determine whether this suspension may continue, unless the parties mutually agree in writing to a different date and/or time to hold the hearing. *See* NRS 630.326(2).

DATED this 16th day of September, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

BRET W. FREY, M.D.
*Chairman of the Investigative Committee*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 16th day of September, 2024, I served a file-stamped copy of the foregoing **ORDER OF SUSPENSION AND NOTICE OF HEARING**, via Fed Ex (priority overnight), postage pre-paid, to the following parties:

JON LANE SIEMS, M.D.
31852 Via Patito
Coto de Caza, CA 92679

*Tracking No.:* 778618923066

DATED this 16th day of September, 2024.

MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners

# EXHIBIT 1

# EXHIBIT 1

# BEFORE THE BOARD OF MEDICAL EXAMINERS
# OF THE STATE OF NEVADA

* * * * *

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|---|---|
| **In the Matter of Charges and Complaint Against JON LANE SIEMS, M.D., Respondent.** | **Case No. 23-13009-1** |

FILED
DEC 19 2023
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

This case was presented for adjudication and decision before the Nevada State Board of Medical Examiners (Board), during a regularly scheduled Board meeting on December 1, 2023, at 8:40 a.m., (Pacific Standard Time), located at 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119, video conferenced to 9600 Gateway Drive, Reno, NV 89521. Jon Lane Siems, M.D., (Respondent), was properly served with a notice of the adjudication, including the date, time and location, and was present and not represented by counsel. The adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were: Nick M. Spirtos M.D., F.A.C.O.G., Ms. Maggie Arias-Petrel, Ms. Pamela Beal, Irwin B. Simon, M.D., FACS, Joseph Olivarez, P.A.-C, and Jason B. Farnsworth, RRT, MBA. Chricy E. Harris, Esq., Deputy Attorney General, served as legal counsel to the Board.

The Board, having received and read the Complaint and exhibits admitted at the hearing of this matter, the Hearing Officer's Findings and Recommendations[1], and the transcript of the hearing, made its decision pursuant to its authority and provisions of the Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), NRS Chapter 622A, and NRS Chapter 233B, as applicable.

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[1] The Hearing Officer's Findings and Recommendations were prepared by Charles Woodman, Esq., who was appointed as Hearing Officer under NRS 630.106 in this matter and presided over the hearing.

The Board, after due consideration of the record, evidence, and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter, as follows:

## FINDINGS OF FACT

### I.

Respondent held an Active-Probation license to practice medicine in the State of Nevada issued by the Board from December 3, 2021, until December 27, 2022. An Order for Summary Suspension of Respondent's license was filed on December 27, 2022, served on December 27, 2022, which immediately suspended Respondent's license until a show cause hearing could be held to determine if his medical license would be reinstated during the regular hearing process. On February 2, 2023, a show cause hearing was held at the office of the Nevada State Board of Medical Examiners and the Hearing Officer entered his order during the hearing that continued the suspension of Respondent's medical license throughout the hearing process.

### II.

On January 30, 2022, the Investigative Committee filed its formal Complaint in Case No. 23-13009-1, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint by a USPS Certified mail on March 3, 2023. The Complaint alleges as follows: Count I, a violation of NRS 630.3065(2)(a) Knowing or Willful Failure to Comply with a Board Order.

Respondent did not answer or file a response to the allegations set forth in the Complaint. Pursuant to NAC 630.460(4), the allegations of the Complaint are deemed generally denied if an answer is not filed.

### III.

An Early Case Conference was held at the conclusion of the show cause hearing. Donald K. White, Senior Deputy General Counsel was present on behalf of the Investigative Committee (IC) of the Board, with Hearing Officer Charles Woodman, Esq., Respondent participated in the Early Case Conference and show cause hearing but was not represented by an attorney.

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In compliance with NAC 630.465 an Order After Prehearing and Order Confirming Hearing Date was filed March 1, 2023, setting dates for the formal hearing calendared to commence on April 13, 2023, at the Office of the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521 video conferenced to the Board's Las Vegas Office, located at 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119. All documents intended to be introduced as evidence in the case were to be exchanged on or before March 13, 2023. Respondent was served this Order via USPS Certified Mail on March 6, 2023, at his address of record.

**IV.**

On April 13, 2023, as duly noticed and ordered, a hearing was held before the Hearing Officer to receive evidence and to hear arguments of both parties. Legal counsel for the Investigative Committee, Donald K. White, Senior Deputy General Counsel appeared, along with Respondent, without legal counsel, and Hearing Officer Charles Woodman, Esq. Mr. White presented the IC's case, offered documentary evidence, and presented witness testimony. Exhibits one (1) through (4) from the IC and several of Respondent's exhibits, were marked and admitted into evidence.

The Hearing Officer provided the Synopsis and Analysis of Record, filed May 9, 2023. This matter was scheduled for final adjudication on December 1, 2023, at a regularly scheduled Board meeting.

The notice of the adjudication was sent via USPS Certified Mail on October 30, 2023, and was delivered to Respondent on November 3, 2023, at 10:14 a.m.

A copy of the adjudication materials along with a copy of the Hearing Officer's Synopsis and Analysis of Record were mailed via Fed Ex 2-Day and were delivered to Respondent's address of record on November 10, 2023.

**V.**

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved by the Board in their entirety, with modification to the discipline, and

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are hereby specifically incorporated and made part of this Order by reference and are attached hereto as **Exhibit 1**.

**VI.**

In accordance with the Synopsis and Analysis of Record, the Board hereby finds that the count set forth in the Complaint, and as recapitulated in Paragraph II above, have been established by a preponderance of the evidence.

**VII.**

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

## CONCLUSIONS OF LAW

**I.**

The Board has jurisdiction over Respondent and the Complaint, and an adjudication of this matter by the Board members as set forth herein is proper.

**II.**

Respondent was timely and properly served with the Complaint, and all notices and orders in advance of the hearing and adjudication thereon, in accordance with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and all legal requirements of due process.

**III.**

With respect to the allegations of the Complaint, the Board concludes that Respondent has violated NRS 630.3065(2)(a) Knowing or Willful Failure to comply with a Board Order, as alleged in Count I. Accordingly, Respondent is subject to discipline pursuant to NRS 630.352.

**IV.**

The Board finds that, pursuant to NRS 622.400, recovery from Respondent of reasonable attorneys' fees and costs incurred by the Board as part of its investigation and disciplinary proceedings against Respondent is appropriate. The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds them to be the actual fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent, and finds them to be reasonable,

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necessary, and actually incurred based on: (1) the abilities, training, education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

V.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

**ORDER**

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. Respondent has violated the Medical Practice Act, as alleged in the Complaint, as follows: one (1) violation of NRS 630.3065(2)(a), Knowing or Willful Failure to comply with a Board Order.

2. Pursuant to NRS 630.352(4)(e), the Board shall administer a written public reprimand to Respondent.

3. Respondent's license shall be suspended for a period of one year, from December 28, 2022, to December 27, 2023.[2] On December 28, 2023, Respondent's license status shall be reinstated to an Active-Probation status.

4. Pursuant to NRS 630.352(4)(k), Respondent shall complete at the University of San Diego Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, or substantially similar assessment by another entity approved by the Board within six (6) months of issuance of this Order. Any aforementioned hours of Continuing Medical

[2] Pursuant to the Board's motion imposing discipline, the one-year suspension imposed upon Respondent shall take into account the time he has been suspended since the Order of Summary Suspension, which was served upon him on December 28, 2022.

Education received for attending the program that is substantially related to PACE shall be in addition to the requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada pursuant to NAC 630.153(1).

5. Respondent shall reimburse the Board the reasonable and necessary costs and expenses actually incurred in the investigation and prosecution of this case in the amount of seven thousand four hundred and ninety-nine dollars, and twenty cents ($7,499.20) within six (6) months of service of this Order. The Board, and/or its designee, are granted the authority to collect any and all funds due under this Order.

6. Investigation Case Nos. 18-18146, 19-18953, 20-19625, 20-19679, 20-19736, 21-20367, 22-21285, 22-21357, 23-22654, 23-22790, and 23-22844 shall be dismissed with prejudice.

IT IS SO ORDERED.

DATED this 19th day of December, 2023.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

NICK M. SPIRTOS, M.D., F.A.C.O.G.
*President of the Board*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## CERTIFICATION

I certify that the foregoing is the full and true original **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** on file in the office of the Board of Medical Examiners in the matter of **JON LANE SIEMS, M.D.**, Case No. 23-13009-1.

I further certify that Nick M. Spirtos, M.D., F.A.C.O.G., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said Nick M. Spirtos, M.D., F.A.C.O.G.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 19th day of December, 2023.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Maggie Arias-Petrel

MAGGIE ARIAS-PETREL
*Secretary-Treasurer and Public Member of the Board*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

# EXHIBIT 1

# EXHIBIT 1

**BEFORE THE BOARD OF MEDICAL EXAMINERS**

**OF THE STATE OF NEVADA**

FILED
MAY - 9 2023
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

| | |
|---|---|
| In the Matter of Charges and Complaint Against JON L. SIEMS, M.D., Respondent. | Case No.: 23-13009-1 (Case No.:19-13009-2) |

**SYNOPSIS AND ANALYSIS OF THE RECORD**

Hearing Officer Charles B. Woodman, having heard a formal pre-hearing conference, as well as the formal Hearing of this matter, hereby presents the Nevada State Board of Medical Examiners with his formal Analysis of this case. This Analysis is based upon all evidence adduced at the formal Hearing, this Hearing Officer's findings of facts and conclusions of law, which findings include the credibility of the witnesses who gave evidence.

**RELEVANT BACKGROUND**

This is a combined case as shown in the caption, whereby the Investigative Committee ("IC") of the Board of Medical Examiners of the State of Nevada ("Board") alleged that Dr. Jon Lane Siems, M.D., ("Dr. Siems") failed to comply with the Settlement Agreement he entered into as resolution to Board Case 19-13009-2. The final page of that Settlement Agreement contains the Board's order mandating compliance with the Agreement. A duly noticed formal hearing of the matter was held before the undersigned Hearing Officer on April 13, 2023 at the Northern Nevada office of the Board in Reno. Mr. Donald K. White, Esq., Senior Deputy General Counsel appeared on behalf of the Board's IC. Dr. Siems appeared via videoconference from the Board's Southern Nevada office representing himself in pro se. The matter was duly recorded by a licensed reporter and is a matter of public record.

The formal Complaint in Board Case 23-13009-1 alleges a single count of Knowing or Willful Failure to Comply with a Board Order, a violation of NRS 630.3065(2)(a), which states that:

> The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
> * * *
> 2. Except as otherwise provided in NRS 630.2672, knowingly or willfully failing to comply with:
> (a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;

More specifically, the IC alleges at paragraphs 8-9 of the Complaint that:

> 8. Respondent [Dr. Siems] knowingly or willfully failed to comply with an order of the Board when he failed to complete 20 hours of CMEs or the PACE Program by or within the deadline he agree to with the Board [in Case 19-13009-2].
> 9. Additionally, the Settlement Agreement [in Case 19-13009-2] that Respondent signed and was subsequently approved by the Board clearly states that Respondent agreed to be placed on stayed suspension and that if he violated any terms of the agreement that the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause hearing.

Accordingly, the two cases are inextricably linked inasmuch as Dr. Siems' alleged violation of the Order at the final page of the Settlement Agreement entered into in Case 19-13009-2 makes up the entirety of the basis for Case 23-13009-1. Further, it appears that the Board may determine to take formal action in both such cases.

At commencement of the formal Hearing of this matter, Dr. Siems was again advised of his right to be represented by counsel, as this Hearing Officer has so advised him in prior proceedings. The Hearing proceeded with Dr. Siems electing to represent himself. See Transcript at page 5 ("T.5").

It is noted very significantly here that the Board has already determined that Dr. Siems "willfully and knowingly violated his Settlement Agreement" via the Board's Order of Suspension And Notice of Hearing filed December 27, 2022. That Order was issued summarily based on evidence proffered by the IC. A duly noticed formal Order to Show

Cause hearing to determine whether that summary suspension should continue was heard before the undersigned on February 2, 2023, with Dr. Siems in attendance, also representing himself at that time. After that hearing and in light of evidence provided by the IC and by Dr. Siems, this Hearing Officer confirmed the suspension pending further decisions by the Board and pending adjudication of the new complaint in Case 23-13009-1. The April 13 hearing was held to formally adjudicate Case 23-13009-1. At the hearing, the IC's burden was to prove by a preponderance of the evidence that Dr. Siems committed the violation alleged in the Complaint in Case 23-13009-1, i.e. that he knowingly or willingly failed to comply with the Board's order confirming his Settlement Agreement.

**THE EVIDENCE**

The evidence adduced at the April 13 hearing is summarized as follows (bold and italics are inserted by the Hearing Officer):

The IC's Deputy Chief of Investigations and Compliance Officer Johnna LaRue testified that:

Following the Board's approval of the Settlement Agreement entered into between Dr. Siems and the IC, Ms. LaRue mailed notice of the Board's decision to Dr. Siems' then counsel on December 14, 2021. T.15-17;

Ms. LaRue's letter, including a copy of the Settlement Agreement, disclosed the specific requirements with which Dr. Siems would have to comply to meet his obligations under the Settlement Agreement, and the fact that he would have one year from the date of the Board hearing to so comply, which would allow Dr. Siems until December 3, 2022 to meet all the conditions outlined in the Settlement Agreement, and required by the Board's Order thereon. T.18-20;

Receipt of Ms. LaRue's letter containing the Settlement Agreement and Board Order by Dr. Siems' then counsel[1] was confirmed via documentary evidence showing that it was received on December 18, 2021. T.21-22, 26, IC Exhibit 4;

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[1] As noted, Dr. Siems was not represented by counsel at the formal Hearing in Case 19-13009-2. However, he retained counsel after the Hearing which culminated in execution of the Settlement Agreement.

Dr. Siems and his counsel both signed the Settlement Agreement. T.28;

Via a November 18, 2022 email to the IC's counsel Mr. White, Dr. Siems' counsel advised Mr. White that he was no longer representing Dr. Siems. T.29-30;

At no time did Dr. Siems' counsel or any other person ever contact Ms. LaRue or anyone else at the Board to request an extension of time for Dr. Siems to complete his requirements under the Settlement Agreement. T.31-33;

Extensions of time to comply with settlement agreement conditions are routinely given under reasonable circumstances. T.33-34;

Dr. Siems did not complete all his CMEs required by the Settlement Agreement within the mandated one-year period, nor did he complete the PACE program. T.34-35. Rather, the last required CMEs were completed within a few days following the February 2, 2023 hearing on the license suspension, (which would have been approximately two months late) . T.35;

Dr. Siems pressed Ms. LaRue on whether the Board should have required him (Dr. Siems) to complete the PACE program when he discovered that the program could not accommodate him. However, Ms. LaRue responded by saying that the Board would have amended the Settlement Agreement had Dr. Siems contacted the Board within the one-year period to advise that PACE could not accommodate him. T.38-43;

In response to Dr. Siems raising the issue of possibly not receiving a copy of the Settlement Agreement from his counsel, Ms. LaRue advised that she had worked a number of times in the past with the same attorney who represented Dr. Siems, and she has never had any issues with practitioners not receiving documents from that attorney. T.45-46;

Had the IC known at any time prior to expiration of his one-year timeline that the PACE program could not presently accommodate Dr. Siems, arrangements would have been made to take the matter back to the Board to alter the terms of the Settlement Agreement. T.47-48;

Dr. Siems recognized a copy of the Settlement Agreement and acknowledged that he signed it. T.51-52;

***Dr. Siems acknowledged that he knew his deadline for complying with the terms of the Settlement Agreement was December 3, 2022. T.54;***

***At some time during December, 2022, Dr. Siems had his manager Isabella call the IC to provide an update on his process of complying with the Settlement Agreement, but not to request an extension of time. T.55-56;***

***Dr. Siems confirmed that while he does not recall receiving the IC's letter via his counsel following the approval of the Settlement Agreement, that does not mean that he does not remember the "settlement demands." "That's not my claim. I was aware of what the settlement demands were." On questioning by Mr. White, Dr. Siems acknowledged he was aware of the settlement demands as of the date he signed the document, i.e. November 24, 2021. T.57;***

Email correspondence between Dr. Siems and the PACE program showed that Dr. Siems was not yet enrolled with PACE as of December 20, 2022, as his outstanding balance due for participation was $10,000.00. The balance due check was dated December 30, 2022, three days after service of the suspension order. T.61, 63-65, Respondent's Exhibits p.0003, 00095;

***The first time that Dr. Siems, or his office personnel, contacted the PACE program was October 31, 2022 (or approximately 33 days prior to the compliance deadline in the Settlement Agreement). T.63;***

***When asked directly if he complied with the terms of the Settlement Agreement, Dr. Siems answered "No." T.65;***

Dr. Siems was advised that he had the opportunity to present a defense case, but as the Board and its IC have the burden of proof, he (Dr. Siems) had no obligation to do so. Dr. Siems chose to provide a defense case. T.67-68;

Beginning at page 75 of the transcript, Dr. Siems provided a quite thorough history of some highly traumatic personal crises which began happening in his life in November, 2022, i.e. approximately one month or less before the December 3, 2022 deadline for complying with the Settlement Agreement. Those circumstances include a November 22, 2022 trip to Europe for approximately two weeks due to family medical emergencies,

ongoing emergent care of a young man that Dr. Siems refers to as his step-son upon return to the United States from Europe, and the necessity of a restraining order on December 23, 2022. The undersigned Hearing Officer declines to include details of those matters here to protect the privacy of Dr. Siems' and his family members. Suffice it to say that circumstances involving the mother of his children, and the young man whom Dr. Siems refers to as his step-son, were in crisis stage, which, according to sworn testimony, were physically and emotionally consuming. T.75-141;

Dr. Siems received a letter from the PACE program advising that the program could not accommodate Dr. Siems. That letter was dated April 6, 2023. T.82, Respondent's Exhibits p.0147;

Dr. Siems believes it is the Board's responsibility to determine whether or not the PACE program could accommodate him. Dr. Siems does not feel it is his responsibility to make that determination. T.84;

Dr. Siems testified that he waited four months, i.e. until the PACE program letter of April 6, 2023, to discover / confirm that PACE could not accommodate him. T.89;

Dr. Siems asked his witness Amel Youssef, O.D., if the trauma they jointly experienced because of her son's medical emergencies could distract a person "enough that mundane parts of life, perhaps, were ignored and made oblivious?" She testified in the affirmative. T.114-115;

## ANALYSIS

This Hearing Officer did not find any witness who testified at the hearing to have credibility issues. While the witnesses called by Dr. Siems could be argued to be self-serving, those witnesses presented as genuine and factual. This Hearing Officer takes their testimony, along with all of that elicited by the IC, at full face value.

Dr. Siems executed the Settlement Agreement on November 24, 2021. He soon thereafter learned that pursuant to an Order of the Board, he had until December 3, 2022, to complete the conditions of his resolution. He first contacted the PACE program on October 31, 2022, one month and three days before his deadline for full completion of all conditions. That deadline came and went without Dr. Siems handling his CME or PACE

obligations. On December 27, 2022, Dr. Siems' license was summarily suspended for his failure to comply with the conditions of the Settlement Agreement. A formal noticed hearing confirming the suspension was held February 2, 2023. It was after that hearing that Dr. Siems completed his CME requirements, which was more than two months out of compliance. Dr. Siems received a letter confirming that the PACE program could not accommodate him on or after April 6, 2023, just a week prior to the formal Hearing on the Complaint alleging his failure to comply. And while Dr. Siems had his office manager contact the IC with a status update on his compliance at some time in December, 2022, (most likely after his December 3 deadline), at no time – either before or after the deadline - did Dr. Siems or his staff ever request additional time to complete his requirements under the Settlement Agreement.

Dr. Siems offered what is genuinely a compassion-evoking explanation of a series of unfortunate and even tragic events in his life - not the results of his doing - and which no doubt required a great deal of his time and attention. The evidence is clear that he responded well to loved ones in need. His actions were indeed admirable.

Unfortunately, Dr. Siems' defense is measured against three harsh realities. First, as he readily acknowledged, Dr. Siems failed to comply with the terms of his Settlement Agreement and the Board's Order mandating such. Second, Dr. Siems made no contact with the PACE program till he was only thirty-three days away from his deadline. Third, Dr. Siems did not reach out to the IC until after his deadline passed, and even when he had his office manager call, it was to provide a status update and not to seek additional time to comply. Further, it is apparent from the record that the great majority of the challenges that occurred in Dr. Siems' personal life arose either just prior to his compliance deadline – and some even occurred thereafter (such as the necessity of obtaining a restraining order).

Dr. Siems also offers as part of his defense that it should have been the Board's responsibility to ensure that the PACE program could accommodate his area of specialty / expertise before including such in the Settlement Agreement. While not fully articulated in the record, it appears to the Hearing Officer that those involved in crafting the Settlement Agreement had ample cause to believe based on past experience that the PACE program

could serve a physician of Dr. Siems' specialty. It is also apparent from the record that Covid-19 had impacted the ability of the PACE program to accommodate some specialties. Accordingly, the Hearing Officer does not recognize a basis to leave upon the Board sole responsibility for the potential availability of the PACE program to function for Dr. Siems. As stated repeatedly by the IC's counsel Mr. White, had Dr. Siems not waited 333 days to initiate contact with PACE, this case could have been quite different. Ms. LaRue made sufficiently clear that timely notice of any deficiency in the ability of the PACE program to serve in this case would have allowed the Board to amend its requirements. Finally, there is the logical reality that the party on the hook, i.e. the one with his licensure at stake, ought to engage in sufficient due diligence to ensure he is doing all that is required to preserve his valuable practice. Dr. Siems offered no explanation as to why he did not reach out to PACE until October 31, 2022, or why he did not complete his CMEs from the time he signed the Settlement Agreement in November, 2021, until his personal challenges arose in late November 2022. Finally, it must be recognized that Dr. Siems' counsel – who was an extension of Dr. Siems, participated in the negotiating and crafting of the Settlement Agreement. And it was Dr. Siems who executed that Agreement. And accordingly, Dr. Siems shares responsibility for what that Agreement contains.

It is also significant that the statute at issue here is one of strict liability. While Dr. Siems argues that the statute does not prohibit consideration of extenuating circumstances, that does not obviate the plain language of the law that "knowingly or willfully failing to comply with . . . [an] order of the Board constitutes grounds for initiating disciplinary action. The Settlement Agreement became an Order of the Board when the Board approved it. The Order is the final page of the Agreement. Dr. Siems candidly admitted he knew that he did not comply with that Order. The knowing prong of the statute is thus satisfied. And while not a necessary finding or conclusion since either a knowing *or* willful violation will trigger the ramifications of the statute, it can reasonably be determined that Dr. Siems' failure to comply was willful considering the long delay before he took any action whatsoever. The Hearing Officer finds Dr. Siems' passive description of the Board's Order as a "mundane part of life" as a reflection of the amount of concern

he had for the Order, which is further reflected in the long delay before any action was taken whatsoever. In any event, the knowing violation is clear and convincing, thus exceeding the IC's burden of proving their case by a preponderance of the evidence.

## CONCLUSION

This Hearing Officer, while readily acknowledging the significant trying life events experienced by Dr. Siems and his family, must recommend that the Board find that Respondent Dr. Jon Lane Siems, M.D., violated the statute as alleged in the Complaint, in that he knowingly failed to comply with the terms of the Order contained within the Settlement Agreement. There is no doubt room for compassion for Dr. Siems in all he experienced in his personal life right around the compliance deadline. But those extenuating circumstances do not negate the knowing failure to meet his mandated obligations, especially when he took no action to inform the Board of those circumstances and/or to seek additional time to comply, or to have the requirements duly amended.

Respectfully submitted this 8th day of May, 2023.



Charles B. Woodman, Hearing Officer

# EXHIBIT 2

# EXHIBIT 2

**NEVADA STATE BOARD OF MEDICAL EXAMINERS**
9600 Gateway Drive
Reno, NV 89521

Nick M. Spirtos, M.D., F.A.C.O.G.
*Board President*

Edward O. Cousineau, J.D.
*Executive Director*

December 19, 2023

Jon Lane Siems, M.D.
41493 Margarita Road, #G109
Temecula, CA 92591-5570

**Re: Compliance Case #23-13009-1**

Dear Dr. Siems:

On December 1, 2023, the Nevada State Board of Medical Examiners, approved and accepted the Findings of Fact, Conclusions of Law and Order regarding the complaint filed on Case No. 23-13009-1 finding the following:

- Respondent has violated the Medical Practice Act, as alleged in the Complaint, as follows: one (1) violation of NRS 630.3065(2)(a), Knowing or Willful Failure to comply with a Board Order.

As a result, the Board entered its **ORDER** as follows:

- Pursuant to NRS 630.352(4)(e), the Board shall administer a written public reprimand to Respondent;
- Respondent's license shall be suspended for a period of one year, from December 28, 2022 to December 27, 2023. On December 28, 2023, Respondent's license status shall be reinstated to Active-Probation status;
- Respondent shall complete at the University of San Diego Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, or substantially similar assessment by another entity approved by the Board within six (6) months of issuance of this Order. Any aforementioned hours of Continuing Medical Education received for attending the program that is substantially related to PACE shall be in addition to the requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada pursuant to NAC 630.153(1);
- Respondent shall reimburse the Board the reasonable and necessary costs and expenses actually incurred in the investigation and prosecution of this case in the amount of seven thousand four hundred and ninety-nine dollars, and twenty cents ($7,499.20) within six (6) months of service of this Order. The Board, and/or its designee, are granted the authority to collect any and all funds due under this Order;
- Investigation Case Nos. 18-18146, 19-18953, 20-19625, 20-19679, 20-19736, 21-20367, 22-21285, 22-21357, 23-22654, 23-22790, and 23-22844 shall be dismissed with prejudice.

Your compliance with the terms and conditions pertaining to **CME's** will be monitored by Johnna S. LaRue, CMBI, Compliance Officer. Please contact me at (775) 324-9377 for any questions or concerns regarding CME's.

Your compliance with the terms and conditions pertaining to **Administrative Costs and Fines** will be monitored by Donya Jenkins, Chief of Finance and Human Resources. Please contact Ms. Jenkins at (775) 324-9354 for any questions or concerns regarding payment of costs and fines.

Please make note of the Board's new policies for making payments, credit cards, cashier's checks and money orders are the only form of payment accepted.

**Payment can be made online at https://nsbme.us.thentiacloud.net/webs/nsbme/service/#/login.**

Included in the Order are mandatory actions that you must fulfill some of which include:

1.) The costs in the amount of $7,499.20 are due by **June 1, 2024**.

2.) The University of San Diego Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, or substantially similar assessment by another entity is due by **June 1, 2024**.

Please contact me, in writing, **within 30 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jlarue@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions, please call, or write. Thank you for your cooperation on this matter.

Respectfully,

Johnna S. LaRue, CMBI
Deputy Chief of Investigations/Compliance Officer
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 324-9377

JOE LOMBARDO
Governor



HELEN PARK
*President*

J. DAVID WUEST
*Executive Secretary*

**STATE OF NEVADA**

**BOARD OF PHARMACY**

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

September 25, 2024

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:**

[redacted]@siemslasik.com

Jon Siems, MD
[redacted]
Las Vegas NV [redacted]

***Re: Notice of Suspension of Registration No. CS09874 (Case No. 24-390-CS-S)***

Dear Dr. Siems:

The Nevada State Board of Pharmacy (Board) has been notified that your License No. 9250 to practice medicine was summarily suspended by the Nevada State Board of Medical Examiners pursuant to an order entered September 16, 2024. Please be advised that pursuant to NRS 639.2107 this operates as an immediate suspension of your Certificate of Registration No. CS09874 with the Board.

You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

U. S. Department of Justice - Drug Enforcement Administration

DEA USE ONLY

File No.

# SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

| NAME OF REGISTRANT *(Print)* | ADDRESS OF REGISTRANT |
|---|---|
| JON SIEMS, M.D. | 8230 W. SAHARA AVE. STE 111 LAS VEGAS, NV. 89117 |
| DEA REGISTRATION NO. BS4492512 | |
| SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL | DATE |

## WITNESSES TO REGISTRANT'S SIGNATURE

| NAME AND DATE | TITLE |
|---|---|
| | |
| NAME AND DATE | TITLE |
| | |

## PRIVACY ACT

**AUTHORITY:** Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).

**PURPOSE:** Permit surrender for cause of DEA Certificate of Registration.

**ROUTINE USES:** The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.

**EFFECT:** Submission of this information is voluntary. There is no effect on the individual if not provided.

**From:** Jon Siems
**To:** Sanchez, Estevan
**Subject:** [EXTERNAL] Re: DEA Las Vegas
**Date:** Monday, November 11, 2024 1:46:17 PM
**Attachments:** DEA Surrender Form.pdf

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Sent from my iPhone

> On Oct 31, 2024, at 3:36 PM, Sanchez, Estevan <Estevan.Sanchez@dea.gov> wrote:
>
> Dr. Siems,
>
> Thank you for speaking with me earlier today.
> Currently, your Nevada medical license is suspended.
> Additionally, your Nevada board of pharmacy registration is suspended.
>
> DEA requires State controlled substance authority. (See below)
> In lieu of a revocation proceeding, you may surrender your DEA#.
> I have attached a form for you to sign and return.
>
> Once you are properly licensed in Nevada – feel free to contact me.
> I will assist with the DEA application process.
>
> Thanks
>
> **
>
> Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under section 823 of the Controlled Substances Act (hereinafter, CSA) "upon a finding that the registrant . . . has had his State license or registration suspended . . . [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances." With respect to a practitioner, the DEA has also long held that the possession of authority to dispense controlled substances under the laws of the state in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. *See, e.g., James L. Hooper, M.D.,* 76 FR 71371 (2011), *pet. for rev. denied,* 481 F. App'x 826 (4th Cir. 2012); *Frederick Marsh Blanton, M.D.,* 43 FR 27616, 27617 (1978).[4]
>
> _____
> **Estevan Sánchez** | **DEA Investigator**
> Las Vegas District Office
> Cell: [redacted]

Estevan.Sanchez@dea.gov

<DEA Surrender Form.pdf>

5F

FILED
MAR 0 6 2024
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**MATTHEW OKEKE, M.D.,**<br>**Certificate of Registration No. CS10935,**<br>**Respondent.** | **Case No. 19-013-CS-S**<br><br>**ORDER VACATING DECISION** |

Respondent Matthew Okeke, M.D. (Respondent), by and through counsel, Liborius Agwara, Esq., petitioned the Nevada State Board of Pharmacy (Board) to vacate its Findings of Fact, Conclusions of Law, and Order dated January 17, 2024 (Order). By issuance of the Order, the Board revoked Respondent's Certificate of Registration No. CS10935 after Respondent failed to appear for the scheduled hearing. Pursuant to NRS 622A.390, Respondent petitioned the Board to vacate the Order on the ground that Respondent was reasonably unaware of the hearing due to circumstances beyond his control. The Board, acting through its undersigned President pursuant to NRS 622A.390(4), found good cause to vacate the Order and proceed with disciplinary proceedings stemming from the First Amended Notice of Intended Action and Accusation on file herein.

NOW, THEREFORE, the Order is hereby VACATED, and the disciplinary charges currently pending against Respondent shall be heard at the Board's next available public meeting. Respondent understands and acknowledges that Respondent's Certificate of Registration No. CS10935 has been placed on inactive status pursuant to NAC 453.285(1). Accordingly, Respondent shall not prescribe or unlawfully possess controlled substances pending the final disposition of these disciplinary proceedings. This decision is effective immediately.

Entered this 6th day of March 2024.

Helen Park, President
Nevada State Board of Pharmacy

FILED
JAN 17 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| NEVADA STATE BOARD OF PHARMACY,<br>Petitioner,<br>v.<br>MATTHEW OKEKE, M.D.,<br>Certificate of Registration No. CS10935,<br>Respondent. | Case No. 19-013-CS-S<br><br>FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER |

This matter came before the Nevada State Board of Pharmacy at its regularly scheduled meeting on Wednesday, January 17, 2024. Gregory L. Zunino, Senior General Counsel, prosecuted the case before the Board. Respondent Matthew Okeke, M.D., Certificate of Registration No. CS10935, failed to appear after being properly served notice of the time, date, and place of the hearing. Pursuant to NRS 622A.350(2) and NRS 638.244(2), the Board adopted, as its Findings of Fact and Conclusions of Law, the allegations, averments, and legal conclusions stated in the Notice of Intended Action and Accusation on file herein. Those allegations, averments, and legal conclusions are restated below with minor conforming changes, as appropriate, to reflect the Board's determination to impose professional discipline in this case.

## FINDINGS OF FACT

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120)

prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as stated above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) was not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of $100,000.00, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. As noted above, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the conviction described in paragraph 9 above, referring to it as a "misdemeanor for record keeping," but he omitted to disclose the individual charges and/or arrests related to the more serious offenses described in paragraphs 10 and 14 above.

## CONCLUSIONS OF LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which

registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639]." *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

***COUNT ONE***

*Failure to Comply with Federal Registration Requirements*

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

***COUNT TWO***

*Failure to Comply with State Registration Requirements*

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

***COUNT THREE***

*Participating in Deceitful Transactions*

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

***COUNT FOUR***

*Issuing Pre-signed Prescriptions*

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct,

Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

***COUNT FIVE***

*Issuing Prescriptions from Unauthorized Locations*

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

***COUNT SIX***

*Performing Duties in an Incompetent, Unskillful, or Negligent Manner*

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is a conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is a conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

***COUNT SEVEN***

*Conviction of Crime Involving Dishonesty*

39. As described herein, Respondent was convicted of a crime involving dishonesty. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent. The Board may impose administrative discipline based upon that conviction because the underlying offense involved dishonesty. *See* NRS 639.210(7)(c).

***COUNT EIGHT***

*Prescribing Controlled Substances Without a Bona Fide Patient Relationship*

40. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

41. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

**ORDER**

NOW, THEREFORE, based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon Respondent Matthew Okeke, M.D., Certificate of Registration No. CS10935, the following professional discipline:

42. Respondent's Certificate of Registration No. CS10935 is hereby **REVOKED** pursuant to NRS 453.236 and NRS 453.241. Pursuant to NRS 622A.410(1) and NRS 639.257(1), Respondent may not petition the Board for reinstatement for a period of at least ten (10) years. Respondent may not prescribe controlled substances in the state of Nevada in any capacity unless the Board reinstates his certificate of registration.

43. Respondent shall pay an administrative fine in the amount of Two Thousand Five Hundred and No/100 Dollars ($2,500.00), payable to the State of Nevada, Office of the Treasurer.

44. Respondent shall reimburse the Board for its costs of investigation and prosecution in the amount of One Thousand Seven Hundred Fifty-Four and 68/100 Dollars ($1,754.68), payable to the Nevada State Board of Pharmacy.

45. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5) and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

46. This Order is effective immediately.

**IT IS SO ORDERED.**

Entered this 17th day of January 2024.

Helen Park, President
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

Darlene Nases
DARLENE NASES

FILED
SEP 28 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**MATTHEW OKEKE, M.D.,**<br>**Certificate of Registration No. CS10935,**<br>**Respondent.** | **Case No. 19-013-CS-S**<br>**FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and a first amended accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

## FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of $100,000, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. However, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the

conviction described in paragraph 9 above, referring to it as a "misdemeanor for record keeping," but he did not disclose the individual charges and/or arrests related to the felony fraud charges mentioned in paragraphs 10 and 14 above.

## APPLICABLE LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639]." *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

**COUNT ONE**

**Failure to Comply with Federal Registration Requirements**

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

**COUNT TWO**

**Failure to Comply with State Registration Requirements**

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

## COUNT THREE
### Participating in Deceitful Transactions

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

## COUNT FOUR
### Issuing Pre-signed Prescriptions

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

## COUNT FIVE
### Issuing Prescriptions from Unauthorized Locations

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

**COUNT SIX**

**Performing Duties in an Incompetent, Unskillful, or Negligent Manner**

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

**COUNT SEVEN**

**Failure to Establish Bona Fide Patient Relationships**

39. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

40. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

## COUNT EIGHT
**Conviction of Crime Involving Dishonesty**

41. As described above, Respondent was convicted of intentional failure to maintain adequate records, a gross misdemeanor.

42. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent.

43. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, amounted to a conviction for a crime involving dishonesty. The Board may impose administrative discipline based upon that conviction. *See* NRS 639.210(7)(c).

## COUNT NINE
**Willfully Making False Statements in Connection with Renewal Application**

44. As alleged above, on or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. On the application, Respondent falsely represented that he had never been charged with or arrested for a criminal offense other than a misdemeanor offense related to record keeping. When he made this representation, Respondent had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

45. When he made the above false representation, Respondent knew that he had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

46. Respondent's false statement was material to the Board's determination whether to renew Respondent's certificate of registration to prescribe controlled substances.

47. Having willfully made a false representation as alleged above, Respondent is subject to discipline pursuant to NRS 639.210(9).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 26th day of September 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MATTHEW OKEKE, MD,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **CASE NO. 19-013-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has rescheduled your hearing on this matter for Wednesday, December 6, 2023, at 9:00 AM PST or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of September, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MATTHEW OKEKE, MD,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **CASE NO. 19-013-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

MATTHEW OKEKE, MD

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

SHIRLEY HUNTING

FILED
JUN 29 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**MATTHEW OKEKE, M.D.,**<br>**Certificate of Registration No. CS10935,**<br>**Respondent.** | **Case No. 19-013-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

## FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent was convicted pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, was convicted pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners again disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

## APPLICABLE LAW

14. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

15. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

16. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

17. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a

prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

18. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

19. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

20. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

**COUNT ONE**

**Failure to Comply with Federal Registration Requirements**

21. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

**COUNT TWO**

**Failure to Comply with State Registration Requirements**

22. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

## COUNT THREE
### Participating in Deceitful Transactions

23. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

24. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

25. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

## COUNT FOUR
### Issuing Presigned Prescriptions

26. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

27. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing presigned prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (physician assistant is subject to discipline for supplying patients with presigned prescriptions).

## COUNT FIVE
### Issuing Prescriptions from Unauthorized Locations

28. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

29. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

**COUNT SIX**
**Performing Duties in an Incompetent, Unskillful, or Negligent Manner**

30. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

31. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

32. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

**COUNT SEVEN**
**Conviction of Crime Involving Dishonesty**

33. As described herein, Respondent was convicted of a crime involving dishonesty. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving Discovery Mind Center. The Board may impose administrative discipline based upon that conviction because the underlying offense involved dishonesty. *See* NRS 639.210(7)(c).

## COUNT EIGHT
**Prescribing Controlled Substances Without a Bona Fide Patient Relationship**

34. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish a bona fide therapeutic relationship with one or more of these ostensible patients.

35. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 24th day of JUNE 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MATTHEW OKEKE, MD,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **CASE NO. 19-013-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 11, 2023, at 9:00 AM PST or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 29th day of June, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MATTHEW OKEKE, MD,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **CASE NO. 19-013-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

MATTHEW OKEKE, MD,

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of July 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

SHIRLEY HUNTING

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FILED
FEB - 3 2025
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ALL-CARE PHARMACY, LLC, an Arizona Limited-Liability Company Doing Business as AVRIO PHARMACY, Permit No. PH03822,**<br>**Respondent.** | **CASE NO. 20-198-PH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent All-Care Pharmacy, LLC ("Respondent"), because the Board has issued a permit to Respondent authorizing Respondent to dispense dangerous drugs and controlled substances to patients located in Nevada.

## FACTUAL ALLEGATIONS

2. Respondent is an Arizona limited-liability company with a principal address of 9015 E. Pima Center Parkway #3, Scottsdale, Arizona 85258.

3. Respondent is engaged in business in Nevada under the name "Avrio Pharmacy."

4. The Board has authorized Respondent to conduct business in Nevada as an out-of-state pharmacy. Respondent holds permit no. PH03822, originally issued by the Board on December 11, 2017.

5. Raef Hamaed ("Hamaed") is the owner, manager, member and/or president of Respondent.

6. Hamaed is licensed by the Arizona State Board of Pharmacy to practice pharmacy in Arizona.

7. Although Hamaed is not registered to practice pharmacy in Nevada, he identifies himself as the company's Pharmacist-in-Charge and Owner in his dealings with the Board.

8. Respondent dispenses dangerous drugs and controlled substances to patients located in Nevada.

9. On information and belief, Hamaed has substantial control over Respondent's dispensing and drug distribution activities in Nevada.

10. On information and belief, Hamaed performs the role of Respondent's "managing pharmacist" as that term is defined at NRS 639.0087.

11. On September 5, 2024, following a multi-week trial, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349.

12. Hamaed was tried and convicted of the above offense in the United States District for the Eastern District of Michigan, U.S. District Court Case No. 20-cr-20162.

13. According to the federal indictment in the case noted above, Hamaed participated in a conspiracy to bill Medicaid, Medicare, and Blue Cross Blue Shield of Michigan for prescription medications that were never dispensed to patients.

14. According to the federal indictment in the case noted above, Hamaed held an ownership interest in each of the six pharmacies in Michigan and Ohio through which fraudulent prescriptions were billed.

15. On December 19, 2024, the Honorable Linda V. Parker, U.S. District Judge, denied Hamaed's motions for a judgment of acquittal and/or for a new trial. Hamaed is currently awaiting sentencing on his conviction for conspiracy to commit health care fraud and wire fraud. Hamaed faces a potential term of imprisonment of 10 years.

## APPLICABLE LAW

16. Every pharmacy located outside of Nevada that dispenses prescriptions to patients located in Nevada must be licensed by the Board. NRS 639.2328(1). Such a pharmacy must identify

for the Board the owner of the pharmacy and the name of the registered pharmacist who is the managing pharmacist. NRS 639.2328(2)(d).

17. The Board may revoke or suspend the license or permit of any pharmacy or pharmacist who been "convicted of a violation of any law or regulation of the Federal Government or of this or any other state related to controlled substances, dangerous drugs, drug samples, or the wholesale or retail distribution of drugs." NRS 639.210(6).

18. The Board may revoke or suspend the license or permit of any pharmacy or pharmacist who been convicted of a "crime involving moral turpitude, dishonesty or corruption." NRS 639.210(7)(c).

19. The Board may revoke or suspend the license or permit of any pharmacy or pharmacist who is "guilty of unprofessional conduct or conduct contrary to the public interest." NRS 639.210(4). Conduct is deemed unprofessional and contrary to the public interest when the pharmacy or pharmacist performs or is in any way a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

20. "Any violation of any of the provisions of [chapter 639 of NRS] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

21. "The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(3).

**COUNT ONE**

**Conviction of a Crime Related to the Retail Distribution of Drugs**

22. As noted above, on September 5, 2024, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349. *See also* 18 U.S.C. § 1347. This was a conviction related to the retail distribution of drugs.

23. Respondent is legally responsible for Hamaed's criminal misconduct, as described above, because Hamaed is Respondent's managing pharmacist and/or an employee with responsibilities related to Respondent's drug distribution and dispensing activities in Nevada.

24. By virtue of Hamaed's criminal misconduct as described above, Respondent is subject to discipline in Nevada pursuant to NRS 639.210(6), NRS 639.230(5) and NAC 639.945(3).

**COUNT TWO**
**Conviction of a Crime Involving Dishonesty**

25. As noted above, on September 5, 2024, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349. *See also* 18 U.S.C. § 1347. This was a conviction for a crime involving dishonesty.

26. Respondent is legally responsible for Hamaed's criminal misconduct, as described above, because Hamaed is Respondent's managing pharmacist and/or an employee with responsibilities related to Respondent's drug distribution and dispensing activities in Nevada.

27. By virtue of Hamaed's criminal misconduct as described above, Respondent is subject to discipline in Nevada pursuant to NRS 639.210(7)(c), NRS 639.230(5) and NAC 639.945(3).

**COUNT THREE**
**Being a Party to Fraudulent or Deceitful Transactions**

28. As noted above, on September 5, 2024, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349. *See also* 18 U.S.C. § 1347. As evidenced by this conviction, Hamaed was a party to fraudulent or deceitful transactions.

29. Respondent is legally responsible for Hamaed's criminal misconduct, as described above, because Hamaed is Respondent's managing pharmacist and/or an employee with responsibilities related to Respondent's drug distribution and dispensing activities in Nevada.

30. By virtue of Hamaed's misconduct as described above, Respondent is subject to discipline in Nevada pursuant to NRS 639.210(4), NRS 639.230(5), NAC 639.945(1)(h) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the permit of Respondent All-Care Pharmacy, LLC, dba Avrio Pharmacy.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**AVRIO PHARMACY**<br>**License No. PH03822,**<br><br>**Respondent.** | **Case No. 20-198-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**AVRIO PHARMACY**<br>**License No. PH03822,**<br><br>**Respondent.** | **Case No. 20-198-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR AVRIO PHARMACY**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

AVRIO PHARMACY
9015 E Pima Center Pkwy. #3
Scottsdale, AZ 85258

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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FILED
FEB 3 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br>**and**<br>**CHRISTOPHER PETERS, RPH, Certificate of Registration No. 16325,**<br>**Respondents.** | **Case Nos. 23-175-PH-S**<br>**23-175-RPH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Christopher Peters ("Respondent Peters") because the Board has issued to Respondent Peters a certificate of registration authorizing him to engage in the practice of pharmacy.

2. The Board has jurisdiction over Respondent Partell Specialty Pharmacy ("Respondent Partell") because the Board has licensed Respondent Partell to operate a pharmacy at 5835 South Eastern Avenue #101, in Las Vegas, Nevada.

## FACTUAL ALLEGATIONS

3. Respondent Partell dispenses nonsterile compounded drug products among other prescription drugs.

4. In 2023, Respondent Peters was a registered pharmacist employed by Respondent Partell at its pharmacy location on South Eastern Avenue in Las Vegas, Nevada.

5. In April 2023, Respondent Partell received a prescription for 0.1% retinoic acid cream, written by Nilofar Kuraishi, M.D., a Las Vegas physician.

6. Respondent Peters advised Dr. Kuraishi that the pharmacy was unable to lawfully compound the prescription as written because the 0.1% concentration of retinoic acid was commercially available.

7. After speaking with Respondent Peters, Dr. Kuraishi reissued the prescription for 0.11% retinoic acid cream. Dr. Kuraishi authorized one refill.

8. In April 2023, Respondent Partell filled and dispensed the prescription for 0.11% retinoic acid cream. However, in May 2023, the patient requested that the refill be transferred to the National Specialty Pharmacy, a licensed pharmacy located at 3022 West Post Road in Las Vegas, Nevada.

9. On May 12, 2023, Brian Ford, a registered pharmacist with the National Specialty Pharmacy, called Respondent Peters to tell him that the patient wished to transfer the prescription to the National Specialty Pharmacy. Respondent Peters refused to transfer the prescription, telling Pharmacist Ford to call Dr. Kuraishi to obtain the prescription.

10. Respondent Peters refused to transfer the prescription to the National Specialty Pharmacy based on his belief that Dr. Kuraishi had given Respondent Partell the exclusive right to compound 0.11% retinoic acid cream.

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## APPLICABLE LAW

11. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

12. The Board may revoke or suspend the registration of any pharmacist who has violated Nevada law relating to prescription drugs. NRS 639.210(12); NRS 639.255.

13. Aside from revoking or suspending a pharmacist's registration, the Board may impose fines and/or a public reprimand as a disciplinary measure. NRS 639.255; NAC 639.955.

14. A pharmacist's conduct is deemed unprofessional if the pharmacist uses secret formulas. NAC 639.945(1)(c).

15. At the request of a patient, a pharmacist must transfer a prescription to another registered pharmacist. NRS 639.2357(1). The Board has adopted regulations that set forth the procedures and methods that a pharmacy must follow when transferring a prescription. *See* NAC 639.713 to 639.7145.

16. A pharmacy is responsible for the acts and/or omissions of its pharmacists. NRS 639.230(5); NAC 639.707; NAC 639.945(3).

## COUNT ONE
### Unprofessional Conduct
### (Respondent Peters and Respondent Partell)

17. As alleged above, Respondent Peters refused to transfer a prescription at the request of a patient. Respondent Peters refused to transfer the prescription because he mistakenly believed that the prescribing practitioner, Dr. Kuraishi, had given his employer, Respondent Partell, the exclusive right to compound 0.11% retinoic acid cream.

18. By asserting the pharmacy's exclusive right to compound 0.11% retinoic acid cream, Respondent Peters attributed "secret formula" status to 0.11% retinoic acid cream.

19. Because it is unprofessional to use secret formulas, *see* NAC 639.945(1)(c), Respondent Peters engaged in unprofessional conduct when he refused to transfer Dr. Kuraishi's prescription for 0.11% retinoic acid cream. Therefore, Respondent Peters is subject to discipline pursuant to NRS 629.210(4) and NAC 639.945(1)(c).

20. As the owner/operator of the pharmacy at which Respondent Peters was employed, Respondent Partell is responsible for Respondent Peters' conduct as alleged above. Accordingly, the Board may discipline Respondent Partell pursuant to NRS 639.230(5) and NAC 639.945(3).

**COUNT TWO**
**Violation of NRS 639.2357(1)**
**(Respondent Peters and Respondent Partell)**

21. As alleged above, Respondent Peters refused to transfer a prescription at the request of a patient. By refusing to transfer the prescription, Respondent Peters violated NRS 639.2357(1).

22. Having violated NRS 639.2357(1), Respondent Peters is subject to discipline pursuant to NRS 639.210(12), NRS 639.255.

23. As the owner/operator of the pharmacy at which Respondent Peters was employed, Respondent Partell is responsible for Respondent Peters' conduct as alleged above. Accordingly, the Board may discipline Respondent Partell pursuant to NRS 639.230(5), NRS 639.255, NAC 639.945(3), and NAC 639.955.

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WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Peters and the pharmacy license of Respondent Partell.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-175-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

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**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

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4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-175-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR PARTELL SPECIALTY PHARMACY**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Christopher Peters, Rph
[redacted]
Henderson, NV [redacted]

Christopher Peters, Rph
c/o Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**and**<br><br>**CHRISTOPHER PETERS, RPH, Certificate of Registration No. 16325,**<br><br>**Respondents.** | **Case Nos. 23-175-PH-S**<br>**23-175-RPH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Christopher Peters ("Respondent Peters") because the Board has issued to Respondent Peters a certificate of registration authorizing him to engage in the practice of pharmacy.

2. The Board has jurisdiction over Respondent Partell Specialty Pharmacy ("Respondent Partell") because the Board has licensed Respondent Partell to operate a pharmacy at 5835 South Eastern Avenue #101, in Las Vegas, Nevada.

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3. Respondent Partell dispenses nonsterile compounded drug products among other prescription drugs.

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5. In April 2023, Respondent Partell received a prescription for 0.1% retinoic acid cream, written by Nilofar Kuraishi, M.D., a Las Vegas physician.

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9. On May 12, 2023, Brian Ford, a registered pharmacist with the National Specialty Pharmacy, called Respondent Peters to tell him that the patient wished to transfer the prescription to the National Specialty Pharmacy. Respondent Peters refused to transfer the prescription, telling Pharmacist Ford to call Dr. Kuraishi to obtain the prescription.

10. Respondent Peters refused to transfer the prescription to the National Specialty Pharmacy based on his belief that Dr. Kuraishi had given Respondent Partell the exclusive right to compound 0.11% retinoic acid cream.

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## APPLICABLE LAW

11. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

12. The Board may revoke or suspend the registration of any pharmacist who has violated Nevada law relating to prescription drugs. NRS 639.210(12); NRS 639.255.

13. Aside from revoking or suspending a pharmacist's registration, the Board may impose fines and/or a public reprimand as a disciplinary measure. NRS 639.255; NAC 639.955.

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15. At the request of a patient, a pharmacist must transfer a prescription to another registered pharmacist. NRS 639.2357(1). The Board has adopted regulations that set forth the procedures and methods that a pharmacy must follow when transferring a prescription. *See* NAC 639.713 to 639.7145.

16. A pharmacy is responsible for the acts and/or omissions of its pharmacists. NRS 639.230(5); NAC 639.707; NAC 639.945(3).

## COUNT ONE
### Unprofessional Conduct
### (Respondent Peters and Respondent Partell)

17. As alleged above, Respondent Peters refused to transfer a prescription at the request of a patient. Respondent Peters refused to transfer the prescription because he mistakenly believed that the prescribing practitioner, Dr. Kuraishi, had given his employer, Respondent Partell, the exclusive right to compound 0.11% retinoic acid cream.

18. By asserting the pharmacy's exclusive right to compound 0.11% retinoic acid cream, Respondent Peters attributed "secret formula" status to 0.11% retinoic acid cream.

19. Because it is unprofessional to use secret formulas, *see* NAC 639.945(1)(c), Respondent Peters engaged in unprofessional conduct when he refused to transfer Dr. Kuraishi's prescription for 0.11% retinoic acid cream. Therefore, Respondent Peters is subject to discipline pursuant to NRS 629.210(4) and NAC 639.945(1)(c).

20. As the owner/operator of the pharmacy at which Respondent Peters was employed, Respondent Partell is responsible for Respondent Peters' conduct as alleged above. Accordingly, the Board may discipline Respondent Partell pursuant to NRS 639.230(5) and NAC 639.945(3).

**COUNT TWO**
**Violation of NRS 639.2357(1)**
**(Respondent Peters and Respondent Partell)**

21. As alleged above, Respondent Peters refused to transfer a prescription at the request of a patient. By refusing to transfer the prescription, Respondent Peters violated NRS 639.2357(1).

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Nevada State Board of Pharmacy

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CHRISTOPHER PETERS, RPH,**<br>**Certificate of Registration No. 16325,**<br><br>**Respondent.** | **Case No. 23-175-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

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DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CHRISTOPHER PETERS, RPH,**<br>**Certificate of Registration No. 16325,**<br><br>**Respondent.** | **Case No. 23-175-RPH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**CHRISTOPHER PETERS, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Christopher Peters, Rph
[redacted]
Henderson, NV [redacted]

Christopher Peters, Rph
c/o Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**PARTELL SPECIALTY PHARMACY, License No. PH02028**<br>**-and-**<br>**JEFFREY LANG, RPH, Certificate of Registration No. 17503.**<br>**Respondents.** | **Case Nos. 23-239-PH-S**<br>**23-239-RPH-S**<br><br>**FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Partell Specialty Pharmacy (Respondent Pharmacy), because the Board has licensed Respondent Pharmacy to operate a pharmacy on South Eastern Avenue in Las Vegas, Nevada.

2. The Board has personal jurisdiction over Respondent Jeffrey Lang, RPh, (Respondent Lang), because the Board has issued Respondent Lang a certificate of registration authorizing him to engage in the practice of pharmacy in Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

## FACTUAL ALLEGATIONS

4. On or about February 28, 2023, Respondent Pharmacy and Respondent Lang (Respondents) dispensed Nutlin to patient T.S. with directions to mix Nutlin with 2mL DMSO and

administer .5mL up to 1mL intramuscularly or IV per administration protocol. This prescription was given prescription number 0090060591.

5. Respondents also dispensed Pooled Peptides to patient T.S. with instructions to inject 1mL daily per administration protocol. This prescription was given prescription number 0090060593.

6. Respondents purchased the drugs used for these prescriptions from Biopeptek Pharmaceuticals, a drug manufacturer based in Malvern, Pennsylvania.

7. Biopeptek Pharmaceuticals was then registered with the Food and Drug Administration (FDA) as a manufacturer. *See* 21 U.S.C. § 360.

8. Registration with the FDA does not suggest or imply that Biopeptek's drug products are approved by the FDA for distribution in the United States. *See* 21 U.S.C. § 355 (concerning the approval of new drugs under new drug applications or abbreviated new drug applications).

9. Biopeptek Pharmaceuticals has never been licensed or registered by the Board to distribute or dispense drugs in Nevada.

10. Neither Nutlin nor Pooled Peptides have a *United States Pharmacopeia – National Formulary* Monograph.

11. Neither Nutlin nor Pooled Peptides contain components of drugs approved by the FDA.

12. Neither Nutlin nor Pooled Peptides appears on a list developed by the FDA through regulations issued pursuant to 503A of the federal Food, Drug and Cosmetic Act.

13. Both Nutlin and Pooled Peptides were prescribed in this instance to cure, mitigate, and/or treat cancer.

14. Neither Nutlin nor Pooled Peptides are considered investigational drugs under Nevada law.

15. Biopeptek Pharmaceuticals delivered Nutlin and/or Pooled Peptides to Respondents with labels and/or package inserts indicating that the drugs were experimental, potentially dangerous, and/or not approved by the FDA.

16. Biopeptek Pharmaceuticals delivered Nutlin and/or Pooled Peptides to Respondents with labels and/or package inserts indicating that they were bulk drug substances or active pharmaceutical ingredients intended to be compounded and then administered intravenously, or by way of intramuscular injection.

17. Respondents dispensed these bulk drug substances to patient T.S. in their solid state.

18. Respondents were not approved by the Board to perform sterile compounding.

19. Neither patient T.S. nor her practitioner were qualified or competent to perform sterile compounding.

20. Respondents dispensed bulk drug substances to patient T.S. when they knew or should have known that an injectable drug product or parenteral solution could not be safely administered to patient T.S. unless those bulk drug substances were compounded with other active pharmaceutical ingredients using sterile compounding methods and protocols.

21. Respondent Pharmacy received both prescriptions at issue in this case via prescription blanks that contained the name of Respondent Pharmacy.

## APPLICABLE LAW

22. The term "drug" includes "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals." NRS 639.007(2).

23. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

24. "'Compounding' includes, without limitation, the combining, admixing, mixing, pooling, reconstituting or other altering of a drug or bulk drug substance, as defined in 21 C.F.R. § 207.3, to create a drug." NAC 639.6911.

25. The terms "bulk drug substance' and "active pharmaceutical ingredient" are synonymous. These terms refer to any "substance that is intended for incorporation into a finished drug

product and is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body." 21 C.F.R. § 207.1. *See also* NAC 639.6611 (defining "active ingredient").

26. "'Investigational drug, biological product or device' means a drug, biological product or device that: . . . (1) Has successfully completed Phase 1 of a clinical trial; . . . (2) Has not been approved by the United States Food and Drug Administration; and . . . (3) Is currently being tested in a clinical trial that has been approved by the United States Food and Drug Administration." NRS 454.690(10)(c).

27. A person may not engage in the wholesale distribution of drugs in Nevada unless the person is properly licensed pursuant to NRS 639.233 and the regulations promulgated thereunder.

28. It is unlawful for any person to engage in or permit the wholesale distribution of drugs unless that person holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

29. It is unlawful for the licensed proprietor of a pharmacy to permit the compounding or dispensing of drugs or prescriptions by any person other than a registered pharmacist or intern pharmacist. NRS 639.284(1).

30. To perform sterile compounding in Nevada, a pharmacy and/or its pharmacists must demonstrate competency in the practice of sterile compounding. NAC 639.67013.

31. Under both state and federal law, a compounded drug product cannot be dispensed by a pharmacy or pharmacist unless it is compounded using bulk drug substances that: (1) comply with the standards of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, if a monograph exists, and the USP chapter on pharmacy compounding; (2) if such a monograph does not exist, are drug substances that are components of drugs approved by the FDA; or (3) if such a monograph does not exist and the drug substance is not a component of a drug approved by the FDA, appears on a list developed by the FDA through regulations issued pursuant to 503A of the federal Food, Drug and Cosmetic Act. *See* 21 U.S.C. 353a(b)(1); NAC 639.757(1).

32. The furnishing of prescription blanks that bear the name or name and address of a pharmacy is prohibited by Nevada law. NRS 639.264(2)..

33. The Board may discipline the holder of a license or registration if the holder of said license or registration assists or abets in the violation of any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

34. The Board may discipline the holder of a license or registration if the holder of said license or registration violates any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

35. The Board may discipline the holder of a license or registration if the holder of said license or registration "is guilty of unprofessional conduct or conduct contrary to the public interest." NRS 639.210(4).

36. Unprofessional conduct includes "[p]erforming any…duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

37. Unprofessional conduct includes "[m]anufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations." NAC 639.945(1)(a).

38. "The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(3).

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## COUNT ONE

**Purchasing Drugs from an Unlicensed Wholesaler**
**(Respondent Pharmacy & Respondent Lang)**

39. As alleged above, Respondents purchased bulk drug substances from Biopeptek Pharmaceuticals.

40. Biopeptek Pharmaceuticals was engaged in "wholesale distribution" as that term is defined at NRS 639.0155.

41. Biopeptek Pharmaceuticals was not licensed by the Board to engage in wholesale distribution in Nevada.

42. A pharmacy or pharmacist may be disciplined for assisting or abetting in a violation of Nevada law involving the unlicensed wholesale distribution of drugs or bulk drug substances. NRS 639.210(12); NRS 639.100.

43. Respondents knew or should have known, based upon the facts and circumstances surrounding their dealings with Biopeptek Pharmaceuticals, that the company was not licensed to engage in the wholesale distribution of drugs or bulk drug substances in Nevada.

44. Respondents performed their duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner because they purchased bulk drug substances from an unlicensed wholesaler under the circumstances described above. NRS 639.210(4); NAC 639.945(1)(i).

45. Respondents assisted or abetted in a violation by Biopeptek Pharmaceuticals of Nevada's prohibition against engaging in the unlicensed wholesale distribution of drugs or bulk drug substances. NRS 639.210(12); NRS 639.100.

46. Having engaged in the conduct described above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.210(12); NRS 639.255; NAC 639.945; and NAC 639.955.

47. Respondent Pharmacy is responsible for the acts of all personnel in the company's employ. NAC 639.945(3).

**COUNT TWO**
**Dispensing a Substandard Drug Product**
**(Respondent Pharmacy and Respondent Lang)**

48. As alleged above, Respondents dispensed Nutlin to patient T.S., listed as prescription number 0090060591.

49. Nutlin does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the FDA.

50. Nutlin does not appear on a list developed by the FDA through a regulation issued pursuant to 503A of the federal Food, Drug and Cosmetic Act.

51. Respondents have not demonstrated their competency to perform sterile compounding.

52. For any one or more of the reasons noted above, Nutlin cannot lawfully be compounded by Respondents under state or federal law.

53. Instead of compounding Nutlin for patient T.S., Respondents dispensed Nutlin to patient T.S. with directions to compound it herself.

54. Because Nutlin cannot be safely compounded by Respondents, it cannot safely be compounded by patient T.S. or her practitioner.

55. By dispensing a bulk drug substance to patient T.S. under the circumstances described above, Respondents delivered a substandard drug product to patient T.S. This amounted to a breach of their duty to treat their patients with competence and professionalism. NRS 639.210(4); NAC 639.945(1)(a) and 639.945(1)(i).

56. Having engaged in unprofessional conduct as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

57. Respondent Pharmacy is responsible for the acts of all personnel in the company's employ. NAC 639.945(3).

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## COUNT THREE
**Dispensing Substandard Drug Product**
**(Respondent Pharmacy and Respondent Lang)**

58. As alleged above, Respondents dispensed Pooled Peptides to patient T.S., listed as prescription number 0090060593.

59. Pooled Peptides does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the FDA.

60. Pooled Peptides does not appear on a list developed by the FDA through a regulation issued pursuant to 503A of the federal Food, Drug and Cosmetic Act.

61. Respondents have not demonstrated their competency to perform sterile compounding.

62. For any one or more of the reasons noted above, Pooled Peptides cannot lawfully be compounded by Respondents under state or federal law.

63. Instead of compounding Pooled Peptides for patient T.S., Respondents dispensed Pooled Peptides to patient T.S. with directions to compound it herself.

64. Because Pooled Peptides cannot be safely compounded by Respondents, it cannot safely be compounded by patient T.S. or her practitioner.

65. By dispensing a bulk drug substance to patient T.S. under the circumstances described above, Respondents delivered a substandard drug product to patient T.S. in breach of their duty to treat their patients with competence and professionalism. NRS 639.210(4); NAC 639.945(1)(a) and 639.945(1)(i).

66. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

67. Respondent Pharmacy is responsible for the acts of all personnel in the company's employ. NAC 639.945(3).

**COUNT FOUR**
**Permitting Drugs to be Compounded by a Non-Pharmacist**
**(Respondent Pharmacy and Respondent Lang)**

68. As alleged above, Respondents dispensed bulk drug substances to patient T.S. with instructions to compound them herself.

69. Respondent Pharmacy is the licensed proprietor of a pharmacy that is not approved by the Board to perform sterile compounding.

70. It is unlawful for the licensed proprietor of a pharmacy to permit the compounding or dispensing of drugs or prescriptions by any person other than a registered pharmacist or intern pharmacist. NRS 639.284.

71. By dispensing bulk drug substances to patient T.S. with instructions to compound them herself, Respondent Pharmacy permitted the compounding of drugs or prescriptions by a person other than a registered pharmacist or intern pharmacist in violation of NRS 639.284.

72. By dispensing bulk drug substances to patient T.S. under the circumstances described above, Respondent Lang assisted or abetted in the violation by Respondent Pharmacy of NRS 639.284.

73. By dispensing bulk drug substances to patient T.S. under the circumstances described above, Respondents performed their duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner.

74. Having engaged in the conduct described above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.210(12); NRS 639.255; NAC 639.945; and NAC 639.955.

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**COUNT FIVE**
**Furnishing Preprinted Prescription Blanks**
**(Respondent Pharmacy)**

75. Respondent Pharmacy received both prescriptions at issue in this case via prescription blanks bearing the name of Respondent Pharmacy. This indicates that Respondent Pharmacy, or its agent, furnished patient T.S.'s practitioner with prescription blanks bearing the name of Respondent Pharmacy.

76. It is unlawful for a pharmacy to furnish a practitioner with prescription blanks bearing the name or name and address of the pharmacy. NRS 639.264(2).

77. By furnishing prescription blanks as described above, Respondent Pharmacy violated NRS 639.264.

78. Having engaged in the conduct described above, Respondent Pharmacy is subject to discipline by the Board. NRS 639.210(12); NRS 639.255; NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license of Respondent Pharmacy and the certificate of registration of Respondent Lang.

DATED this 23rd day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, License No. PH02028,**<br><br>**Respondent.** | **Case Nos. 23-239-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-239-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR PARTELL SPECIALTY PHARMACY**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3RD day of FEBRUARY 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave., #101
Las Vegas, NV 89119

Jeffrey Lang, RPH
[redacted]
Las Vegas, NV [redacted]

Joey Gilbert, Esq.
405 Marsh Ave.
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
OCT 09 2024
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**PARTELL SPECIALTY PHARMACY, License No. PH02028, and**<br>**JEFFREY LANG, RPH, Registration No. 17503.**<br>**Respondents.** | **Case Nos. 23-239-PH-S**<br>**23-239-RPH-S**<br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Partell Specialty Pharmacy (Respondent Pharmacy), because Respondent Pharmacy, at the time of the violations alleged herein, held License No. PH02028 issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy. Since June 29, 2007, Respondent Pharmacy has held this license to operate a pharmacy issued by the Board pursuant to NRS 639.230.

2. The Board has personal jurisdiction over Respondent Jeffrey Lang, RPh, (Respondent Lang), because Respondent Lang, at the time of the violations alleged herein, held Certificate of Registration No. 17503 issued by the Board pursuant to NRS 639.127, authorizing Respondent to engage in the practice of pharmacy. Since November 6, 2008, Respondent Lang has held this registration to practice pharmacy issued by the Board pursuant to NRS 639.127.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

## FACTUAL ALLEGATIONS

4. On or about February 28, 2023, Respondent Pharmacy and Respondent Lang dispensed Nutlin to patient T.S. with direction to mix Nutlin with 2mL DMSO and administer .5mL up to 1mL intramuscularly or IV per administration protocol. This prescription was given prescription number 0090060591.

5. Respondent Pharmacy and Respondent Lang also dispensed Pooled Peptides to patient T.S. with instructions to inject 1mL daily per administration protocol. This prescription was given prescription number 0090060593.

6. Respondent Pharmacy and Respondent Lang purchased the drugs used for these prescriptions from an unlicensed wholesaler/manufacturer called Biopeptek Pharmaceuticals.

7. Neither Nutlin nor Pooled Peptides have a *United States Pharmacopeia – National Formulary* Monograph.

8. Neither Nutlin nor Pooled Peptides have components of drugs approved by the Food and Drug Administration.

9. Both Nutlin and Pooled Peptides were prescribed in this instance to cure, mitigate, and/or treat cancer.

10. Neither Nutlin nor Pooled Peptides are considered investigational drugs under Nevada law.

## APPLICABLE LAW

11. The definition of drug includes, "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals." NRS 639.007(2).

12. "Investigational drug, biological product or device" means a drug, biological product or device that: (1) [h]as successfully completed Phase 1 of a clinical trial; (2) [h]as not been approved by

the United States Food and Drug Administration; and (3) [i]s currently being tested in a clinical trial that has been approved by the United States Food and Drug Administration." NRS 454.690(10)(c).

13. The Board may discipline the holder of a license or registration if the holder of said license or registration, "is guilty of unprofessional conduct or conduct contrary to the public interest." NRS 639.210(4).

14. "Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter." NRS 639.233(1).

15. "For the purpose of this section, a person is "engaged in the business of furnishing" if the person: (a) Solicits or accepts orders for drugs or devices whose sale in this State is restricted by this chapter or chapter 453 or 454 of NRS; or (b) Receives, stores or ships such drugs or devices." NRS 639.233(2).

16. "The furnishing to a practitioner by a pharmacist or a pharmacy of prescription blanks bearing the name or name and address of any pharmacy is an unearned rebate and an inducement to refer patients to such pharmacist or pharmacy." NRS 639.264(2).

17. Prescription drugs may only be sold if the sale is a bona fide transaction. NRS 639.595(1).

18. A transaction is not a bona fide transaction if the circumstances of the purchase do not reasonably indicate that the drug was purchased from a source prohibited by law. NRS 639.595(5)(a)(2).

19. "A pharmacy or pharmacist is not required to obtain a license as a manufacturer to compound drugs if... the active ingredients used to compound the drugs: (1) [h]ave a monograph in and meet or exceed the standards of the United States Pharmacopoeia - National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670; (2) [h]ave been components of drugs approved by the Food and Drug Administration; or (3) [a]re authorized to be used in pharmacy

compounding pursuant to 21 U.S.C. § 353a(b)(1) or the regulations adopted pursuant thereto." NAC 639.757(1).

20. Unprofessional conduct includes, "[p]erforming any…duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

21. "The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(3).

22. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

**COUNT ONE**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Purchasing Drugs from an Unlicensed Wholesaler (Respondent Pharmacy & Respondent Lang)**

23. Respondent Pharmacy and Respondent Lang purchased drugs from Biopeptek Pharmaceuticals. Biopeptek Pharmaceuticals was not licensed as a wholesaler in Nevada. NRS 639.233. Nevada law imposes a duty on parties to transactions involving prescription drugs, to engage in bona fide transactions. NRS 639.595(1). By purchasing drugs from an unlicensed wholesaler, Respondent Pharmacy and Respondent Lang purchased drugs from a source prohibited by law. *See* NRS 639.210(4); NRS 639.233; NRS 639.595(5)(a)(2); and NAC 639.945(1)(i).

24. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they purchased drugs from an unlicensed wholesaler, breaching the duty imposed on them by Nevada law. NRS 639.210(4); NRS 639.595(1); NRS 639.595(5)(a)(2); NAC 639.945(1)(i).

25. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

26. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

**COUNT TWO**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product with an Active Ingredient that Does not have a *United States Pharmacopeia – National Formulary* Monograph or Components of Drugs Approved by the Food and Drug Administration (Respondent Pharmacy and Respondent Lang)**

27. Respondent Pharmacy and Respondent Lang filled and dispensed Nutlin to patient T.S., listed as prescription number 0090060591. Nutlin does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the U.S. Food and Drug Administration. NAC 639.757(1).

28. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they filled and dispensed a drug product with an active ingredient that does not have a *United States Pharmacopeia – National Formulary* Monograph, or components that have been approved by the U.S. Food and Drug Administration. NRS 639.210(4); NAC 639.757(1); and NAC 639.945(1)(i).

29. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

30. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

## COUNT THREE

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product that Does not have a *United States Pharmacopeia – National Formulary* Monograph or Components of Drugs Approved by the Food and Drug Administration**
**(Respondent Pharmacy and Respondent Lang)**

31. Respondent Pharmacy and Respondent Lang filled and dispensed Pooled Peptides to patient T.S., listed as prescription number 0090060593. Pooled Peptides does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the U.S. Food and Drug Administration. NAC 639.757(1).

32. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they filled and dispensed a drug product with an active ingredient that does not have a *United States Pharmacopeia – National Formulary* Monograph, or components that have been approved by the U.S. Food and Drug Administration. NRS 639.210(4); NAC 639.757(1); and NAC 639.945(1)(i).

33. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

34. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

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## COUNT FOUR

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner by Furnishing Prescription Blanks Bearing the Name or Name and Address of Respondent Pharmacy**
**(Respondent Pharmacy and Respondent Lang)**

35. Respondent Pharmacy received both prescriptions at issue in this case via prescription blanks that contained the name of Respondent Pharmacy. The furnishing of prescription blanks that contain the name or name and address of a pharmacy is prohibited by Nevada law. NRS 639.264(2).

36. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they furnished or allowed to be furnished on their behalf prescription blanks that contain the name or name and address of their pharmacy. NRS 639.210(4); NRS 639.264(2); and NAC 639.945(1)(i).

37. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

38. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 9th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-239-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **gvanderdonck@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-239-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

**AUTHORIZED REPRESENTATIVE FOR PARTELL SPECIALTY PHARMACY**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of October 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave., #101
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

JOSEPH S. GILBERT, ESQ.- SBN #. 9033
Joey Gilbert Law
405 Marsh Avenue
Reno, Nevada 89509
Telephone: (775) 284-7700
Attorney for Respondent

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner,<br><br>PARTELL SPECIALTY PHARMACY, License No. PH02028, and<br><br>JEFFREY LANG, RPH, Registration No. 17503.<br><br>Respondent. | Case No.: 23-239-PH-S<br>23-239-RPH-S<br><br>**ANSWER AND NOTICE OF DEFENSE** |

**COMES NOW,** Respondents, PARTELL SPECIALTY PHARMACY and JEFFREY LANG, RPH (hereinafter referred to as "Respondents") by and through their counsel of record, JOSEPH S. GILBERT, ESQ. of JOEY GILBERT LAW, and answers the Notice of Intended Action and Accusation filed on October 9, 2024 as follows:

## JURISDICTION

1. Responding to Paragraph 1 of the Notice of Intended Action and Accusation, Respondent admits that the Nevada State Board of Pharmacy has personal jurisdiction over Respondent Partell Specialty Pharmacy.

2. Responding to Paragraph 2 of the Notice of Intended Action and Accusation, Respondent admits that the Nevada State Board of Pharmacy has personal jurisdiction over Respondent Jeffrey Lang, RPH.

3. Responding to Paragraph 3 of the Notice of Intended Action and Accusation, Respondents admit that the Nevada State Board of Pharmacy has jurisdiction over the subject matter of this accusation.

**FACTUAL ALLEGATIONS**

4. Responding to Paragraph 4 of the Notice of Intended Action and Accusation, Respondents admit to the allegation.

5. Responding to Paragraph 5 of the Notice of Intended Action and Accusation, Respondents admit to the allegations.

6. Responding to Paragraph 6 of the Notice of Intended Action and Accusation, Respondents admit to the allegation that they purchased Nutlin and Pooled Peptides from Biopeptek Pharmaceuticals. Respondents deny the allegation that they knew Biopeptek was an unlicensed wholesale/manufacturer.

7. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

8. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

9. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

10. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

**APPLICABLE LAW**

11. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

12. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

13. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

14. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

15. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

16. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

17. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

18. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

19. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

20. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

21. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

22. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

**COUNT ONE**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Purchasing Drugs from an Unlicensed Wholesaler (Respondent Pharmacy & Respondent Lang)**

23. Responding to Paragraph 23 of the Notice of Intended Action and Accusation, Respondents admit to purchasing drugs from Biopeptek. Respondents deny all remaining allegations.

24. Responding to Paragraph 24 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NRS 639.595(1); NRS 639.595(5)(a)(2); NAC 639.945(1)(i).

25. Responding to Paragraph 25 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

26. Responding to Paragraph 26 of the Notice of Intended Action and Accusation, Respondent admits to the allegation.

**COUNT TWO**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product with an Active Ingredient that does not have a United States Pharmacopeia-National Formulary Monograph or Components of Drugs Approved by the Food and Drug Administration**

**(Respondent Pharmacy and Respondent Lang)**

27. Responding to Paragraph 27 of the Notice of Intended Action and Accusation, Respondents admit solely to dispensing Nutlin to patient T.S., listed as prescription number 0090060591. Accordingly, Respondents deny all remaining allegations herein.

28. Responding to Paragraph 28 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NAC 639.757(1); NAC 639.945(1)(i).

29. Responding to Paragraph 29 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

30. Responding to Paragraph 30 of the Notice of Intended Action and Accusation, Respondents admit the allegations.

**COUNT THREE**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product with an Active Ingredient that does not have a United States Pharmacopeia-National Formulary Monograph or Components of Drugs Approved by the Food and Drug Administration**

**(Respondent Pharmacy and Respondent Lang)**

31. Responding to Paragraph 31 of the Notice of Intended Action and Accusation, Respondents admit solely to dispensing Nutlin to patient T.S., listed as prescription number 0090060591. Accordingly, Respondents deny all remaining allegations herein.

32. Responding to Paragraph 32 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NAC 639.757(1); NAC 639.945(1)(i).

33. Responding to Paragraph 33 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

34. Responding to Paragraph 34 of the Notice of Intended Action and Accusation, Respondents admit the allegations.

**COUNT FOUR**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner by Furnishing Prescription Blanks Bearing the Name or Name and Address of Respondent Pharmacy (Respondent Pharmacy and Respondent Lang)**

35. Responding to Paragraph 35 of the Notice of Intended Action and Accusation, Respondent Pharmacy denies furnishing prescription blanks in violation of Nevada law (NRS 639.264(2)).

36. Responding to Paragraph 36 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NAC 639.757(1); NAC 639.945(1)(i).

37. Responding to Paragraph 37 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

38. Responding to Paragraph 38 of the Notice of Intended Action and Accusation, Respondents admit the allegations.

WHEREFORE, Respondent respectfully submits this response to the Notice of Intended Action and Accusation. Respondents, Partell Specialty Pharmacy and Jeffrey Lang, RPH, by and

WHEREFORE, Respondent respectfully submits this response to the Notice of Intended Action and Accusation. Respondents, Partell Specialty Pharmacy and Jeffrey Lang, RPH, by and through their counsel of record, Joseph S. Gilbert, Esq. of Joey Gilbert Law, assert that they have consistently met their professional obligations, including full cooperation with the NVBOP's inquiries, transparency regarding their relabeling practices, and adherence to applicable regulations. Respondents further state that during a 2023 visit by Joe Dodge and a male investigator from the NVBOP, they received no indication that their practices were non-compliant or improper. When asked if the pharmacy was compounding these items, Respondents explained the relabeling process, clarifying that the items were not compounded at Partell but were manufactured by the FDA-registered Biopeptek. Respondents' staff also proactively inquired whether there was any issue with this process or if relabeling should be discontinued. The investigator did not suggest any changes or raise any compliance concerns. Respondents remain fully committed to maintaining the highest standards of professional conduct and strict compliance with all relevant laws and regulations.

**DATED** this 1st day of November, 2024.

JOEY GILBERT LAW

JOSEPH S. GILBERT, ESQ.
Attorney for Respondent,

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

**DATED** this 1st day of November, 2024.

PARTELL SPECIALTY PHARMACY

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

**DATED** this 1st day of November, 2024.

JEFFREY LANG, RPH

**CERTIFICATE OF SERVICE**

I hereby certify that copies of the foregoing **Answer and Notice of Defense** was served upon the following person by electronic transmission and/or by mailing a copy to their last known address, first class mail, postage prepaid for non-registered users, on this 1st day of November, 2024 as follows:

Nevada Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521
Email: TeamBC@pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

**DATED** this 1st day of November, 2024.

JOEY GILBERT LAW

Nancy Vazquez

Nancy Vazquez, Legal Assistant

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OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**PARTELL SPECIALTY PHARMACY, License No. PH02028**<br>**-and-**<br>**JEFFREY LANG, RPH, Certificate of Registration No. 17503.**<br>**Respondents.** | **Case Nos. 23-239-PH-S**<br>**23-239-RPH-S**<br><br>**FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Partell Specialty Pharmacy (Respondent Pharmacy), because the Board has licensed Respondent Pharmacy to operate a pharmacy on South Eastern Avenue in Las Vegas, Nevada.

2. The Board has personal jurisdiction over Respondent Jeffrey Lang, RPh, (Respondent Lang), because the Board has issued Respondent Lang a certificate of registration authorizing him to engage in the practice of pharmacy in Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

## FACTUAL ALLEGATIONS

4. On or about February 28, 2023, Respondent Pharmacy and Respondent Lang (Respondents) dispensed Nutlin to patient T.S. with directions to mix Nutlin with 2mL DMSO and

administer .5mL up to 1mL intramuscularly or IV per administration protocol. This prescription was given prescription number 0090060591.

5. Respondents also dispensed Pooled Peptides to patient T.S. with instructions to inject 1mL daily per administration protocol. This prescription was given prescription number 0090060593.

6. Respondents purchased the drugs used for these prescriptions from Biopeptek Pharmaceuticals, a drug manufacturer based in Malvern, Pennsylvania.

7. Biopeptek Pharmaceuticals was then registered with the Food and Drug Administration (FDA) as a manufacturer. *See* 21 U.S.C. § 360.

8. Registration with the FDA does not suggest or imply that Biopeptek's drug products are approved by the FDA for distribution in the United States. *See* 21 U.S.C. § 355 (concerning the approval of new drugs under new drug applications or abbreviated new drug applications).

9. Biopeptek Pharmaceuticals has never been licensed or registered by the Board to distribute or dispense drugs in Nevada.

10. Neither Nutlin nor Pooled Peptides have a *United States Pharmacopeia – National Formulary* Monograph.

11. Neither Nutlin nor Pooled Peptides contain components of drugs approved by the FDA.

12. Neither Nutlin nor Pooled Peptides appears on a list developed by the FDA through regulations issued pursuant to 503A of the federal Food, Drug and Cosmetic Act.

13. Both Nutlin and Pooled Peptides were prescribed in this instance to cure, mitigate, and/or treat cancer.

14. Neither Nutlin nor Pooled Peptides are considered investigational drugs under Nevada law.

15. Biopeptek Pharmaceuticals delivered Nutlin and/or Pooled Peptides to Respondents with labels and/or package inserts indicating that the drugs were experimental, potentially dangerous, and/or not approved by the FDA.

16. Biopeptek Pharmaceuticals delivered Nutlin and/or Pooled Peptides to Respondents with labels and/or package inserts indicating that they were bulk drug substances or active pharmaceutical ingredients intended to be compounded and then administered intravenously, or by way of intramuscular injection.

17. Respondents dispensed these bulk drug substances to patient T.S. in their solid state.

18. Respondents were not approved by the Board to perform sterile compounding.

19. Neither patient T.S. nor her practitioner were qualified or competent to perform sterile compounding.

20. Respondents dispensed bulk drug substances to patient T.S. when they knew or should have known that an injectable drug product or parenteral solution could not be safely administered to patient T.S. unless those bulk drug substances were compounded with other active pharmaceutical ingredients using sterile compounding methods and protocols.

21. Respondent Pharmacy received both prescriptions at issue in this case via prescription blanks that contained the name of Respondent Pharmacy.

## APPLICABLE LAW

22. The term "drug" includes "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals." NRS 639.007(2).

23. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

24. "'Compounding' includes, without limitation, the combining, admixing, mixing, pooling, reconstituting or other altering of a drug or bulk drug substance, as defined in 21 C.F.R. § 207.3, to create a drug." NAC 639.6911.

25. The terms "bulk drug substance' and "active pharmaceutical ingredient" are synonymous. These terms refer to any "substance that is intended for incorporation into a finished drug

product and is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body." 21 C.F.R. § 207.1. *See also* NAC 639.6611 (defining "active ingredient").

26. "'Investigational drug, biological product or device' means a drug, biological product or device that: . . . (1) Has successfully completed Phase 1 of a clinical trial; . . . (2) Has not been approved by the United States Food and Drug Administration; and . . . (3) Is currently being tested in a clinical trial that has been approved by the United States Food and Drug Administration." NRS 454.690(10)(c).

27. A person may not engage in the wholesale distribution of drugs in Nevada unless the person is properly licensed pursuant to NRS 639.233 and the regulations promulgated thereunder.

28. It is unlawful for any person to engage in or permit the wholesale distribution of drugs unless that person holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

29. It is unlawful for the licensed proprietor of a pharmacy to permit the compounding or dispensing of drugs or prescriptions by any person other than a registered pharmacist or intern pharmacist. NRS 639.284(1).

30. To perform sterile compounding in Nevada, a pharmacy and/or its pharmacists must demonstrate competency in the practice of sterile compounding. NAC 639.67013.

31. Under both state and federal law, a compounded drug product cannot be dispensed by a pharmacy or pharmacist unless it is compounded using bulk drug substances that: (1) comply with the standards of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, if a monograph exists, and the USP chapter on pharmacy compounding; (2) if such a monograph does not exist, are drug substances that are components of drugs approved by the FDA; or (3) if such a monograph does not exist and the drug substance is not a component of a drug approved by the FDA, appears on a list developed by the FDA through regulations issued pursuant to 503A of the federal Food, Drug and Cosmetic Act. *See* 21 U.S.C. 353a(b)(1); NAC 639.757(1).

32. The furnishing of prescription blanks that bear the name or name and address of a pharmacy is prohibited by Nevada law. NRS 639.264(2).

33. The Board may discipline the holder of a license or registration if the holder of said license or registration assists or abets in the violation of any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

34. The Board may discipline the holder of a license or registration if the holder of said license or registration violates any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

35. The Board may discipline the holder of a license or registration if the holder of said license or registration "is guilty of unprofessional conduct or conduct contrary to the public interest." NRS 639.210(4).

36. Unprofessional conduct includes "[p]erforming any...duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

37. Unprofessional conduct includes "[m]anufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations." NAC 639.945(1)(a).

38. "The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(3).

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## COUNT ONE
**Purchasing Drugs from an Unlicensed Wholesaler**
**(Respondent Pharmacy & Respondent Lang)**

39. As alleged above, Respondents purchased bulk drug substances from Biopeptek Pharmaceuticals.

40. Biopeptek Pharmaceuticals was engaged in "wholesale distribution" as that term is defined at NRS 639.0155.

41. Biopeptek Pharmaceuticals was not licensed by the Board to engage in wholesale distribution in Nevada.

42. A pharmacy or pharmacist may be disciplined for assisting or abetting in a violation of Nevada law involving the unlicensed wholesale distribution of drugs or bulk drug substances. NRS 639.210(12); NRS 639.100.

43. Respondents knew or should have known, based upon the facts and circumstances surrounding their dealings with Biopeptek Pharmaceuticals, that the company was not licensed to engage in the wholesale distribution of drugs or bulk drug substances in Nevada.

44. Respondents performed their duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner because they purchased bulk drug substances from an unlicensed wholesaler under the circumstances described above. NRS 639.210(4); NAC 639.945(1)(i).

45. Respondents assisted or abetted in a violation by Biopeptek Pharmaceuticals of Nevada's prohibition against engaging in the unlicensed wholesale distribution of drugs or bulk drug substances. NRS 639.210(12); NRS 639.100.

46. Having engaged in the conduct described above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.210(12); NRS 639.255; NAC 639.945; and NAC 639.955.

47. Respondent Pharmacy is responsible for the acts of all personnel in the company's employ. NAC 639.945(3).

**COUNT TWO**
**Dispensing a Substandard Drug Product**
**(Respondent Pharmacy and Respondent Lang)**

48. As alleged above, Respondents dispensed Nutlin to patient T.S., listed as prescription number 0090060591.

49. Nutlin does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the FDA.

50. Nutlin does not appear on a list developed by the FDA through a regulation issued pursuant to 503A of the federal Food, Drug and Cosmetic Act.

51. Respondents have not demonstrated their competency to perform sterile compounding.

52. For any one or more of the reasons noted above, Nutlin cannot lawfully be compounded by Respondents under state or federal law.

53. Instead of compounding Nutlin for patient T.S., Respondents dispensed Nutlin to patient T.S. with directions to compound it herself.

54. Because Nutlin cannot be safely compounded by Respondents, it cannot safely be compounded by patient T.S. or her practitioner.

55. By dispensing a bulk drug substance to patient T.S. under the circumstances described above, Respondents delivered a substandard drug product to patient T.S. This amounted to a breach of their duty to treat their patients with competence and professionalism. NRS 639.210(4); NAC 639.945(1)(a) and 639.945(1)(i).

56. Having engaged in unprofessional conduct as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

57. Respondent Pharmacy is responsible for the acts of all personnel in the company's employ. NAC 639.945(3).

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## COUNT THREE

**Dispensing Substandard Drug Product**
**(Respondent Pharmacy and Respondent Lang)**

58. As alleged above, Respondents dispensed Pooled Peptides to patient T.S., listed as prescription number 0090060593.

59. Pooled Peptides does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the FDA.

60. Pooled Peptides does not appear on a list developed by the FDA through a regulation issued pursuant to 503A of the federal Food, Drug and Cosmetic Act.

61. Respondents have not demonstrated their competency to perform sterile compounding.

62. For any one or more of the reasons noted above, Pooled Peptides cannot lawfully be compounded by Respondents under state or federal law.

63. Instead of compounding Pooled Peptides for patient T.S., Respondents dispensed Pooled Peptides to patient T.S. with directions to compound it herself.

64. Because Pooled Peptides cannot be safely compounded by Respondents, it cannot safely be compounded by patient T.S. or her practitioner.

65. By dispensing a bulk drug substance to patient T.S. under the circumstances described above, Respondents delivered a substandard drug product to patient T.S. in breach of their duty to treat their patients with competence and professionalism. NRS 639.210(4); NAC 639.945(1)(a) and 639.945(1)(i).

66. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

67. Respondent Pharmacy is responsible for the acts of all personnel in the company's employ. NAC 639.945(3).

**COUNT FOUR**
**Permitting Drugs to be Compounded by a Non-Pharmacist**
**(Respondent Pharmacy and Respondent Lang)**

68. As alleged above, Respondents dispensed bulk drug substances to patient T.S. with instructions to compound them herself.

69. Respondent Pharmacy is the licensed proprietor of a pharmacy that is not approved by the Board to perform sterile compounding.

70. It is unlawful for the licensed proprietor of a pharmacy to permit the compounding or dispensing of drugs or prescriptions by any person other than a registered pharmacist or intern pharmacist. NRS 639.284.

71. By dispensing bulk drug substances to patient T.S. with instructions to compound them herself, Respondent Pharmacy permitted the compounding of drugs or prescriptions by a person other than a registered pharmacist or intern pharmacist in violation of NRS 639.284.

72. By dispensing bulk drug substances to patient T.S. under the circumstances described above, Respondent Lang assisted or abetted in the violation by Respondent Pharmacy of NRS 639.284.

73. By dispensing bulk drug substances to patient T.S. under the circumstances described above, Respondents performed their duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner.

74. Having engaged in the conduct described above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.210(12); NRS 639.255; NAC 639.945; and NAC 639.955.

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**COUNT FIVE**
**Furnishing Preprinted Prescription Blanks**
**(Respondent Pharmacy)**

75. Respondent Pharmacy received both prescriptions at issue in this case via prescription blanks bearing the name of Respondent Pharmacy. This indicates that Respondent Pharmacy, or its agent, furnished patient T.S.'s practitioner with prescription blanks bearing the name of Respondent Pharmacy.

76. It is unlawful for a pharmacy to furnish a practitioner with prescription blanks bearing the name or name and address of the pharmacy. NRS 639.264(2).

77. By furnishing prescription blanks as described above, Respondent Pharmacy violated NRS 639.264.

78. Having engaged in the conduct described above, Respondent Pharmacy is subject to discipline by the Board. NRS 639.210(12); NRS 639.255; NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license of Respondent Pharmacy and the certificate of registration of Respondent Lang.

DATED this 23rd day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JEFFREY LANG, RPH**<br>**Certificate of Registration No. 17503,**<br><br>**Respondent.** | **Case No. 23-239-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JEFFREY LANG, RPH**<br>**Certificate of Registration No. 17503,**<br><br>**Respondent.** | **Case No. 23-239-RPH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**JEFFREY LANG, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3RD day of FEBRUARY 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave., #101
Las Vegas, NV 89119

Jeffrey Lang, RPH
[redacted]
Las Vegas, NV [redacted]

Joey Gilbert, Esq.
405 Marsh Ave.
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
OCT 09 2024
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**PARTELL SPECIALTY PHARMACY, License No. PH02028, and**<br>**JEFFREY LANG, RPH, Registration No. 17503.**<br>**Respondents.** | **Case Nos. 23-239-PH-S**<br>**23-239-RPH-S**<br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Partell Specialty Pharmacy (Respondent Pharmacy), because Respondent Pharmacy, at the time of the violations alleged herein, held License No. PH02028 issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy. Since June 29, 2007, Respondent Pharmacy has held this license to operate a pharmacy issued by the Board pursuant to NRS 639.230.

2. The Board has personal jurisdiction over Respondent Jeffrey Lang, RPh, (Respondent Lang), because Respondent Lang, at the time of the violations alleged herein, held Certificate of Registration No. 17503 issued by the Board pursuant to NRS 639.127, authorizing Respondent to engage in the practice of pharmacy. Since November 6, 2008, Respondent Lang has held this registration to practice pharmacy issued by the Board pursuant to NRS 639.127.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

## FACTUAL ALLEGATIONS

4. On or about February 28, 2023, Respondent Pharmacy and Respondent Lang dispensed Nutlin to patient T.S. with direction to mix Nutlin with 2mL DMSO and administer .5mL up to 1mL intramuscularly or IV per administration protocol. This prescription was given prescription number 0090060591.

5. Respondent Pharmacy and Respondent Lang also dispensed Pooled Peptides to patient T.S. with instructions to inject 1mL daily per administration protocol. This prescription was given prescription number 0090060593.

6. Respondent Pharmacy and Respondent Lang purchased the drugs used for these prescriptions from an unlicensed wholesaler/manufacturer called Biopeptek Pharmaceuticals.

7. Neither Nutlin nor Pooled Peptides have a *United States Pharmacopeia – National Formulary* Monograph.

8. Neither Nutlin nor Pooled Peptides have components of drugs approved by the Food and Drug Administration.

9. Both Nutlin and Pooled Peptides were prescribed in this instance to cure, mitigate, and/or treat cancer.

10. Neither Nutlin nor Pooled Peptides are considered investigational drugs under Nevada law.

## APPLICABLE LAW

11. The definition of drug includes, "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals." NRS 639.007(2).

12. "Investigational drug, biological product or device" means a drug, biological product or device that: (1) [h]as successfully completed Phase 1 of a clinical trial; (2) [h]as not been approved by

the United States Food and Drug Administration; and (3) [i]s currently being tested in a clinical trial that has been approved by the United States Food and Drug Administration." NRS 454.690(10)(c).

13. The Board may discipline the holder of a license or registration if the holder of said license or registration, "is guilty of unprofessional conduct or conduct contrary to the public interest." NRS 639.210(4).

14. "Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter." NRS 639.233(1).

15. "For the purpose of this section, a person is "engaged in the business of furnishing" if the person: (a) Solicits or accepts orders for drugs or devices whose sale in this State is restricted by this chapter or chapter 453 or 454 of NRS; or (b) Receives, stores or ships such drugs or devices." NRS 639.233(2).

16. "The furnishing to a practitioner by a pharmacist or a pharmacy of prescription blanks bearing the name or name and address of any pharmacy is an unearned rebate and an inducement to refer patients to such pharmacist or pharmacy." NRS 639.264(2).

17. Prescription drugs may only be sold if the sale is a bona fide transaction. NRS 639.595(1).

18. A transaction is not a bona fide transaction if the circumstances of the purchase do not reasonably indicate that the drug was purchased from a source prohibited by law. NRS 639.595(5)(a)(2).

19. "A pharmacy or pharmacist is not required to obtain a license as a manufacturer to compound drugs if... the active ingredients used to compound the drugs: (1) [h]ave a monograph in and meet or exceed the standards of the United States Pharmacopoeia - National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670; (2) [h]ave been components of drugs approved by the Food and Drug Administration; or (3) [a]re authorized to be used in pharmacy

compounding pursuant to 21 U.S.C. § 353a(b)(1) or the regulations adopted pursuant thereto." NAC 639.757(1).

20. Unprofessional conduct includes, "[p]erforming any…duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

21. "The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(3).

22. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

**COUNT ONE**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Purchasing Drugs from an Unlicensed Wholesaler (Respondent Pharmacy & Respondent Lang)**

23. Respondent Pharmacy and Respondent Lang purchased drugs from Biopeptek Pharmaceuticals. Biopeptek Pharmaceuticals was not licensed as a wholesaler in Nevada. NRS 639.233. Nevada law imposes a duty on parties to transactions involving prescription drugs, to engage in bona fide transactions. NRS 639.595(1). By purchasing drugs from an unlicensed wholesaler, Respondent Pharmacy and Respondent Lang purchased drugs from a source prohibited by law. *See* NRS 639.210(4); NRS 639.233; NRS 639.595(5)(a)(2); and NAC 639.945(1)(i).

24. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they purchased drugs from an unlicensed wholesaler, breaching the duty imposed on them by Nevada law. NRS 639.210(4); NRS 639.595(1); NRS 639.595(5)(a)(2); NAC 639.945(1)(i).

25. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

26. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

**COUNT TWO**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product with an Active Ingredient that Does not have a *United States Pharmacopeia – National Formulary* Monograph or Components of Drugs Approved by the Food and Drug Administration (Respondent Pharmacy and Respondent Lang)**

27. Respondent Pharmacy and Respondent Lang filled and dispensed Nutlin to patient T.S., listed as prescription number 0090060591. Nutlin does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the U.S. Food and Drug Administration. NAC 639.757(1).

28. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they filled and dispensed a drug product with an active ingredient that does not have a *United States Pharmacopeia – National Formulary* Monograph, or components that have been approved by the U.S. Food and Drug Administration. NRS 639.210(4); NAC 639.757(1); and NAC 639.945(1)(i).

29. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

30. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

## COUNT THREE

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product that Does not have a *United States Pharmacopeia – National Formulary* Monograph or Components of Drugs Approved by the Food and Drug Administration (Respondent Pharmacy and Respondent Lang)**

31. Respondent Pharmacy and Respondent Lang filled and dispensed Pooled Peptides to patient T.S., listed as prescription number 0090060593. Pooled Peptides does not have a *United States Pharmacopeia – National Formulary* Monograph, nor have its components been approved by the U.S. Food and Drug Administration. NAC 639.757(1).

32. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they filled and dispensed a drug product with an active ingredient that does not have a *United States Pharmacopeia – National Formulary* Monograph, or components that have been approved by the U.S. Food and Drug Administration. NRS 639.210(4); NAC 639.757(1); and NAC 639.945(1)(i).

33. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

34. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

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## COUNT FOUR

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner by Furnishing Prescription Blanks Bearing the Name or Name and Address of Respondent Pharmacy (Respondent Pharmacy and Respondent Lang)**

35. Respondent Pharmacy received both prescriptions at issue in this case via prescription blanks that contained the name of Respondent Pharmacy. The furnishing of prescription blanks that contain the name or name and address of a pharmacy is prohibited by Nevada law. NRS 639.264(2).

36. Respondents performed their duties as the holder of a license and registration issued by the Board in an incompetent, unskillful or negligent manner because they furnished or allowed to be furnished on their behalf prescription blanks that contain the name or name and address of their pharmacy. NRS 639.210(4); NRS 639.264(2); and NAC 639.945(1)(i).

37. Having engaged in conduct contrary to the public interest as alleged above, Respondents are subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

38. Respondent Pharmacy is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 9th day of October 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JEFFREY LANG, RPH,**<br>**Certificate of Registration No. 17503,**<br><br>**Respondent.** | **Case No. 23-239-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **gvanderdonck@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JEFFREY LANG, RPH**<br>**Certificate of Registration No. 17503,**<br><br>**Respondent.** | **Case No. 23-239-RPH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**JEFFREY LANG, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of October 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jeffrey Lang, RPH
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

JOSEPH S. GILBERT, ESQ.- SBN #. 9033
Joey Gilbert Law
405 Marsh Avenue
Reno, Nevada 89509
Telephone: (775) 284-7700
Attorney for Respondent

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner,<br><br>PARTELL SPECIALTY PHARMACY, License No. PH02028, and<br><br>JEFFREY LANG, RPH, Registration No. 17503.<br><br>Respondent. | Case No.: 23-239-PH-S<br>23-239-RPH-S<br><br>**ANSWER AND NOTICE OF DEFENSE** |

**COMES NOW,** Respondents, PARTELL SPECIALTY PHARMACY and JEFFREY LANG, RPH (hereinafter referred to as "Respondents") by and through their counsel of record, JOSEPH S. GILBERT, ESQ. of JOEY GILBERT LAW, and answers the Notice of Intended Action and Accusation filed on October 9, 2024 as follows:

## JURISDICTION

1. Responding to Paragraph 1 of the Notice of Intended Action and Accusation, Respondent admits that the Nevada State Board of Pharmacy has personal jurisdiction over Respondent Partell Specialty Pharmacy.

2. Responding to Paragraph 2 of the Notice of Intended Action and Accusation, Respondent admits that the Nevada State Board of Pharmacy has personal jurisdiction over Respondent Jeffrey Lang, RPH.

3. Responding to Paragraph 3 of the Notice of Intended Action and Accusation, Respondents admit that the Nevada State Board of Pharmacy has jurisdiction over the subject matter of this accusation.

**FACTUAL ALLEGATIONS**

4. Responding to Paragraph 4 of the Notice of Intended Action and Accusation, Respondents admit to the allegation.

5. Responding to Paragraph 5 of the Notice of Intended Action and Accusation, Respondents admit to the allegations.

6. Responding to Paragraph 6 of the Notice of Intended Action and Accusation, Respondents admit to the allegation that they purchased Nutlin and Pooled Peptides from Biopeptek Pharmaceuticals. Respondents deny the allegation that they knew Biopeptek was an unlicensed wholesale/manufacturer.

7. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

8. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

9. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

10. This Paragraph contains no allegations. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

**APPLICABLE LAW**

11. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

12. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

13. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

14. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

15. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

16. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

17. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

18. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

19. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

20. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

21. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

22. This Paragraph contains no allegations. Respondents acknowledge this as the Applicable Law in Nevada. If the paragraph is found to contain an allegation against the Respondents, Respondents deny the same.

**COUNT ONE**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Purchasing Drugs from an Unlicensed Wholesaler (Respondent Pharmacy & Respondent Lang)**

23. Responding to Paragraph 23 of the Notice of Intended Action and Accusation, Respondents admit to purchasing drugs from Biopeptek. Respondents deny all remaining allegations.

24. Responding to Paragraph 24 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NRS 639.595(1); NRS 639.595(5)(a)(2); NAC 639.945(1)(i).

25. Responding to Paragraph 25 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

26. Responding to Paragraph 26 of the Notice of Intended Action and Accusation, Respondent admits to the allegation.

**COUNT TWO**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product with an Active Ingredient that does not have a United States Pharmacopeia-National Formulary Monograph or Components of Drugs Approved by the Food and Drug Administration**

**(Respondent Pharmacy and Respondent Lang)**

27. Responding to Paragraph 27 of the Notice of Intended Action and Accusation, Respondents admit solely to dispensing Nutlin to patient T.S., listed as prescription number 0090060591. Accordingly, Respondents deny all remaining allegations herein.

28. Responding to Paragraph 28 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NAC 639.757(1); NAC 639.945(1)(i).

29. Responding to Paragraph 29 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

30. Responding to Paragraph 30 of the Notice of Intended Action and Accusation, Respondents admit the allegations.

**COUNT THREE**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner when Compounding and Dispensing a Product with an Active Ingredient that does not have a United States Pharmacopeia-National Formulary Monograph or Components of Drugs Approved by the Food and Drug Administration**

**(Respondent Pharmacy and Respondent Lang)**

31. Responding to Paragraph 31 of the Notice of Intended Action and Accusation, Respondents admit solely to dispensing Nutlin to patient T.S., listed as prescription number 0090060591. Accordingly, Respondents deny all remaining allegations herein.

32. Responding to Paragraph 32 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NAC 639.757(1); NAC 639.945(1)(i).

33. Responding to Paragraph 33 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

34. Responding to Paragraph 34 of the Notice of Intended Action and Accusation, Respondents admit the allegations.

**COUNT FOUR**

**Unprofessional Conduct – Performing Duties as a Licensee and Registrant in an Incompetent, Unskillful, or Negligent Manner by Furnishing Prescription Blanks Bearing the Name or Name and Address of Respondent Pharmacy (Respondent Pharmacy and Respondent Lang)**

35. Responding to Paragraph 35 of the Notice of Intended Action and Accusation, Respondent Pharmacy denies furnishing prescription blanks in violation of Nevada law (NRS 639.264(2)).

36. Responding to Paragraph 36 of the Notice of Intended Action and Accusation, Respondents deny performing their duties in an incompetent, unskillful, or negligent manner under NRS 639.210(4); NAC 639.757(1); NAC 639.945(1)(i).

37. Responding to Paragraph 37 of the Notice of Intended Action and Accusation, Respondents deny that they engaged in conduct contrary to the public interest and deny that they are subject to discipline by the Board.

38. Responding to Paragraph 38 of the Notice of Intended Action and Accusation, Respondents admit the allegations.

WHEREFORE, Respondent respectfully submits this response to the Notice of Intended Action and Accusation. Respondents, Partell Specialty Pharmacy and Jeffrey Lang, RPH, by and

WHEREFORE, Respondent respectfully submits this response to the Notice of Intended Action and Accusation. Respondents, Partell Specialty Pharmacy and Jeffrey Lang, RPH, by and through their counsel of record, Joseph S. Gilbert, Esq. of Joey Gilbert Law, assert that they have consistently met their professional obligations, including full cooperation with the NVBOP's inquiries, transparency regarding their relabeling practices, and adherence to applicable regulations. Respondents further state that during a 2023 visit by Joe Dodge and a male investigator from the NVBOP, they received no indication that their practices were non-compliant or improper. When asked if the pharmacy was compounding these items, Respondents explained the relabeling process, clarifying that the items were not compounded at Partell but were manufactured by the FDA-registered Biopeptek. Respondents' staff also proactively inquired whether there was any issue with this process or if relabeling should be discontinued. The investigator did not suggest any changes or raise any compliance concerns. Respondents remain fully committed to maintaining the highest standards of professional conduct and strict compliance with all relevant laws and regulations.

**DATED** this 1st day of November, 2024.

JOEY GILBERT LAW

JOSEPH S. GILBERT, ESQ.
Attorney for Respondent,

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

**DATED** this 1st day of November, 2024.

PARTELL SPECIALTY PHARMACY

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

**DATED** this 1st day of November, 2024.

JEFFREY LANG, RPH

**CERTIFICATE OF SERVICE**

I hereby certify that copies of the foregoing **Answer and Notice of Defense** was served upon the following person by electronic transmission and/or by mailing a copy to their last known address, first class mail, postage prepaid for non-registered users, on this 1st day of November, 2024 as follows:

Nevada Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521
Email: TeamBC@pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

**DATED** this 1st day of November, 2024.

JOEY GILBERT LAW

Nancy Vazquez

Nancy Vazquez, Legal Assistant

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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**v.**<br><br>**ROBERT SEIK, RPH, Certificate of Registration No. 13574, and**<br><br>**DAVID WHITEHOUSE, RPH, Certificate of Registration No. 13635,**<br><br>**Respondents.** | **Case Nos. 23-429-PH-S**<br>**23-429-RPH-A-S**<br>**23-429-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Robert Seik (Seik), Certificate of Registration No. 13574, and Respondent David Whitehouse (Whitehouse), Certificate of Registration No. 13635, were pharmacists registered with the Board, and Respondent Partell Pharmacy (Partell Pharmacy), Pharmacy License No. PH02028, was a pharmacy licensed by the Board.

## FACTUAL ALLEGATIONS

2. Seik owns Partell Pharmacy and served as the managing pharmacist of Partell Pharmacy from August 21, 2023, to September 19, 2023, and from January 6, 2024, to present.

3. Whitehouse served as the managing pharmacist of Partell Pharmacy from September 20, 2023, to January 5, 2024.

4. Partell Pharmacy contracted with The Wellness Company (TWC), based in Boca Raton, Florida, to dispense various prescription drug products to TWC patients.

5. One product was an "Emergency Kit" including: 1) Amoxicillin-Clavulanate 875-125mg (28 tablets); 2) Azithromycin 250mg (12 tablets); 3) Bactrim DS 800mg-160mg (28 tablets); 4) Doxycycline Hyclate 100mg (60 capsules); 5) Fluconazole 150mg (2 tablets); 6) Ivermectin 18mg (7 capsules); 7) Metronidazole 500mg (30 tablets); and 8) Ondansetron 4mg (6 tablets).

6. Another product was a "COVID Kit" including: 1) Hydroxychloroquine 200mg (20 tablets); 2) Azithromycin 250mg (12 tablets); 3) Budesonide .5mg (10 vials); and 4) Ivermectin 12mg (25 capsules).

7. Each prescription transmitted to Partell Pharmacy only indicated that the pharmacy was to dispense an "Emergency Kit" or "COVID Kit" to the patient – the drugs in each kit were not identified on the prescription.

8. When a practitioner associated with TWC prescribed either of the two kits, Partell Pharmacy staff used a mutually agreed upon "pharmacy script" template that specified the drugs to be included in each kit.

9. Partell Pharmacy dispensed at least 512 prescriptions issued for an "Emergency Kit" or "COVID Kit" under this scheme.

10. Partell Pharmacy regularly substituted Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without consulting the prescribing practitioner, and continued billing TWC for the cost of Budesonide while substituting cheaper medications.

11. None of the counseling materials for each kit included any information on Medrol DosePaks or Albuterol. No further action was taken by Partell Pharmacy, Seik or Whitehouse to correct the counseling materials or provide any information regarding the substituted medications.

## APPLICABLE LAW

12. A prescription must contain in pertinent part "[t]he name, strength and quantity of the drug prescribed and the number of days that the drug is to be used, beginning on the day on which the prescription is filled." NRS 639.2353(2)(d). A prescription must be written in such a manner that any registered pharmacist would be able to dispense it. NRS 639.2353(4).

13. Billing for the cost of a prescription drug while substituting cheaper medications constitutes fraud and is a felony offense. 18 U.S.C. § 1347; NRS 629.071; NRS 686A.2815.

14. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

15. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug prescribed, unless the express permission of the prescriber is obtained, constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(b) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.210(15); NRS 639.220(1).

21. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employment. NAC 639.945(3).

## COUNT ONE
**Violations of State Law – Dispensing Invalid Prescriptions**

22. By dispensing at least 512 invalid prescriptions issued for an "Emergency Kit" or "COVID Kit" for which the drugs in each kit were not identified on the prescription, as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2353(2)(d) and (4), and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

## COUNT TWO
**Unprofessional Conduct - Dispensing a Different Drug Without Permission**

23. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 9 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(b), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT THREE
**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

24. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT FOUR
**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

25. By their conduct as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse have performed their duties as licensees/registrants in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT FIVE
**Violations of State Law – Failure to Provide Counseling to Patient for Substituted Medications**

26. By failing to correct the counseling materials for each kit to include the necessary information on Medrol DosePaks or Albuterol or to otherwise provide any counseling regarding the substituted medications, as alleged in Paragraph 11 herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.266, NAC 639.707 and/or NAC 639.708, and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

## COUNT SIX
**Violations of State Law – Fraudulent Billing Practices**

27. By billing TWC for the cost of Budesonide while substituting cheaper medications, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in fraudulent billing practices and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, NRS 629.071 and/or NRS 686A.2815, and are subject to discipline pursuant to NRS 639.210(11), (12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and licenses of these Respondents.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-429-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**Respondent.** | **Case No. 23-429-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR PARTELL SPECIALTY PHARMACY**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
5835 S Eastern Ave #101
Las Vegas, NV 89119

David Whitehouse
[redacted]
Lakeport, CA [redacted]

Darlene Nases
DARLENE NASES
BOARD COORDINATOR

5M

FILED
FEB - 3 2025
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,**<br><br>**v.**<br><br>**ROBERT SEIK, RPH, Certificate of Registration No. 13574, and**<br><br>**DAVID WHITEHOUSE, RPH, Certificate of Registration No. 13635,**<br><br>**Respondents.** | **Case Nos. 23-429-PH-S**<br>**23-429-RPH-A-S**<br>**23-429-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Robert Seik (Seik), Certificate of Registration No. 13574, and Respondent David Whitehouse (Whitehouse), Certificate of Registration No. 13635, were pharmacists registered with the Board, and Respondent Partell Pharmacy (Partell Pharmacy), Pharmacy License No. PH02028, was a pharmacy licensed by the Board.

## FACTUAL ALLEGATIONS

2. Seik owns Partell Pharmacy and served as the managing pharmacist of Partell Pharmacy from August 21, 2023, to September 19, 2023, and from January 6, 2024, to present.

3. Whitehouse served as the managing pharmacist of Partell Pharmacy from September 20, 2023, to January 5, 2024.

4. Partell Pharmacy contracted with The Wellness Company (TWC), based in Boca Raton, Florida, to dispense various prescription drug products to TWC patients.

5. One product was an "Emergency Kit" including: 1) Amoxicillin-Clavulanate 875-125mg (28 tablets); 2) Azithromycin 250mg (12 tablets); 3) Bactrim DS 800mg-160mg (28 tablets); 4) Doxycycline Hyclate 100mg (60 capsules); 5) Fluconazole 150mg (2 tablets); 6) Ivermectin 18mg (7 capsules); 7) Metronidazole 500mg (30 tablets); and 8) Ondansetron 4mg (6 tablets).

6. Another product was a "COVID Kit" including: 1) Hydroxychloroquine 200mg (20 tablets); 2) Azithromycin 250mg (12 tablets); 3) Budesonide .5mg (10 vials); and 4) Ivermectin 12mg (25 capsules).

7. Each prescription transmitted to Partell Pharmacy only indicated that the pharmacy was to dispense an "Emergency Kit" or "COVID Kit" to the patient – the drugs in each kit were not identified on the prescription.

8. When a practitioner associated with TWC prescribed either of the two kits, Partell Pharmacy staff used a mutually agreed upon "pharmacy script" template that specified the drugs to be included in each kit.

9. Partell Pharmacy dispensed at least 512 prescriptions issued for an "Emergency Kit" or "COVID Kit" under this scheme.

10. Partell Pharmacy regularly substituted Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without consulting the prescribing practitioner, and continued billing TWC for the cost of Budesonide while substituting cheaper medications.

11. None of the counseling materials for each kit included any information on Medrol DosePaks or Albuterol. No further action was taken by Partell Pharmacy, Seik or Whitehouse to correct the counseling materials or provide any information regarding the substituted medications.

## APPLICABLE LAW

12. A prescription must contain in pertinent part "[t]he name, strength and quantity of the drug prescribed and the number of days that the drug is to be used, beginning on the day on which the prescription is filled." NRS 639.2353(2)(d). A prescription must be written in such a manner that any registered pharmacist would be able to dispense it. NRS 639.2353(4).

13. Billing for the cost of a prescription drug while substituting cheaper medications constitutes fraud and is a felony offense. 18 U.S.C. § 1347; NRS 629.071; NRS 686A.2815.

14. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

15. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug prescribed, unless the express permission of the prescriber is obtained, constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(b) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.210(15); NRS 639.220(1).

21. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employment. NAC 639.945(3).

## COUNT ONE
**Violations of State Law – Dispensing Invalid Prescriptions**

22. By dispensing at least 512 invalid prescriptions issued for an "Emergency Kit" or "COVID Kit" for which the drugs in each kit were not identified on the prescription, as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2353(2)(d) and (4), and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

## COUNT TWO
**Unprofessional Conduct - Dispensing a Different Drug Without Permission**

23. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 9 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(b), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT THREE
**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

24. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT FOUR
**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

25. By their conduct as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse have performed their duties as licensees/registrants in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT FIVE
**Violations of State Law – Failure to Provide Counseling to Patient for Substituted Medications**

26. By failing to correct the counseling materials for each kit to include the necessary information on Medrol DosePaks or Albuterol or to otherwise provide any counseling regarding the substituted medications, as alleged in Paragraph 11 herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.266, NAC 639.707 and/or NAC 639.708, and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

## COUNT SIX
**Violations of State Law – Fraudulent Billing Practices**

27. By billing TWC for the cost of Budesonide while substituting cheaper medications, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in fraudulent billing practices and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, NRS 629.071 and/or NRS 686A.2815, and are subject to discipline pursuant to NRS 639.210(11), (12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and licenses of these Respondents.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ROBERT SEIK, RPH,**<br>**Certificate of Registration No. 13574,**<br><br>**Respondent.** | **Case No. 23-429-RPH-A-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ROBERT SEIK, RPH,**<br>**Certificate of Registration No. 13574**<br><br>**Respondent.** | **Case No. 23-429-RPH-A-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

**ROBERT SEIK, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
5835 S Eastern Ave #101
Las Vegas, NV 89119

David Whitehouse
[redacted]
Lakeport, CA [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**PARTELL SPECIALTY PHARMACY,**<br>**Pharmacy License No. PH02028,**<br>**v.**<br>**ROBERT SEIK, RPH,**<br>**Certificate of Registration No. 13574, and**<br>**DAVID WHITEHOUSE, RPH,**<br>**Certificate of Registration No. 13635,**<br>**Respondents.** | **Case Nos. 23-429-PH-S**<br>**23-429-RPH-A-S**<br>**23-429-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Robert Seik (Seik), Certificate of Registration No. 13574, and Respondent David Whitehouse (Whitehouse), Certificate of Registration No. 13635, were pharmacists registered with the Board, and Respondent Partell Pharmacy (Partell Pharmacy), Pharmacy License No. PH02028, was a pharmacy licensed by the Board.

## FACTUAL ALLEGATIONS

2. Seik owns Partell Pharmacy and served as the managing pharmacist of Partell Pharmacy from August 21, 2023, to September 19, 2023, and from January 6, 2024, to present.

3. Whitehouse served as the managing pharmacist of Partell Pharmacy from September 20, 2023, to January 5, 2024.

4. Partell Pharmacy contracted with The Wellness Company (TWC), based in Boca Raton, Florida, to dispense various prescription drug products to TWC patients.

5. One product was an "Emergency Kit" including: 1) Amoxicillin-Clavulanate 875-125mg (28 tablets); 2) Azithromycin 250mg (12 tablets); 3) Bactrim DS 800mg-160mg (28 tablets); 4) Doxycycline Hyclate 100mg (60 capsules); 5) Fluconazole 150mg (2 tablets); 6) Ivermectin 18mg (7 capsules); 7) Metronidazole 500mg (30 tablets); and 8) Ondansetron 4mg (6 tablets).

6. Another product was a "COVID Kit" including: 1) Hydroxychloroquine 200mg (20 tablets); 2) Azithromycin 250mg (12 tablets); 3) Budesonide .5mg (10 vials); and 4) Ivermectin 12mg (25 capsules).

7. Each prescription transmitted to Partell Pharmacy only indicated that the pharmacy was to dispense an "Emergency Kit" or "COVID Kit" to the patient – the drugs in each kit were not identified on the prescription.

8. When a practitioner associated with TWC prescribed either of the two kits, Partell Pharmacy staff used a mutually agreed upon "pharmacy script" template that specified the drugs to be included in each kit.

9. Partell Pharmacy dispensed at least 512 prescriptions issued for an "Emergency Kit" or "COVID Kit" under this scheme.

10. Partell Pharmacy regularly substituted Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without consulting the prescribing practitioner, and continued billing TWC for the cost of Budesonide while substituting cheaper medications.

11. None of the counseling materials for each kit included any information on Medrol DosePaks or Albuterol. No further action was taken by Partell Pharmacy, Seik or Whitehouse to correct the counseling materials or provide any information regarding the substituted medications.

## APPLICABLE LAW

12. A prescription must contain in pertinent part "[t]he name, strength and quantity of the drug prescribed and the number of days that the drug is to be used, beginning on the day on which the prescription is filled." NRS 639.2353(2)(d). A prescription must be written in such a manner that any registered pharmacist would be able to dispense it. NRS 639.2353(4).

13. Billing for the cost of a prescription drug while substituting cheaper medications constitutes fraud and is a felony offense. 18 U.S.C. § 1347; NRS 629.071; NRS 686A.2815.

14. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

15. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug prescribed, unless the express permission of the prescriber is obtained, constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(b) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.210(15); NRS 639.220(1).

21. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employment. NAC 639.945(3).

## COUNT ONE
**Violations of State Law – Dispensing Invalid Prescriptions**

22. By dispensing at least 512 invalid prescriptions issued for an "Emergency Kit" or "COVID Kit" for which the drugs in each kit were not identified on the prescription, as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2353(2)(d) and (4), and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

## COUNT TWO
**Unprofessional Conduct - Dispensing a Different Drug Without Permission**

23. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 9 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(b), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT THREE
**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

24. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT FOUR
**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

25. By their conduct as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse have performed their duties as licensees/registrants in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

## COUNT FIVE
**Violations of State Law – Failure to Provide Counseling to Patient for Substituted Medications**

26. By failing to correct the counseling materials for each kit to include the necessary information on Medrol DosePaks or Albuterol or to otherwise provide any counseling regarding the substituted medications, as alleged in Paragraph 11 herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.266, NAC 639.707 and/or NAC 639.708, and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

## COUNT SIX
**Violations of State Law – Fraudulent Billing Practices**

27. By billing TWC for the cost of Budesonide while substituting cheaper medications, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in fraudulent billing practices and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, NRS 629.071 and/or NRS 686A.2815, and are subject to discipline pursuant to NRS 639.210(11), (12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and licenses of these Respondents.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**DAVID WHITEHOUSE, RPH,**<br>**Certificate of Registration No. 13635,**<br><br>**Respondent.** | **Case No. 23-429-RPH-A-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**DAVID WHITEHOUSE, RPH,**<br>**Certificate of Registration No. 13635,**<br><br>**Respondent.** | **Case No. 23-429-RPH-B-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

**DAVID WHITEHOUSE, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
5835 S Eastern Ave #101
Las Vegas, NV 89119

David Whitehouse
[redacted]
Lakeport, CA [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

50

FILED
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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS PHARMACY #7032, Pharmacy License No. PH01747,**<br><br>**JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and**<br><br>**CATHY QUACH, RPH, Certificate of Registration No. 16344,**<br><br>**Respondents.** | **Case Nos. 24-083-PH-S**<br>**24-083-RPH-A-S**<br>**24-083-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

## FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

## APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

## COUNT ONE
**Failure by Pharmacist to Follow Practitioner's Instructions**
**(RPH Quach and Walgreens)**

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

## COUNT TWO
### Failure to Maintain Pharmacy Logbook
### (RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3 day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS PHARMACY #7032,**<br>**Pharmacy License No. PH01747,**<br><br>**Respondent.** | **Case No. 24-083-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS PHARMACY #7032,**<br>**Pharmacy License No. PH01747,**<br><br>**Respondent.** | **Case No. 24-083-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7032**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #7032 c/o
WILLIAM STILLING, ESQ
222 SOUTH MAIN ST., SUITE 500
SALT LAKE CITY, UT 84101

Walgreens Pharmacy #7032
2451 HAMPTON RD.
Henderson NV 89052

Jennifer Englehaupt, RPH
[redacted]
Henderson, NV [redacted]

Jennifer Englehaupt, RPH c/o
Walgreens Pharmacy #7032
2451 HAMPTON RD.
Henderson NV 89052

Cathy Quach, RPH
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

5P

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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS PHARMACY #7032, Pharmacy License No. PH01747,**<br><br>**JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and**<br><br>**CATHY QUACH, RPH, Certificate of Registration No. 16344,**<br><br>**Respondents.** | **Case Nos. 24-083-PH-S**<br>**24-083-RPH-A-S**<br>**24-083-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

## FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

## APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

## COUNT ONE
### Failure by Pharmacist to Follow Practitioner's Instructions (RPH Quach and Walgreens)

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

## COUNT TWO
### Failure to Maintain Pharmacy Logbook
### (RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JENNIFER ENGLEHAUPT, RPH,**<br>**Certificate of Registration No. 15287,**<br><br>**Respondent.** | **Case No. 24-083-RPH-A-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JENNIFER ENGLEHAUPT, RPH,**<br>**Certificate of Registration No. 15287,**<br><br>**Respondent.** | **Case No. 24-083-RPH-A-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**JENNIFER ENGLEHAUPT, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #7032 c/o
WILLIAM STILLING, ESQ
222 SOUTH MAIN ST., SUITE 500
SALT LAKE CITY, UT 84101

Walgreens Pharmacy #7032
2451 HAMPTON RD.
Henderson NV 89052

Jennifer Englehaupt, RPH
[redacted]
Henderson, NV [redacted]

Jennifer Englehaupt, RPH c/o
Walgreens Pharmacy #7032
2451 HAMPTON RD.
Henderson NV 89052

Cathy Quach, RPH
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

# 5Q

FILED
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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS PHARMACY #7032, Pharmacy License No. PH01747,**<br><br>**JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and**<br><br>**CATHY QUACH, RPH, Certificate of Registration No. 16344,**<br><br>**Respondents.** | **Case Nos. 24-083-PH-S**<br>**24-083-RPH-A-S**<br>**24-083-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

## FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

## APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

## COUNT ONE
### Failure by Pharmacist to Follow Practitioner's Instructions (RPH Quach and Walgreens)

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

## COUNT TWO
### Failure to Maintain Pharmacy Logbook
### (RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CATHY QUACH, RPH,**<br>**Certificate of Registration No. 16344,**<br><br>**Respondent.** | **Case No. 24-083-RPH-B-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CATHY QUACH, RPH,**<br>**Certificate of Registration No. 16344,**<br><br>**Respondent.** | **Case No. 24-083-RPH-B-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**CATHY QUACH, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #7032 c/o
WILLIAM STILLING, ESQ
222 SOUTH MAIN ST., SUITE 500
SALT LAKE CITY, UT 84101

Walgreens Pharmacy #7032
2451 HAMPTON RD.
Henderson NV 89052

Jennifer Englehaupt, RPH
[redacted]
Henderson, NV [redacted]

Jennifer Englehaupt, RPH c/o
Walgreens Pharmacy #7032
2451 HAMPTON RD.
Henderson NV 89052

Cathy Quach, RPH
[redacted]
Las Vegas, NV [redacted]

Darlene Nases
DARLENE NASES
BOARD COORDINATOR

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FILED
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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**STUART BERLINER, RPH,**<br>**Certificate of Registration No. 12908,**<br>**Respondent.** | **Case No. 24-161-RPH-S**<br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Stuart Berliner, RPh (Respondent), because Respondent, at the time of the violations alleged herein, held a Certificate of Registration issued by the Board pursuant to NRS 639.100 and NRS 639.127, authorizing Respondent to work as a pharmacist. Since April 5, 1996, Respondent has held Certificate of Registration No. 12908, allowing him to work as a pharmacist issued by the Board pursuant to NRS 639.100 and NRS 639.127.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the issuance of Certificates of Registration as required by Nevada law and the regulation of the practice of pharmacy. NRS 639.070.

## FACTUAL ALLEGATIONS

3. Respondent held a license allowing him to work in the State of Nevada as a pharmacist during the biannual renewal period from November 1, 2021, to October 31, 2023.

4. Respondent's renewal application for the 2021-2023 biannual renewal period lists that he resided at an address in Las Vegas, NV. This address is the last known address for this licensee that the Board has.

5. Respondent failed to submit the 30 required continuing education (CE) hours required by Nevada law by the October 31, 2023, deadline.

6. Respondent was issued a Citation-and-Fine Order by the Board for not completing his CE hours in a timely manner. The Citation-and-Fine Order required Respondent to pay an administrative fine of $500.00 and to submit the required CE hours by July 31, 2024, or to appeal the Order by submitting a written request for appeal to the Board within 30 days.

7. Respondent failed to pay the administrative fine and submit the required 30 CE hours by the July 31, 2024, deadline.

8. Respondent also failed to submit a request for an appeal of the Order within the statutorily prescribed 30 days. NRS 639.2895(2).

9. Respondent continues to hold a pharmacist certificate of registration with the Board despite not having completed the requirements prescribed by Nevada law to keep the registration.

10. Respondent has also failed to comply with the Citation-and-Fine Order issued by the Board on May 22, 2024.

## APPLICABLE LAW

11. In Nevada, the Board may discipline the holder of any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

12. Conduct contrary to the public interest includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

13. The Board may issue a Citation-and-Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

14. "The Board shall adopt regulations necessary to carry out the purposes of NRS 639.2171 to 639.2176, inclusive, which must include the methods of determining accredited programs, the number of hours of continuing professional education necessary to constitute a continuing education unit, the number of units required of each pharmacist during the period for which a certificate is issued

and such other regulations consistent with NRS 639.2171 to 639.2176, inclusive, as the Board may determine to be necessary." NRS 639.2176.

15. "The Board will not issue a certificate as a registered pharmacist to any person pursuant to NRS 639.127, or renew the certificate of any registered pharmacist, until the applicant submits proof to the Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period." NAC 639.330(1).

16. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

**COUNT ONE**

**Unprofessional Conduct – Failure to Comply with a Board Citation-and-Fine Order**

17. Respondent failed to comply with a Board Citation-and-Fine Order in a timely manner. NRS 639.2895(2). The Citation-and-Fine Order was lawfully issued pursuant to NRS 639.2895 and NRS 639.100(1)(b). NRS 639.2176; NAC 639.330(1). Respondent was required to either pay the $500.00 fine and submit the required CE hours or submit a written appeal request within 30 days of the issuance of the letter. NRS 639.2895(2). Respondent failed to do either.

18. Because of these actions, Respondent performed his duties as the holder of a registration issued by the Board in an incompetent, unskillful or negligent manner. Respondent performed his duties in an incompetent, unskillful, or negligent manner because he failed to comply with a Board Citation-and-Fine Order. NRS 639.210(4); NAC 639.945(1)(i).

19. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

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WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 9th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**STUART BERLINER, RPH,**<br>**Certificate of Registration No. 12908,**<br><br>**Respondent.** | **Case No. 24-161-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **gvanderdonck@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**STUART BERLINER, RPH,**<br>**Certificate of Registration No. 12908,**<br><br>**Respondent.** | **Case No. 24-161-RPH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**STUART BERLINER, RPH**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of October 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Stuart Berliner, RPH
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT
BOARD COORDINATOR I

# Exhibit 1
# 24-161-RPH-S
# Stuart Berliner

JOE LOMBARDO
Governor



HELEN PARK
*President*

J. DAVID WUEST
*Executive Secretary*

**STATE OF NEVADA**

**BOARD OF PHARMACY**

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

May 22, 2024

**VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL**

Stuart Berliner
Certificate of Registration No. 12908
[redacted] Ave
LAS VEGAS, NV 89129
[redacted]@gmail.com

***RE: Notice of Nevada CITATION-and-FINE: Case No. 24-161-RPH-S***

Greetings:

The Nevada State Board of Pharmacy ("Board") has determined that you failed to complete the thirty (30) hours of continuing education required by NAC 639.330 for the biennial registration period starting November 1, 2021, and ending on October 31, 2023.

This notice shall serve as a CITATION & FINE pursuant to NRS 639.2895(2) for failing to timely complete your required continuing education. The Board has assessed an administrative fine of five hundred dollars ($500.00) pursuant to NRS 639.2895(3). **This administrative fine must be paid by Wednesday, July 31, 2024. Payment must be by *personal, business, cashier's, certified check,* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Please include a copy of this notice with payment.**

**In addition, you are hereby ordered to complete the required thirty (30) continuing education units, one (1) of which shall be a Nevada law based continuing education unit. You are ordered to submit a single email, attaching proof of your completed continuing education, to teambc@pharmacy.nv.gov, not later than Wednesday, July 31, 2024.** Include the following information in the subject line of your email: (1) your full name; (2) your Nevada pharmacist registration number; and (3) the words "Proof of CE Compliance from 2021-2023." Please be aware that any continuing education credits submitted for your 2021-2023 biennial registration cannot be used toward your 2023-2025 biennial registration.

You have the right to appeal this citation by submitting a written or email request for an appeal hearing to the Board at the Board's Reno Office or teambc@pharmacy.nv.gov no later than 30 days after receipt of this notice. *See* NRS 639.2895(2).

Sincerely,

Nevada State Board of Pharmacy

9171 9690 0935 0314 4868 32

# Exhibit 2
# 24-161-RPH-S
# Stuart Berliner

of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

**From:** Stuart Berliner <[redacted]@gmail.com>
**Sent:** Tuesday, March 19, 2024 10:00 AM
**To:** Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
**Subject:**

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I have not completed required CE credits and would like to deactivate my license if possible.

Thank you
Stuart L Berliner

# Exhibit 3
# 24-161-RPH-S
# Stuart Berliner

Back To Dashboard

# Renewal Application
# Pharmacist

Application Fee : $200.00
Convenience Fee : $10.00
License Number : 12908
License Type : Pharmacist
New Expiration Date : 10/31/2025

## Renewal Type

Please confirm the status that you are renewing before moving to the next section.

(•) Active ( ) Inactive [Proceed to Renew]

## Personal Information

First Name : Stuart
Middle (initial only) : Lloyd
Last Name : Berliner
License # : 12908

**If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.**

Practice Address :

Name/Practice Name/DBA :
Military Address : ☐
Street : [redacted]
Country : United States
City : Las Vegas
State : Nevada
Zip : [redacted]
Practice Phone : (XXX) XXX-XXXX
Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐
Street : [redacted]
Country : United States
City : LAS VEGAS
State : Nevada
Zip : [redacted]
Home Phone : [redacted]
Cell Phone : [redacted]
Email Address : [redacted]@gmail.com
Fax : (XXX) XXX-XXXX

☑ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Male
Practice License Number:
Specialty:

## Nevada Business License Information - Check appropriate answer

- (●) I DO NOT have a Nevada Business license number.
- ( ) I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ( ) I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

## Child Support Information – Check appropriate answer

- (●) I am NOT SUBJECT to a court order for the support of a child.
- ( ) I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Military Service Information

| | |
|---|---|
| Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable | ( ) Yes (●) No |
| Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable | ( ) Yes (●) No |
| Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? | ( ) Yes (●) No |

## Legal Information

| | |
|---|---|
| 1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? | ( ) Yes (●) No |
| 2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? | ( ) Yes (●) No |
| 3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ( ) Yes (●) No |
| 4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? | ( ) Yes (●) No |

## CE Hours

Active ☑ By checking this box you certify you have completed ALL required CE Hours due for the 2021/2023 Renewal period. (Dated from Nov. 1, 2021 – Oct. 31, 2023; 1.25hrs per mo.). The exemption period is 2yrs after graduation only

## Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Stuart Berliner

Date Of Application : 10/23/2023

Please type only the First and Last Name that are listed at the top of the page.

## Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---|---|
| Renewal Period from 11/1/2023 to 10/31/2025 | License Renewal Fee | $200.00 |
| | Convenience Fee | $10.00 |
| | Late Fee | $0.00 |
| | Total : | $210.00 |

## Fee and Payment

| | |
|---|---|
| Payment Method : | Credit / Debit Card |
| Application Fees : | 200 |
| Reinstatement Fee : | 0 |
| Transaction Fee : | 10 |
| Late Fees : | 0 |
| Reference Number : | 120074297862 |
| InvoiceDate : | 10/23/2023 |

Paid

Pay & Submit

# Exhibit 4
# 24-161-RPH-S
# Stuart Berliner

# Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/23/2023
Amount: $ 210.00
License #: 12908

Stuart L. Berliner

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:11/01/2023
Expires:10/31/2025

Stuart L. Berliner

License #
12908
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

**NEVADA**
**STATE BOARD OF PHARMACY**
**Pharmacist**

Expires: 10/31/2025
STATUS: Active

License Type: Pharmacist
License #: 12908
Effective Date:11/01/2023

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Stuart L. Berliner

**NONTRANSFERABLE**

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

# Exhibit 5
# 24-161-RPH-S
# Stuart Berliner

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

February 3, 2025

Stuart Berliner
[redacted]
Las Vegas, NV 89129

Re: Stuart Berliner and Case No. 24-161-RPH-S

Dear Stuart Berliner

The hearing for case number **24-161-RPH-S** has been scheduled for **Wednesday, 3/5/2025** at **9:00:00 AM PST** or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV 89123

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Jessette Phaynarikone
Administrative Assistant - Board Coordinator I
Nevada State Board of Pharmacy

9489 0178 9820 3014 0918 92

# 5S

FILED
JAN 11 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**WALGREENS #03845,**<br>**Pharmacy License No. PH01064,**<br><br>**-and-**<br><br>**MICHAEL RHODE, PTT,**<br>**Certificate of Registration No. PT28786,**<br><br>**Respondents.** | **Case Nos. 24-228-PH-S**<br>**24-228-PTT-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #03845 ("Respondent Walgreens") because Respondent Walgreens is licensed by the Board to operate a pharmacy at 2280 North Las Vegas Boulevard in North Las Vegas, Nevada ("Walgreens Pharmacy").

2. The Board has personal jurisdiction over Respondent Michael Rhode ("Respondent Rhode") because Respondent Rhode is registered by the Board to work as a pharmaceutical technician trainee.

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3. The Board has jurisdiction over the subject matter of this accusation because it alleges violations pertaining to the misuse of confidential information relating to dangerous drugs and controlled substances.

## FACTUAL ALLEGATIONS

4. At all times relevant to this accusation, Respondent Rhode was employed by Respondent Walgreens as a pharmaceutical technician trainee.

5. On or about May 20, 2024, patient L.G. picked up prescription medication from Walgreens Pharmacy.

6. Respondent Rhode conversed with patient L.G. as she picked up her prescription medication.

7. Respondent Walgreens maintains an IT system that contains comprehensive information regarding the dangerous drugs and controlled substances that it dispenses to its patients. Respondent Walgreens compiles this information using the prescriptions that are electronically transmitted to Respondent Walgreens by physicians and other prescribing practitioners.

8. As an employee of Respondent Walgreens, Respondent Rhode had access to the system described above, including access to patient L.G.'s prescription drug history and associated individually identifiable health information.

9. On or about May 20, 2024, Respondent Rhode accessed the system described above for the purpose of learning patient L.G.'s name, address, email address, telephone number, and/or other personal identifiers.

10. Respondent Rhode subsequently used the above information in an attempt to befriend patient L.G. on social media platforms. Respondent Rhode had done something similar on at least one prior occasion.

11. Patient L.G. did not consent to the use of her individually identifiable health information by Respondent Rhode in the manner described above.

## APPLICABLE LAW

12. The Board may revoke or suspend the registration of a registrant who has violated any provision of state or federal law relating to prescription drugs or controlled substances. NRS 639.210(12).

13. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4).

14. "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

15. "Unprofessional conduct" includes performing one's duties as the holder of a license, certificate or registration issued by the Board in an incompetent, unskillful or negligent manner.

16. The owner of any business or facility licensed, certified or registered by the Board is responsible for the conduct of its employees. NAC 639.945(3).

17. Prescriptions filled and on file in a pharmacy are not a public record. NRS 639.238. Accordingly, pharmacy employees have a legal duty to safeguard and appropriately use the prescription drug information to which they have access.

18. Federal law, specifically the Health Insurance Portability and Accountability Act ("HIPAA") and implementing regulations, generally protects against the unauthorized use and/or disclosure of protected health information. See Pub. L. 104-191, title II, §§ 261, 264(a)–(b), 110 Stat. 1936, 2021, 2033 (1996). *See also* Standards for Privacy of Individually Identifiable Health Information, 65 Fed. Reg. 82,462 (Dec. 28, 2000) (codified at 45 C.F.R. § 164.500 *et seq.*).

19. Because the information described in paragraph 7 above contains personal identifiers that correlate with the prescription drug histories of individual patients, those personal identifiers qualify as "individually identifiable health information" within the meaning of 45 C.F.R. § 160.103. For this reason, a person's prescription drug history as a whole qualifies as "protected health information" within the meaning of 45 C.F.R. § 160.103.

20. As an employee with access to protected health information, Respondent Rhode was a "business associate" of Respondent Walgreens within the meaning of 45 C.F.R. § 160.103.

21. Under federal law, it is unlawful for a business associate to access and use individually identifiable health information for purposes wholly unrelated to health care. *See* 45 C.F.R. § 164.500 *et seq.*

**COUNT ONE**
**Violation of Federal Law—Unlawful Use of Protected Health Information**
**(Respondents Rhode and Walgreens)**

22. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

23. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

24. Respondent Rhode's conduct as described above violated federal law, specifically 45 C.F.R. §§ 164.500 and 164.502, because it was wholly unrelated to patient L.G.'s health care.

25. For the violations of federal law as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(12).

26. As Respondent Rhode's employer at the time of the violation, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

## COUNT TWO
**Unprofessional Conduct (Respondents Rhode and Walgreens)**

27. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

28. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

29. Pursuant to NRS 639.238, Respondent Rhode had a legal duty to appropriately safeguard patient L.G.'s individually identifiable health information and/or to refrain from using the information for purposes wholly unrelated to health care.

30. Respondent Rhode's conduct as alleged above was deceitful because it was done without the consent of patient L.G. and for purposes wholly unrelated to patient L.G.'s health care.

31. Respondent Rhode's conduct as alleged above was incompetent because it compromised protected health information and undermined patient L.G.'s trust in her health care provider.

32. For the unprofessional conduct as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(4).

33. As Respondent Rhode's employer at the time of the unprofessional conduct alleged above, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

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WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Rhode's Certificate of Registration No. PT28786 and Respondent Walgreen's License No. PH01064.

DATED this 11th day of JANUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS #03845,**<br>**Pharmacy License No. PH01064,**<br><br>**Respondent.** | **Case No. 24-228-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS #03845,**<br>**Pharmacy License No. PH01064,**<br><br>**Respondent.** | **Case No. 24-228-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR WALGREENS #03845**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Michael Rhode
[redacted]
North Las Vegas, NV [redacted]

Walgreens Pharmacy #03845
2280 N Las Vegas Blvd
North Las Vegas, NV 89030

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, UT 84101

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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FILED
JAN 11 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**WALGREENS #03845,**<br>**Pharmacy License No. PH01064,**<br><br>**-and-**<br><br>**MICHAEL RHODE, PTT,**<br>**Certificate of Registration No. PT28786,**<br><br>**Respondents.** | **Case Nos. 24-228-PH-S**<br>**24-228-PTT-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #03845 ("Respondent Walgreens") because Respondent Walgreens is licensed by the Board to operate a pharmacy at 2280 North Las Vegas Boulevard in North Las Vegas, Nevada ("Walgreens Pharmacy").

2. The Board has personal jurisdiction over Respondent Michael Rhode ("Respondent Rhode") because Respondent Rhode is registered by the Board to work as a pharmaceutical technician trainee.

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3. The Board has jurisdiction over the subject matter of this accusation because it alleges violations pertaining to the misuse of confidential information relating to dangerous drugs and controlled substances.

## FACTUAL ALLEGATIONS

4. At all times relevant to this accusation, Respondent Rhode was employed by Respondent Walgreens as a pharmaceutical technician trainee.

5. On or about May 20, 2024, patient L.G. picked up prescription medication from Walgreens Pharmacy.

6. Respondent Rhode conversed with patient L.G. as she picked up her prescription medication.

7. Respondent Walgreens maintains an IT system that contains comprehensive information regarding the dangerous drugs and controlled substances that it dispenses to its patients. Respondent Walgreens compiles this information using the prescriptions that are electronically transmitted to Respondent Walgreens by physicians and other prescribing practitioners.

8. As an employee of Respondent Walgreens, Respondent Rhode had access to the system described above, including access to patient L.G.'s prescription drug history and associated individually identifiable health information.

9. On or about May 20, 2024, Respondent Rhode accessed the system described above for the purpose of learning patient L.G.'s name, address, email address, telephone number, and/or other personal identifiers.

10. Respondent Rhode subsequently used the above information in an attempt to befriend patient L.G. on social media platforms. Respondent Rhode had done something similar on at least one prior occasion.

11. Patient L.G. did not consent to the use of her individually identifiable health information by Respondent Rhode in the manner described above.

## APPLICABLE LAW

12. The Board may revoke or suspend the registration of a registrant who has violated any provision of state or federal law relating to prescription drugs or controlled substances. NRS 639.210(12).

13. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4).

14. "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

15. "Unprofessional conduct" includes performing one's duties as the holder of a license, certificate or registration issued by the Board in an incompetent, unskillful or negligent manner.

16. The owner of any business or facility licensed, certified or registered by the Board is responsible for the conduct of its employees. NAC 639.945(3).

17. Prescriptions filled and on file in a pharmacy are not a public record. NRS 639.238. Accordingly, pharmacy employees have a legal duty to safeguard and appropriately use the prescription drug information to which they have access.

18. Federal law, specifically the Health Insurance Portability and Accountability Act ("HIPAA") and implementing regulations, generally protects against the unauthorized use and/or disclosure of protected health information. See Pub. L. 104-191, title II, §§ 261, 264(a)–(b), 110 Stat. 1936, 2021, 2033 (1996). *See also* Standards for Privacy of Individually Identifiable Health Information, 65 Fed. Reg. 82,462 (Dec. 28, 2000) (codified at 45 C.F.R. § 164.500 *et seq.*).

19. Because the information described in paragraph 7 above contains personal identifiers that correlate with the prescription drug histories of individual patients, those personal identifiers qualify as "individually identifiable health information" within the meaning of 45 C.F.R. § 160.103. For this reason, a person's prescription drug history as a whole qualifies as "protected health information" within the meaning of 45 C.F.R. § 160.103.

20. As an employee with access to protected health information, Respondent Rhode was a "business associate" of Respondent Walgreens within the meaning of 45 C.F.R. § 160.103.

21. Under federal law, it is unlawful for a business associate to access and use individually identifiable health information for purposes wholly unrelated to health care. *See* 45 C.F.R. § 164.500 *et seq.*

**COUNT ONE**
**Violation of Federal Law—Unlawful Use of Protected Health Information**
**(Respondents Rhode and Walgreens)**

22. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

23. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

24. Respondent Rhode's conduct as described above violated federal law, specifically 45 C.F.R. §§ 164.500 and 164.502, because it was wholly unrelated to patient L.G.'s health care.

25. For the violations of federal law as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(12).

26. As Respondent Rhode's employer at the time of the violation, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

## COUNT TWO
**Unprofessional Conduct (Respondents Rhode and Walgreens)**

27. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

28. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

29. Pursuant to NRS 639.238, Respondent Rhode had a legal duty to appropriately safeguard patient L.G.'s individually identifiable health information and/or to refrain from using the information for purposes wholly unrelated to health care.

30. Respondent Rhode's conduct as alleged above was deceitful because it was done without the consent of patient L.G. and for purposes wholly unrelated to patient L.G.'s health care.

31. Respondent Rhode's conduct as alleged above was incompetent because it compromised protected health information and undermined patient L.G.'s trust in her health care provider.

32. For the unprofessional conduct as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(4).

33. As Respondent Rhode's employer at the time of the unprofessional conduct alleged above, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

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WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Rhode's Certificate of Registration No. PT28786 and Respondent Walgreen's License No. PH01064.

DATED this 17th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MICHAEL RHODE, PTT,**<br>**Certificate of Registration No. PT28786,**<br><br>**Respondent.** | **Case No. 24-228-PTT-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MICHAEL RHODE, PTT,**<br>**Certificate of Registration No. PT28786,**<br><br>**Respondent.** | **Case No. 24-288-PTT-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**MICHAEL RHODE, PTT**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Michael Rhode
[redacted]
North Las Vegas, NV [redacted]

Walgreens Pharmacy #03845
2280 N Las Vegas Blvd
North Las Vegas, NV 89030

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, UT 84101

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

# Exhibit 1
# 24-228-PTT-S
# Michael Rhode

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Michael Rhode
[redacted]
North Las Vegas, NV 89084

Walgreens Pharmacy #03845
2280 N Las Vegas Blvd
North Las Vegas, NV 89030

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, UT 84101

Darlene Nases

DARLENE NASES
BOARD COORDINATOR




Reg: $1.50
cert: $10.99

Michael Rhode
[redacted]
North Las Vegas, NV 89084
24-228-PTT-S. NIAA

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ALERT: SEVERE WEATHER IN THE MIDWEST THROUGH THE NORTHEAST U.S. AND THE SOU...

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FAQs >

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## 9171969009350314124277

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**Delivered, Left with Individual**

RENO, NV 89521
February 5, 2025, 11:28 am

**Arrived at USPS Regional Facility**

RENO NV DISTRIBUTION CENTER
February 4, 2025, 7:25 pm

**In Transit to Next Facility**

February 4, 2025

**Arrived at USPS Regional Facility**

PHOENIX AZ DISTRIBUTION CENTER
February 1, 2025, 2:50 am

**Departed USPS Regional Facility**

LAS VEGAS NV DISTRIBUTION CENTER
January 18, 2025, 8:50 am

**Arrived at USPS Regional Facility**
LAS VEGAS NV DISTRIBUTION CENTER
January 17, 2025, 12:00 pm

**Arrived at USPS Regional Facility**
RENO NV DISTRIBUTION CENTER
January 14, 2025, 12:12 am

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**Text & Email Updates**

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**Product Information**

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FAQs

# Exhibit 2
# 24-228-PTT-S
# Michael Rhode

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

February 3, 2025

Michael Joseph Rhode
[redacted]
North Las Vegas, NV 89084

Re: Michael Joseph Rhode and Case No. 24-228-PT-S

Dear Michael Joseph Rhode

The hearing for case number 24-228-PT-S has been scheduled for **Wednesday, 3/5/2025** at **9:00:00 AM PST** or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV 89123

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Jessette Phaynarikone
Administrative Assistant - Board Coordinator I
Nevada State Board of Pharmacy

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**WALGREENS #03845,**<br><br>**MICHAEL RHODE, PTT,**<br>**Certificate of Registration No. PT28786,**<br><br>**Respondents.** | **Case Nos. 24-228-PH-S**<br>**24-228-PTT-S**<br><br>**MEMORANDUM OF COSTS AND FEES** |

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

**Investigation Time (Investigator Kenneth Scheuber)**

| Date(s) | Description | Hours | Rate | Amount |
|---|---|---|---|---|
| 6-7/2024 | See attached | 8.0 | $53.00 | $781.75 |
| Subtotal (Investigation): | | | | $781.75 |

**Attorney Time (Gregory Zunino)**

| Date(s) | Description | Hours | Rate | Amount |
|---|---|---|---|---|
| 10/14/24 | Review Investigative File | 1.00 | $60.00 | $60.00 |
| 10/14/24 | Draft Accusation | 1.5 | $60.00 | $90.00 |
| 2/12/25 | Assemble Exhibits for Hearing | .5 | $60.00 | $30.00 |
| 3/5/23 | Hearing (Estimated) | .5 | $60.00 | $30.00 |
| Subtotal (Attorney Time) | | | | $210.00 |

**Administrative Costs**

| Date(s) | Description | Hours | Rate | Amount |
|---|---|---|---|---|
| 1/13/25 | Processed and mailed Accusation via certified/regular mail. | 0.5 | $25.00/hr | $12.50 |
| 2/3/25 | Sent Notice of Hearing for March Board Meeting via regular/certified mail. | 0.5 | $25.00/hr | $12.50 |

Subtotal (Administrative Costs): $25.00

Total Mailing Costs: $21.34

Subtotal (Administrative and Mailing Costs) $46.34

**Total Costs and Fees:** **$1,038.09**

I, Gregory L. Zunino, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 18th day of February 2025.

Senior General Counsel
Nevada State Board of Pharmacy

Investigation hours

| Case No. 24-228-PT-S | PT Michael Rhode | | |
|---|---|---|---|
| Investigator Name | Kenneth Scheuber | | |
| | | | |
| Date | Duties | Hours | |
| | | | |
| 6/3/2024 | initial case & complaint review | 0.75 | |
| 6/4/2024 | Interviewed the complainant | 0.5 | |
| 6/6/2024 | Complaint & document request sent to Walgreens | 0.5 | |
| 6/6/2024 | H Prievo responded an investigation was opened | 0.5 | |
| 6/7/2024 | Typed 90% of the case. | 3 | |
| 7/29/2024 | Email from Holly. PT Rhodes was terminated | 1.5 | |
| 7/31/2024 | Called PT Rhode leaving a VM. Typed case complete. | 1 | |
| 7/31/2024 | Case reviewed in Las Vegas. | 0.25 | |
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| Total hrs | | 8.00 | |
| Wage | | $53.00 | |
| | | | |
| Total Investigative Cost | | $781.75 | |
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FILED
SEP 11 2024
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ORTHOPEDIC MOTION, INC.,**<br>**License No. MP00772,**<br>**Respondent.** | **CASE NO. 24-281-MP-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Orthopedic Motion, Inc. ("Respondent"), held a Nevada Medical Products Provider License No. MP00772, issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about July 2, 2024, the Board conducted an inspection of Respondent's facility located at 3233 W. Charleston Blvd., Las Vegas, NV 89102, and discovered that Respondent was operating without an approved administrator for its Medical Products Wholesaler facility.

3. Respondent failed to notify the Board of the departure of its facility administrator within three (3) business days.

4. Respondent continued its Medical Products Provider operations for more than ten (10) business days without an approved facility administrator.

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## APPLICABLE LAW

5. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

6. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit. NRS 639.210(12).

7. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must be approved by the Board. NAC 639.694(1)(e).

8. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment. NAC 639.694(3).

9. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator. NAC 639.694(4).

10. A medical products wholesaler shall employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler. NAC 639.6957(1)(a).

11. Any violation of these regulations or violation of any applicable federal, state or local laws related to the practices of the medical products provider or medical products wholesaler is unprofessional conduct. NAC 639.6941(1)(a).

12. It is unprofessional conduct to perform any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

**FIRST CAUSE OF ACTION**

**Failure to Employ Facility Administrator – Violation of State Law(s)**

13. Respondent failed to comply with NAC 639.694(1)(e); NAC 639.694(3) and (4); as well as NAC 639.6957(1)(a) when it neglected to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Provider without timely obtaining approval of a qualified facility administrator; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

**SECOND CAUSE OF ACTION**

**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

14. By violating NAC 639.694(3) and (4) and NAC 639.6957(1)(a), as detailed above, Respondent engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), and performed its duties as the holder of a Medical Products Provider license in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i); therefore, Respondent subject to discipline pursuant NRS 639.210(4).

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WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of September 2024.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ORTHOPEDIC MOTION, INC.,**<br>**License No. MP00772,**<br><br>**Respondent.** | **Case No. 24-281-MP-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 16, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of September 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ORTHOPEDIC MOTION, INC.,**<br>**License No. MP00772,**<br><br>**Respondent.** | **Case No. 24-281-MP-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**TYPE OR PRINT NAME**

_____

**AUTHORIZED REPRESENTATIVE FOR ORTHOPEDIC MOTION, INC.**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of Sept. 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Orthopedic Motion, Inc.
3233 W Charleston Blvd. #111
Las Vegas, NV 89102

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ORTHOPEDIC MOTION, INC.,**<br>**License Nos. MP00026 and MP00772,**<br>**Respondent.** | **Case No. 24-334-MP-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Orthopedic Motion, Inc., (Respondent), because the Board has licensed Respondent to conduct business as a medical products provider.

## FACTUAL ALLEGATIONS

2. At the time of the events described below, Respondent held license numbers MP00026 and MP00772. These licenses authorized Respondent to sell medical devices at retail. Respondent conducted business from locations at 653 Town Center Drive #507, in Las Vegas, Nevada, and 3233 W. Charleston Boulevard #111, in Las Vegas, Nevada.

3. Respondent is owned in whole or in part by Brittany Stryker (Stryker). Stryker claims to have expertise in fitting cranial helmets for infants. Cranial helmets are prescription medical devices used to treat pediatric skull deformities.

4. In addition to fitting cranial helmets, Respondent represented to its prospective customers that it was competent to fit patients with prescription-only ankle braces and stabilizers.

5. In 2023 and/or 2024, Respondent entered into sales contracts for the benefit of at least four infant patients (Patients A through D) whose parents paid for cranial helmets that Respondent never delivered to them per the terms of those sales contracts.

6. In November 2022, Respondent entered into a sales contract with an adult patient (Patient E) who paid for an Arizona Brace that Respondent never delivered as required by the terms of that sales contract.

7. In November 2023, Respondent entered into a sales contract for the benefit of an infant patient (Patient F). At that time, Patient F's mother made a deposit or payment toward the purchase of a cranial helmet for Patient F.

8. In January 2024, Patient F received the cranial helmet that her mother had ordered from Respondent; however, Respondent failed to provide the refund that it owed to Patient F's mother after having been reimbursed by Patient F's insurer.

9. In June 2024, Respondent entered into a sales contract for the benefit of an infant patient (Patient G) whose mother paid for and received a cranial helmet that was not custom fitted as required by the applicable standard of care. On information and belief, Respondent provided Patient G with a sample or display helmet that was used for marketing purposes.

10. When Patient G's mother complained about the poor quality of the cranial helmet, Stryker carved on it with a knife and/or made improvised modifications that did not correct or remediate the deficiencies.

11. When Patient G's mother continued to complain about the poor quality of the cranial helmet, Stryker told Patient G's mother to rub Vaseline on her infant's head.

12. According to Patient G's mother, the cranial helmet caused Patient G significant pain and/or discomfort even after Patient G's mother rubbed Vaseline on her infant's head.

13. Patient G's mother showed the cranial helmet to a pediatric specialist who advised Patient G's mother that it was essentially useless.

14. In late 2024, Patient G attempted to obtain a refund from Respondent but was unable to speak with a company representative because Respondent had closed its retail locations, and Respondent had stopped answering its phones and/or responding to written correspondence.

15. Respondent never provided Patient G with a medically adequate cranial helmet.

16. Respondent did not renew license numbers MP00026 and MP00772 when they came due for renewal on October 31, 2024.

17. On information and belief, Respondent billed Medicaid and/or other insurers, and/or collected reimbursements from Medicaid and/or other insurers for medical products that Respondent never delivered to Patients A through E.

18. On information and belief, Respondent collected payments or deposits from each of Patients A through G.

19. On information and belief, Respondent retained the reimbursements, deposits, and/or payments described above despite having failed to deliver medical products to Patients A through E.

20. On information and belief, Respondent retained the reimbursements, deposits, and/or payments described above despite having received more than what was owed to Respondent under the terms of its sales contract with Patient F's mother.

21. On information and belief, Respondent retained the reimbursements, deposits, and/or payments described above despite having failed to provide Patient G with a medically adequate cranial helmet.

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## APPLICABLE LAW

22. Any person who engages in business as a medical products provider must obtain a license from the Board. NRS 639.233; NAC 639.6942. "Medical products provider" means a person licensed pursuant to NAC 639.693 to 639.6958, inclusive, to sell, lease or otherwise provide medical products to a consumer in Nevada.

23. "Medical products" includes medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease. NAC 639.6935.

24. A medical products provider may be disciplined for unprofessional conduct. NRS 638.210(4).

25. "Unprofessional conduct" includes "submitting any claim for payment or reimbursement to any person or entity for products or services that is fraudulent, deceitful, unnecessary, or for any products or services not actually provided to a consumer." NAC 639.6941(1)(f).

26. "Unprofessional conduct" includes "performing or . . . being a party to any fraudulent or deceitful practice or transaction." NAC 639.945(1)(h).

27. "Unprofessional conduct" includes performing one's "duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

28. A medical products provider has a duty to "maintain an inventory of medical products that is adequate to serve the needs of the consumers served by the medical products." NAC 639.6946(1)(d).

29. "A medical products provider shall develop and use a written procedure for addressing consumer complaints, including, without limitation, procedures for maintaining a complaint file that documents all complaints from consumers and the resolution of each complaint." NAC 639.6946(6).

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## COUNT ONE

**Unprofessional Conduct – Submitting Claims for Products not Actually Provided**

30. As alleged above, Respondent billed Medicaid and/or other insurers, and/or collected reimbursements from Medicaid and/or other insurers with respect to Patients A through E.

31. Respondent never delivered a medical product to any of Patients A through E.

32. Respondent conduct was unprofessional because Respondent submitted claims for payment or reimbursement to Medicaid and/or other insurers but failed to deliver medical products to Patients A through E.

33. Respondent is subject to professional discipline for any one or more of the billings described above. NRS 639.210(4); NRS 639.255; NAC 639.6941(1)(f).

## COUNT TWO

**Unprofessional Conduct – Participating in Deceitful Transactions**

34. As alleged above, Respondent collected payments or deposits for medical products sold to each of Patients A though G.

35. Respondent did not deliver a medical product to any of Patients A through E.

36. Respondent delivered a medical product to Patient F, but failed to return Patient F's payment or deposit after Respondent was fully reimbursed by Medicaid and/or Patient F's insurer.

37. Respondent failed to deliver a medically adequate medical product to Patient G.

38. Respondent's transactions with each of Patients A through G were deceitful.

39. Respondent is subject to professional discipline for any one or more of the deceitful transactions described above. NRS 639.210(4); NRS 639.255; NAC 639.945(1)(h).

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## COUNT THREE
**Unprofessional Conduct—Failure to Maintain Adequate Inventory**

40. As alleged above, Respondent failed to deliver the medical products that Respondent sold to Patients A through E.

41. As alleged above, Respondent failed to deliver a medical product to Patient F within a reasonable period of time after Respondent collected a payment or deposit from Patient F.

42. As alleged above, Respondent delivered a medical product to Patient G that was not medically adequate.

43. Respondent's dealings with Patients A through G indicate that Respondent did not maintain an inventory of medical products that was adequate to serve the needs of Patients A through G.

44. Respondent is subject to professional discipline for having failed to maintain an inventory that was adequate to meet the needs of one or more of Patients A through G. NRS 639.210(4); NRS 639.255; NAC 639.6946(1)(d).

## COUNT FOUR
**Unprofessional Conduct—Failure to Maintain a System for Resolving Complaints**

45. As alleged above, Respondent failed to provide Patient G with a medically adequate cranial helmet.

46. Patient G's mother attempted to obtain a replacement helmet without success.

47. Patient G's mother attempted to obtain a refund from Respondent but was unable to speak with a company representative because Respondent had closed its retail locations, and Respondent had stopped answering its phones and/or responding to written correspondence.

48. Respondent is subject to professional discipline for having failed to maintain a system for receiving, documenting, and resolving complaints from Patient G's mother. NRS 639.210(4); NRS 639.255; NAC 639.6946(6).

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WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ORTHOPEDIC MOTION, INC.,**<br>**License Nos. MP00026 and MP00772,**<br><br>**Respondent.** | **Case No. 24-334-MP-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ORTHOPEDIC MOTION, INC.,**<br>**License Nos. MP00026 and MP00772,**<br><br>**Respondent.** | **Case No. 24-334-MP-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**AUTHORIZED REPRESENTATIVE FOR**
**Orthopedic Motion, Inc.**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3RD day of FEBRUARY 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Orthopedic Motion, Inc
653 Town Center Dr #507
Las Vegas, NV 89144

Orthopedic Motion, Inc
3233 W Charleston Blvd #111
Las Vegas, NV 89102

David Barney, Esq.
410 S Rampart Blvd., Suite 350
Las Vegas, NV 89145

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ERIN CALDERON, PT,**<br>**Certificate of Registration No. PT18610,**<br>**Respondent.** | **Case Nos. 24-376-PT-S**<br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Erin Calderon ("Respondent") because Respondent is registered by the Board to work as a pharmaceutical technician. Respondent holds Certificate of Registration No. PT18610.

2. The Board has jurisdiction over the subject matter of this accusation because it alleges violations pertaining to the unlawful acquisition and possession of controlled substances.

## FACTUAL ALLEGATIONS

3. Between May and September 2024, Respondent was employed by CVS Health as a pharmaceutical technician. Respondent worked at the pharmacy designated by the Board as CVS #8803, located at 3975 North Nellis Boulevard in Las Vegas, Nevada. As a pharmaceutical technician, Respondent had access to controlled substances.

4. During Respondent's tenure at CVS #8803, CVS management became aware of a shortage of tramadol and buprenorphine, both controlled substances. An internal investigation revealed that Respondent had likely diverted tramadol and buprenorphine from CVS #8803. It was determined that the diversion occurred between May and August 2024.

5. When the Respondent was questioned about the tramadol and/or buprenorphine that went missing from CVS #8803, Respondent admitted that she had taken the controlled substances in question. Respondent acknowledged that she had taken 200 to 300 tramadol tablets and 2 to 3 buprenorphine tablets.

6. Respondent stated that between May and August 2024, she regularly ingested tramadol to manage her severe back pain. Respondent explained that she had a history of abusing narcotics and thus took tramadol and buprenorphine in an attempt to reduce her dependency upon narcotic pain killers.

7. Respondent took tramadol and/or buprenorphine from her place of employment, CVS #8803, without the knowledge or consent of her employer.

8. Respondent took tramadol and/or buprenorphine from her place of employment, CVS #8803, without a prescription.

9. Respondent took tramadol and/or buprenorphine from her place of employment, CVS #8803, in a manner that was intended to avoid detection.

10. In September 2024, CVS Health terminated Respondent's employment for the conduct described above. Although Respondent is not currently working in a pharmacy, she has stated that she would like to return to work as a pharmacy technician once she resolves the instant matter with the Board.

## APPLICABLE LAW

11. The Board may revoke or suspend the registration of a registrant who has violated any provision of state or federal law relating to prescription drugs or controlled substances. NRS 639.210(12).

12. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4). "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

13. Under Nevada law, it is unlawful for a person knowingly or intentionally to acquire or obtain or attempt to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, or alteration. NRS 453.331.

14. Under federal law, it is unlawful for a person to knowingly or intentionally possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice. 21 U.S.C. § 844.

**COUNT ONE**
**Violation of State Law—Unlawful Obtaining of Controlled Substances**

15. Between May and August 2024, as alleged above, Respondent knowingly or intentionally acquired or obtained possession of a controlled substance by means of deception and/or subterfuge, in violation of NRS 453.331.

16. For her criminal misconduct as alleged above, Respondent may be disciplined by the Board pursuant to NRS 639.210(12).

**COUNT TWO**
**Violation of Federal Law—Unlawful Possession of Controlled Substance**

17. Between May and August 2024, as alleged above, Respondent knowingly or intentionally possessed a controlled substance not obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice, in violation of 21 U.S.C. § 844.

18. For her criminal misconduct as alleged above, Respondent may be disciplined by the Board pursuant to NRS 639.210(12).

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**COUNT THREE**
**Unprofessional (Deceitful) Conduct**

19. Between May and August 2024, as alleged above, Respondent took controlled substances from her place of work, CVS #8803, without her employer's knowledge or consent and in a manner that was intended to avoid detection.

20. For her deceitful conduct as alleged above, Respondent may be disciplined by the Board pursuant to NRS 639.210(4) and NAC 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent's Certificate of Registration No. PT18610.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ERIN CALDERON, PT,**<br>**Certificate of Registration No. PT18610,**<br><br>**Respondent.** | **Case No. 24-376-PT-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ERIN CALDERON, PT,**<br>**Certificate of Registration No. PT18610,**<br><br>**Respondent.** | **Case No. 24-376-PT-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

**ERIN CALDERON, PT**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Erin Calderon, PT
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

# Exhibit 1
# Erin Calderon
# 24-376-PT-S

**Witness Statement**

On 08/13/2024, I District Asset Protection Leader (DAPL) Malo Taumua sat in as a witness as Divisional Diversion Manager (DDM) Jeanie Weaver interviewed Pharmacy Colleague Erin Calderon. DDM Weaver went over her role as a DDM for CVS. Jeanie started to speak with Erin about different ways shrink can happen in the pharmacy and how she investigates those types of losses. Jeanie then spoke with Erin about the current investigation that has been going on in the pharmacy.

DDM Weaver then asked Erin, "When was the first time you caused a loss in the pharmacy, was it a year ago?" Erin then responded that she has not been doing it for that long, and that it started in May of 2024. Erin said that between May and August 2024, she has stolen approximately 300 pills from the pharmacy of 8803, to include 3 tablets of Suboxone. DDM Weaver thanked her for her honesty. DDM Weaver then asked Erin why she has been stealing pills from the pharmacy. Erin explains that she has been dealing with withdrawals and having back problems made her take the Suboxone and Tramadol. Erin also explained that she made these horrible decisions due to all the personal challenges she had in her life, including losing her significant other, the day she started with CVS 9 years ago. DDM Weaver offered her condolences and offered Erin EAP.

Both DDM Weaver and Erin displayed respect and professionalism throughout the conversation. DDM Weaver provided a card with the number for EAP to Erin.

At the end of the interview, I DAPL Taumua spoke with DL Matthew Forster about the outcome of the interview. After reviewing the outcome of the interview, DL Matt Forster made the decision to suspend colleague Erin Calderon pending the outcome of the investigation. I DAPL Taumua reached out to the Las Vegas Metropolitan Department to press charges, but due to the unavailable patrol in the area, DDM Weaver released Erin into her own custody without incident.

DDM Weaver and I reached out to Las Vegas Metropolitan PD once again and the non-emergency hotline operator instructed us to reach out to the Narcotics division to report the losses in the pharmacy.

# STATEMENT

I, ERIN CALDERON, hereby make this statement voluntarily to CVS pharmacy and to Jeanie Weaver (Please Print) on (date) 8/13/24 at (time) 2:50 pm

Store # (location) 8803.

I understand that I am making this statement of my own free will without any threat, promise, or coercion.

Address [redacted] Las Vegas, NV 89115

Phone: [redacted] AGE: [redacted]

Q= Question by: Jeanie Weaver

A= Answer by: ERIN CALDERON

Q. What is your current title and length of service at CVS/pharmacy?

A. Pharmacy tech, since septemper 2015

Q: Please tell me in detail the reason for our conversation today?

A: There were discrepancies in inventory and I said that some were due to my own bad desicions.

Q: In your time with CVS, what drugs did you steal?

A: Tramadol, buprenorphrine

Q: What strength and quantity of each drug?

1. Tramadol 50 - between 200-300ish?
2. Buprenorphine 8/2mg - 2-3

Q: Why did you steal these medications?

A: Dealing with withdrawls and bad back pain, not being able to stand and work for those long hours, and just made horrible decisions due to dealing with all that plus things in my personal life.

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS pharmacy to compel me to submit this statement.

SIGNED: [signature] DATE: 8/13/24 TIME: 3:02pm

WITNESS: [signature] DATE: 8/13/24 TIME: 3:02pm

WITNESS: [signature] DATE: 8/13/24 TIME: 3:02pm

**STATEMENT**

Q: When was the first time you stole drugs from the pharmacy?
A: Around May 2024
Q: When was the last time you stole drugs from the pharmacy?
A: Last week or the week before I believe
Q: Is 8803 the only pharmacy you stole drugs from?
A: Yes
Q: Have you been treated fairly during our conversation today?
A: Yes
Q: Do you have anything else to add?
A: No, other than I know I've made a terrible mistake, a huge lapse in judgement and I apologize.

End of Statement

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS pharmacy to compel me to submit this statement.

SIGNED: _____ DATE: 8/13/24 TIME: 3:09pm

WITNESS: _____ DATE: 8/13/24 TIME: 3:09pm

WITNESS: _____ DATE: 8/13/24 TIME: 3:09pm

**Dena M. McClish**

**From:** Erin Calderon <[redacted]@hotmail.com>
**Sent:** Monday, September 30, 2024 4:50 PM
**To:** Dena M. McClish
**Subject:** Re: NV Board of Pharmacy Investigative case no,. 24-376

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Ms. McClish,

What CVS said is true. When confronted about it I told the truth. It was because I was in a lot of pain, though that's no excuse for my actions. I had been on narcotic pain medication for years and I hated it. I have been wanting and needing help for a long time and stayed silent thinking I could do it on my own, but fear of the whole stigma around those types of medication had me thinking I was alone in my struggle. I was able to get off the narcotic medication on my own, however I opted to take something that wasn't as dangerous. So due to things getting mixed up with a referral at my pain management doctor, my body going through withdrawals, and the normal back pain I have, I made the horrible decision to do what I did. Like I said, it's not an excuse, but that's where my head was at during everything. Since then though I'm in therapy, and have a counselor I speak to weekly dealing specifically with addiction and substance abuse. I would love to be able to keep my license because I love being a tech. I'm taking the necessary steps in order for me to become healthier and to better handle and identify certain issues when they arise. I am extremely sorry for my actions, I know it was a huge break in trust. Even if I don't get my license back I'm still going forward with the program because I need to be around for my kids.

I sincerely hope you have a good night and God bless.

Erin Calderon

Get Outlook for iOS

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**From:** Dena M. McClish <dmcclish@pharmacy.nv.gov>
**Sent:** Monday, September 30, 2024 10:21:46 AM
**To:** erinbaptista@hotmail.com <[redacted]@hotmail.com>
**Subject:** NV Board of Pharmacy Investigative case no,. 24-376

Good morning Ms. Calderon, the Nevada Board of Pharmacy was informed that you were terminated from your position at CVS due to diversion. There is a case opened to investigate this matter. Would you like to provide a written statement explaining your side of the situation before this is presented to the Board?

Do you intend to renew your technician license or to continue working in pharmacy?

Thank you,

Dena M McClish, Investigator

Nevada State Board of Pharmacy
1140 N Town Center Dr Ste 300
Las Vegas, NV, 89144

Office: 702.486.6420 ext 154
Cell: 702.494.8672
Fax: 702.486.7903
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

**This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.**

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ERIN CALDERON,**<br>**Certificate of Registration No. PT18610,**<br><br>**Respondent.** | **Case Nos. 24-376-PT-S**<br><br>**MEMORANDUM OF COSTS AND FEES** |

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

**Investigation Time (Investigator Dena McClish)**

| Date(s) | Description | Hours | Rate | Amount |
|---|---|---|---|---|
| 9-12/2024 | See attached | 4.25 | $53.00 | $225.25 |
| Subtotal (Investigation): | | | | $225.25 |

**Attorney Time (Gregory Zunino)**

| Date(s) | Description | Hours | Rate | Amount |
|---|---|---|---|---|
| 1/21/25 | Review Investigative File | 1.00 | $60.00 | $60.00 |
| 11/21/25 | Draft Accusation | 1.5 | $60.00 | $90.00 |
| 2/12/25 | Assemble Exhibits for Hearing | .5 | $60.00 | $30.00 |
| 3/5/25 | Hearing (Estimated) | .5 | $60.00 | $30.00 |
| Subtotal (Attorney Time) | | | | $210.00 |

**Administrative Costs**

| Date(s) | Description | Hours | Rate | Amount |
|---|---|---|---|---|
| 2/3/25 | Jessette Phaynarikone processed Accusation and mailed via certified/regular mail. | 0.50 | $25.00/hr | $12.50 |

Subtotal (Administrative Costs): $12.50

Total Mailing Costs: $14.54

Subtotal (Administrative and Mailing Costs) $27.04

**Total Costs and Fees:** **$462.29**

I, Gregory L. Zunino, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 18th day of February 2025.

Senior General Counsel
Nevada State Board of Pharmacy

Investigation hours

**Case No 24-376-PT-S** **Erin Calderon**
**Investigator Dena McClish**

| Date | Duties | Hours |
|---|---|---|
| 9/16/2024 | initial case review, email CVS | 1 |
| 9/30/2024 | email to PT | 0.25 |
| 11/7/2024 | ROI & review | 1.75 |
| 11/13/2024 | review north, sent email req addtl info | 0.5 |
| 12/12/2024 | modify ROI, resubmit | 0.75 |

| | |
|---|---|
| **Total hrs** | **4.25** |
| **Wage** | **53** |
| **Total Investigative Cost** | **225.25** |

**Total billing**

5X

FILED
OCT - 7 2024
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SAFE CHAIN SOLUTIONS, LLC,**<br>**Wholesaler License No. WH02131,**<br><br>**Respondent.** | **CASE NO. 24-356-WH-O**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Safe Chain Solutions, LLC, Nevada Wholesaler License No. WH02131, located in Cambridge, MD, was a wholesaler licensed by the Board.

## FACTUAL ALLEGATIONS

2. In March and April 2021, Respondent sold and/or distributed counterfeit drugs purportedly manufactured by Gilead Sciences, Inc. (Gilead), for the treatment of HIV-1 patients, including Biktarvy and Descovy, to no fewer than two pharmacies located in Las Vegas, Nevada, including ASP Cares Pharmacy, Nevada Pharmacy License No. PH03347, and Trinity Pharmacy, Nevada Pharmacy License No. PH03287.

3. Respondent falsified transaction records, including, without limitation, a statement of prior sales, for each bottle of counterfeit drugs that fraudulently represented that the drugs could be traced back through the supply chain to an authentic sale from Gilead.

4. On or about June 8, 2023, the U.S. Food and Drug Administration (FDA) issued warning letter no. 636044 to Respondent for the sale and/or distribution of counterfeit Biktarvy and other drugs in violation of the Federal Food, Drug, and Cosmetic Act (FD&C Act):

> FDA has observed that Safe Chain did not have adequate verification systems in place in violation of section 582(c)(4)(A) & (B) of the FD&C Act. FDA observed that Safe Chain failed to maintain records regarding suspect product investigations in violation of section 582(c)(4)(A)(iii) of the FD&C Act, and failed to respond to a notification of illegitimate product in violation of section 582(c)(4)(B)(iii) of the FD&C Act. In addition, Safe Chain engaged in transactions with unauthorized trading partners in violation of section 582(c)(3) of the FD&C Act. Failure to comply with any of the requirements under section 582 of the FD&C Act is a prohibited act under section 301(t) of the FD&C Act (21 U.S.C. § 331(t)).

(SEE EXHBIT A HERETO).

5. On or about September 30, 2024, the Board issued an order to Respondent pursuant to NRS 639.2895 to cease and desist engaging in the sale and/or distribution of counterfeit HIV-1 drugs purportedly manufactured by Gilead, including Biktarvy and Descovy, into Nevada.

## APPLICABLE LAW

6. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain (including wholesale drug distributors) must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

7. A wholesaler must comply with State law when engaging in the sale and/or distribution of drug products into Nevada, including the maintenance of accurate transaction records, including, without limitation, a statement of prior sales identifying each prior sale, purchase, or trade of a drug. NRS 639.595; NAC 639.599; NAC 639.602; NAC 639.603.

8. Pursuant to 21 U.S.C. § 331(a), (b) and (c) it is unlawful to engage in the sale and/or distribution of an adulterated or misbranded drug in interstate commerce.

9. Pursuant to NRS 585.520(1) and (2) it is unlawful to sell or distribute an adulterated or misbranded drug (as defined in NRS 585.380, NRS 585.400, NRS 585.410, NRS 585.420 and/or NRS 585.460) in Nevada, which shall be deemed a counterfeit drug under NAC 639.605(3)(b). Pursuant to NRS 454.351(1) it is unlawful to sell or distribute any drug which may not be lawfully introduced into interstate commerce under the FD&C Act. Pursuant to NRS 639.550 and NRS 639.555 it is unlawful for a wholesaler to falsify a statement of prior sales for a drug.

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. Performing any duties as a license holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

12. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

13. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

**COUNT ONE**

**Violation of Federal Law – Sale/Distribution of Counterfeit Drugs**

14. By engaging in the sale and/or distribution of counterfeit HIV-1 drugs purportedly manufactured by Gilead into Nevada, as alleged herein, Respondent violated 21 U.S.C. § 360eee-1 and/or 21 U.S.C. § 331(a), (b), (c) and/or (t), and is subject to discipline pursuant to NRS 639.210(11).

## COUNT TWO

**Violation of State Law – Sale/Distribution of Counterfeit Drugs**

15. By engaging in the sale and/or distribution of counterfeit HIV-1 drugs purportedly manufactured by Gilead into Nevada, as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1), NRS 585.520(1) and (2), and/or NRS 639.595, and is subject to discipline pursuant to NRS 639.210(12).

## COUNT THREE

**Violation of Federal Law – Falsification of Records**

16. By falsifying transaction records, including, without limitation, a statement of prior sales for each bottle of counterfeit drugs that fraudulently represented that the drugs could be traced back through the supply chain to an authentic sale from Gilead, as alleged herein, Respondent violated 21 U.S.C. § 360eee-1 and/or 21 U.S.C. § 331(a), (b), (c) and/or (t), and is subject to discipline pursuant to NRS 639.210(11).

## COUNT FOUR

**Violation of State Law – Falsification of Records**

17. By falsifying transaction records, including, without limitation, a statement of prior sales for each bottle of counterfeit drugs that fraudulently represented that the drugs could be traced back through the supply chain to an authentic sale from Gilead, as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.550, NRS 639.555, NAC 639.599, NAC 639.602 and/or NAC 639.603, and is subject to discipline pursuant to NRS 639.210(12).

## COUNT FIVE

**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

18. By its conduct as alleged herein, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

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## COUNT SIX

**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

19. By its conduct as alleged herein, Respondent has performed its duties as the holder of a wholesaler license in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this Respondent.

Signed this 7th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SAFE CHAIN SOLUTIONS, LLC,**<br>**Wholesaler License No. WH02131,**<br><br>**Respondent.** | **Case No. 24-356-WH-O**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

**TeamBC@Pharmacy.nv.gov** **and** **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of OCTOBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SAFE CHAIN SOLUTIONS, LLC,**<br>**Wholesaler License No. WH02131,**<br><br>**Respondent.** | **Case No. 24-356-WH-O**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

**AUTHORIZED REPRESENTATIVE FOR SAFE CHAIN SOLUTIONS, LLC**

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of October 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Safe Chain Solutions
822 Chesapeake Drive
Cambridge, Maryland 21613

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-341-2021
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlawyers.com

Attorney for Respondent Safe Chain Solutions, LLC

FILED
DEC 30 2024
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**SAFE CHAIN SOLUTIONS, LLC,**<br>**Wholesaler License No. WH02131**<br>**Respondent.** | **CASE NOS. 24-356-WH0**<br>**RESPONDENT'S AMENDED ANSWER AND NOTICE OF DEFENSE** |

Respondent Safe Chain Solutions, LLC, by and through its counsel William J. Stilling, of and for Stilling & Harrison, PLLC, files this Amended Answer and Notice of Defense.

## REQUEST FOR HEARING

Respondent requests a hearing on the Notice.

## RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondent admits, denies, and alleges as follows. Each reference to a "paragraph" is reference to a paragraph in the Notice.

## JURISDICTION

1. Respondent admits the allegations in paragraph 1. Safe Chain is a wholesale pharmaceutical distributor established in 2011 with its headquarters in Cambridge, MD. Safe

Chain provides a wide range of pharmaceuticals and health care products to a diverse network of healthcare facilities nationwide including hospitals, clinics, and surgical centers.

## FACTUAL ALLEGATIONS

2. Respondent denies the allegations in paragraph 2.

3. Respondent denies the allegations in paragraph 3. Respondent has never falsified any documents and more specifically has never falsified any documents for products shipped into Nevada.

4. Respondent admits that the FDA issued a warning letter on June 8, 2023, and that the document speaks for itself. Respondent does not admit to observations and statements in the warning letter. A warning letter is not a final action and the assertions in a warning letter are not legally binding conclusions. On June 23, 2023, Safe Chain filed a response to the FDA Warning Letter providing an explanation for each of the observations. Fifteen months later, from September 9 through 11, 2024, the FDA inspected Safe Chain's Maryland facility with a focus on Safe Chain's compliance with the observations raised in the Warning Letter and particularly with verification of trading partners and procedures related to identification of suspect or illegitimate products. At the end of the inspection, the FDA did not communicate any observations of violations to Safe Chain personnel and did not issue an FDA 483 Form.[1] In a conversation between Safe Chain and FDA personnel, FDA personnel explained that it would be issuing a close-out letter. A close-out letter may issue when, based on FDA's evaluation, a company has taken corrective action to address the observations or alleged violations contained in a warning letter.

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[1] An FDA Form 483 is issued to firm management at the conclusion of an inspection when an investigator(s) has observed any conditions that in their judgment may constitute violations of the Food Drug and Cosmetic (FD&C) Act and related Acts. *See* FDA Form 483 Frequently Asked Questions at https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/inspection-references/fda-form-483-frequently-asked-questions.

5. Without admitting to the statements in the September 30, 2024, Cease & Desist letter, Respondent admits the allegations in paragraph 5. Respondent had previously ceased shipping all Gilead Sciences, Inc. ("Gilead") products as of July 2021. Respondent remains in compliance with the Cease & Desist letter.

## APPLICABLE LAW

6. Paragraph 6 is a statement of law and is not susceptible to admission or denial.

7. Paragraph 7 is a statement of law and is not susceptible to admission or denial.

8. Paragraph 8 is a statement of law and is not susceptible to admission or denial.

9. Paragraph 9 is a statement of law and is not susceptible to admission or denial.

10. Paragraph 10 is a statement of law and is not susceptible to admission or denial.

11. Paragraph 11 is a statement of law and is not susceptible to admission or denial.

12. Paragraph 12 is a statement of law and is not susceptible to admission or denial.

13. Paragraph 13 is a statement of law and is not susceptible to admission or denial.

## COUNT ONE
**Violation of Federal Law - Sale/Distribution of Counterfeit Drugs**

14. Respondent denies the allegations in paragraph 14.

## COUNT TWO
**Violation of State Law - Sale/Distribution of Counterfeit Drugs**

15. Respondent denies the allegations in paragraph 15.

## COUNT THREE
**Violation of Federal Law - Falsification of Records**

16. Respondent denies the allegations in paragraph 16.

## COUNT FOUR
**Violation of State Law - Falsification of Records**

17. Respondent denies the allegations in paragraph 17.

## COUNT FIVE
**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

18. Respondent denies the allegations in paragraph 18.

## COUNT SIX
**Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties**

19. Respondent denies the allegations in paragraph 19.

## OTHER DEFENSES

20. Counts 1 through 6 fail to state a claim upon which relief can be granted.

21. Any cause of action based on allegations of violations of the Food Drug and Cosmetic Act are barred under 21 USC 337(a), which requires "all . . . proceedings for the enforcement, or to restrain violations, of this chapter [Chapter 19] shall be by and in the name of the United States."[2] The FDA has never filed any enforcement action against Safe Chain. Rather, the FDA inspected Safe Chain's Maryland facility September 9 through 11, 2024 with a focus on compliance with provisions of the Food Drug and Cosmetic Act sections referenced in paragraph 4 of the Notice and the FDA did not inform Safe Chain of any observations of violations via an FDA Form 483 or otherwise. Moreover, Nevada has never conducted an inspection of Safe Chain's facility.

22. The Notice fails to plead the specific acts of fraud or deceit with the specificity necessary to defend the allegations.

## RESERVATION OF RIGHTS

23. Respondent reserves the right to assert other factual, legal, and equitable defenses.

24. Respondent reserves the right to amend this Answer.

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[2] Chapter 19 of the FDCA contains the laws governing food (Subchapter IV), drugs and devices (Subchapter V), and cosmetics (Subchapter VI). 21 U.S.C. § 337(b) provides exceptions under which a State may bring proceedings in its own name for civil enforcement of certain provisions of Chapter 19, Subchapter IV that govern foods.

## OTHER

25. To the extent Respondent has not expressly admitted a factual allegation, it denies all such allegations.

## PRAYER FOR RELIEF

26. That the Board dismiss all Causes of Acton in the Notice or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on the Respondent.

27. That the Board provide further relief to Respondent as it finds just and proper.

DATED this 30th day of December 2024.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Safe Chain Solutions, LLC

## CERTIFICATE OF SERVICE

I hereby certify that on December 30, 2024, I caused to be served a true and correct copy of the foregoing **AMENDED ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
Nevada State Board of Pharmacy
(bkandt@pharmacy.nv.gov)

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail



FILED
NOV 27 2024
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-341-2021
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlawyers.com

Attorney for Respondent Safe Chain Solutions, LLC

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SAFE CHAIN SOLUTIONS, LLC,**<br>**Wholesaler License No. WH02131**<br><br>**Respondent.** | **CASE NOS. 24-356-WH0)**<br><br>**RESPONDENT'S ANSWER AND NOTICE OF DEFENSE** |

Respondent Safe Chain Solutions, LLC, by and through its counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answers and provides notice of its defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declares as follows.

## REQUEST FOR HEARING

Respondent requests a hearing on the Notice.

## RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondent admits, denies, and alleges as follows. Each reference to a "paragraph" is reference to a paragraph in the Notice.

## JURISDICTION

1. Respondent admits the allegations in paragraph 1.

## FACTUAL ALLEGATIONS

2. Respondent denies the allegations in paragraph 2.

3. Respondent denies the allegations in paragraph 3.

4. Respondent admits that the FDA issued a warning letter on June 8, 2023, and that the document speaks for itself. Respondent does not admit to observations and statements in the warning letter.

5. Without admitting to the statements in the September 30, 2024, Cease & Desist letter, Respondent admits the allegations in paragraph 5. Respondent had previously ceased shipping all Gilead Sciences, Inc. ("Gilead") products as of July 2021. Respondent remains in compliance with the Cease & Desist letter.

## APPLICABLE LAW

6. Paragraph 6 is a statement of law and is not susceptible to admission or denial.

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## COUNT ONE
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14. Respondent denies the allegations in paragraph 14.

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**COUNT TWO**
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**Violation of Federal Law - Falsification of Records**

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**Violation of State Law - Falsification of Records**

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**COUNT FIVE**
**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

19. Respondent denies the allegations in paragraph 18.

**COUNT SIX**
**Unprofessional Conduct-Incompetent, Unskillfnl or Negligent Performance of Duties**

20. Respondent denies the allegations in paragraph 19.

**OTHER DEFENSES**

21. Counts 1 through 6 fail to state a claim upon which relief can be granted.

22. The factual allegations in the Notice are incomplete and create an impression of wrongdoing by Respondent. Respondent will provide evidence at a hearing that demonstrates Respondent did not engage in wrongdoing. Respondent will also provide evidence that from September 9 through 11, 2024, FDA inspected Respondent's facility in Maryland and that the FDA verbally communicated to Respondent's personnel that based on the inspection the FDA intends to close its case regarding Respondent.

**RESERVATION OF RIGHTS**

23. Respondent reserves the right to assert other factual, legal, and equitable defenses.

24. Respondent reserves the right to amend this Answer.

## OTHER

25. To the extent Respondent has not expressly admitted a factual allegation, it denies all such allegations.

## PRAYER FOR RELIEF

26. That the Board dismiss all Causes of Acton in the Notice or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

27. That the Board provide further relief to Respondent as it finds just and proper.

DATED this 27th day of November 2024.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents

## CERTIFICATE OF SERVICE

I hereby certify that on November 27, 2024, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
Nevada State Board of Pharmacy
(bkandt@pharmacy.nv.gov)

- ☐ U.S. Mail postage prepaid
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- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
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- ☑ Electronic Mail



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# 6A

FILED
JAN 11 2025
NEVADA STATE BOARD
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**RXEED,**<br>**Respondent.** | **Case No. 24-118-WH-O**<br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about October 10, 2024, an Order to Cease-and-Desist/Citation and Fine was served upon Respondent Rxeed, alleging violations of Nevada law as set forth herein.

## FACTUAL ALLEGATIONS

1. On or about April 10, 2024, during an annual inspection of First Choice Pharmacy, License No. PH04395, located in Las Vegas, a Board Inspector found supplier invoices and shipping confirmations demonstrating that Rxeed is soliciting and brokering the sales of prescription drug products between pharmacies in Nevada.

2. Rxeed, located in Illinois, is not licensed to engage in business as a wholesaler in Nevada.

3. Rxeed's website, located at www.rxeed.com, represents in pertinent part that:

> Rxeed is a secure online marketplace that brings together independent pharmacies, healthcare providers, and drug wholesalers. . . . Our platform provides a DSCSA compliant method for buying and selling small quantities of non-controlled, non-expired, FDA-approved prescription medications. We also offer a discounted wholesale marketplace . . .

4. On or about November 10, 2024, Rxeed appealed the Citation and Fine and requested a hearing before the Board.

## APPLICABLE LAW

5. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(3); NRS 639.233(1).

6. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

7. A person is "engaged in the business of furnishing" if the person solicits or accepts orders for drugs or devices whose sale in this State are restricted by chapters 453, 454 and/or 639 of the Nevada Revised Statutes. NRS 639.233(2).

8. "Wholesaler" means a wholesale distributor as defined by 21 CFR § 205.3(g), including brokers. NRS 639.016.

9. Wholesalers are subject to the licensing requirements specified in NRS 639.500, NRS 639.505, and NAC 639.593-5938, *inclusive*. Licensing of wholesalers is also subject to the requirements of federal law. 21 U.S.C. § 353(e)(1)(A); 21 CFR Part 205.

10. Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

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## COUNT ONE

**Violation of Federal and State Law – Unlicensed Wholesale Distribution**

11. By soliciting and brokering the sales of prescription drug products between pharmacies in Nevada, Rxeed violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100(1), NRS 639.233(1) and/or 21 U.S.C. § 353(e)(1)(A) and 21 CFR Part 205.

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

**The Board has scheduled your hearing on this matter for Wednesday, March 5, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.**

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and

present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 14th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of January 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

RXEED
10062 190th Place, Ste 205
Moken IL 60448

RXEED
9426 Corsair Road
Frankfort, IL 60423

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

JOE LOMBARDO
Governor

HELEN PARK
*President*

J. DAVID WUEST
*Executive Secretary*

STATE OF NEVADA
BOARD OF PHARMACY
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 10, 2024

**VIA CERTIFIED U.S. MAIL**

Rxeed
10062 190th Place Ste 205
Mokena, IL 60448

Rxeed
9426 Corsair Road
Frankfort, IL 60423

***Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-118-WH-O)***

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that Rxeed is engaged in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State without a license to engage in business as a wholesaler. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233 and NAC 639.593.

Rxeed is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity.

The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3). Rxeed must pay this administrative fine within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Rxeed has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

Tele: 775-850-1440 • Fax: 775-850-1444 • Web: bop.nv.gov
• E-mail: pharmacy@pharmacy.nv.gov

FILED
NOV 11 2024
NEVADA STATE BOARD
OF PHARMACY

November 10, 2024

**State of Nevada Board of Pharmacy**
**985 Damonte Ranch Pkwy, Suite 206**
**Reno, NV 89521**
By Email: pharmacy@pharmacy.nv.gov
By FedEx:779839198886

**Re: Case No. 24-118-WH-O; Cease & Desist Order**
**NOTICE OF APPEAL AND REQUEST FOR HEARING**

Dear Board Members

Rxeed is in receipt of your October 10, 2024 letter where the State of Nevada Board of Pharmacy ("Board") issued a cease and desist order, and assessed Rxeed a fine of $5000 for allegedly violating NRS 639.100 (penalty for operating without wholesaler license), NRS 639.233 (definition of business of furnishing prescription drugs) and NAC 639.593 (Licensing Requirements for Wholesalers). A copy of this letter is attached herewith for reference.

The Board alleges that Rxeed engaged in the business of a "wholesaler" without any fact finding, and without affording Rxeed minimal due process to respond. The Board concluded without citing any facts that Rxeed engaged in the business of "soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State." Rxeed respectfully disagrees with your decision and hereby appeals the assessment and erroneous findings and intends to address in detail on appeal the below arguments.

**A. Rxeed is not a "Wholesaler" and therefore is not liable under NRS 639.100.**

NRS 639.233 (Definition of Wholesaler"

Rxeed is not a "wholesaler." NRS 649.233(1) requires any person or entity that engages in the business of "wholesale distribution of drugs "that are restricted by federal law. NRS 649.233(2)(a) and (b) defines a person engaged in the "business of furnishing" if the person (a) solicits or accepts orders for drugs or devices or (b) receives, stores or ships such drugs or devices. See NRS 649.233(2)(a) and (b).

Rxeed is an online platform that enables one pharmacy to sell to another pharmacy needed prescriptions under the Drug Supply Chain Safety Act's dispenser to dispenser exception. At no point does Rxeed "solicit" or "broker" the purchase or sale of any prescription drugs. To the contrary, it is the pharmacy desiring to sell a prescription drug to another pharmacy that controls the solicitation, brokering, shipping, and delivery of its prescription drugs. Rxeed has no warehouse or shipping facilities.

Therefore, only the dispenser pharmacy solicits and accepts orders for drugs. Rxeed does not accept and fill orders for drugs. Rxeed does not purchase drugs period from any source period. Rxeed

does not store prescription drugs and/or devices for sale on consignment. It is unclear how the Board arrived at this sweeping conclusion. Rxeed intends to address these issues on appeal.

**B. Due Process Requirements.**

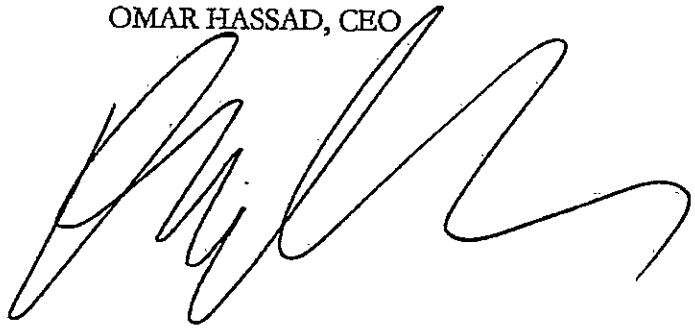
Rxeed respectfully submits that the assessed $5,000 fine without hearing is a violation of its due process rights under NRS 233.B121. Clearly, this is a contested case under NRS 233.B121, which provides that "in all contested case, all parties must be afforded any opportunity for hearing after reasonable notice."

It is unclear why the Board assessed a fine and swiftly concluded that there was a violation of NRS 649.100 without ever providing Rxeed with notice of its intent to issue a cease and desist, along with a fine of $5,000. Because Rxeed is clearly entitled to a hearing (prior to the fine assessment), we respectfully appeal the October 10, 2024, decision, and request a hearing.

We look forward to a fair hearing on the appeal of the Board's fine and order. I can be reached directly at Omar@rxeed.com to address any concerns the Board may have.

Sincerely,

OMAR HASSAD, CEO



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# 7A

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

**Non-Refundable $500 fee**

Rev (05/12/2022)

| | | |
|---|---|---|
| **Where is the facility located?** | ☑ Nevada | ☐ Out-of-State |
| **[a]Is the business also a wholesaler? (NRS 639.016)** | ☐ Yes | ☑ No |

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| **Type of Application (check applicable box)** | | **MDEG Business Type (check applicable box)** |
|---|---|---|
| ☑ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☐ Ownership Change* | | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | M _____ | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

## Section 1: General Information

Facility Name: Empowering Management Group of Georgia

MDEG Physical Address: 2465 Reynolds Ave, Suite 201

City: North Las Vegas State: NV Zip: 89030

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 404-852-1333 Website: Empowermedicalsupplies.com

Email: empoweringmanagement@outlook.com

Name of MDEG Administrator (NAC 639.694): _____

| **Entities the MDEG will Serve** | **Type of MDEG products that will be sold (check all applicable)** |
|---|---|
| ☑ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ☐ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☑ Assistive Equipment |
| ☐ Wholesalers[a] | ☑ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☐ Orthotics and Prosthetics |
| | ☐ Others: |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: AA MEDICAL SUPPLY |
| | Telephone: 702-368-4477 |



3023

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: BY APPT | ■ Tue: BY APPT | ■ Wed: BY APPT | ■ Thurs: BY APPT | ■ Fri: BY APPT |
| ☐ Sat: CLOSED | ☐ Sun: CLOSED | ☐ Holidays: CLOSED | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |
| **If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.** | | |

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| |
| N/A |
| |
| |

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: N/A _____ Credentials: _____ %: _____

Name: N/A _____ Credentials: _____ %: _____

Name: N/A _____ Credentials: _____ %: _____

Name: N/A _____ Credentials: _____ %: _____

Name: N/A _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Empowering Management of Georgia

Mailing Address: 2465 Reynolds Ave Suite 201

City: North Las Vegas State: NV Zip: 89030

Telephone: 404-852-1333 Email: empoweringmanagement@outlook.com

Contact Person Name: Evangeline Bess

## Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

## Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List of all general and limited partner names and their percent ownership (NAC 639.6942).** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Evangeline Bess

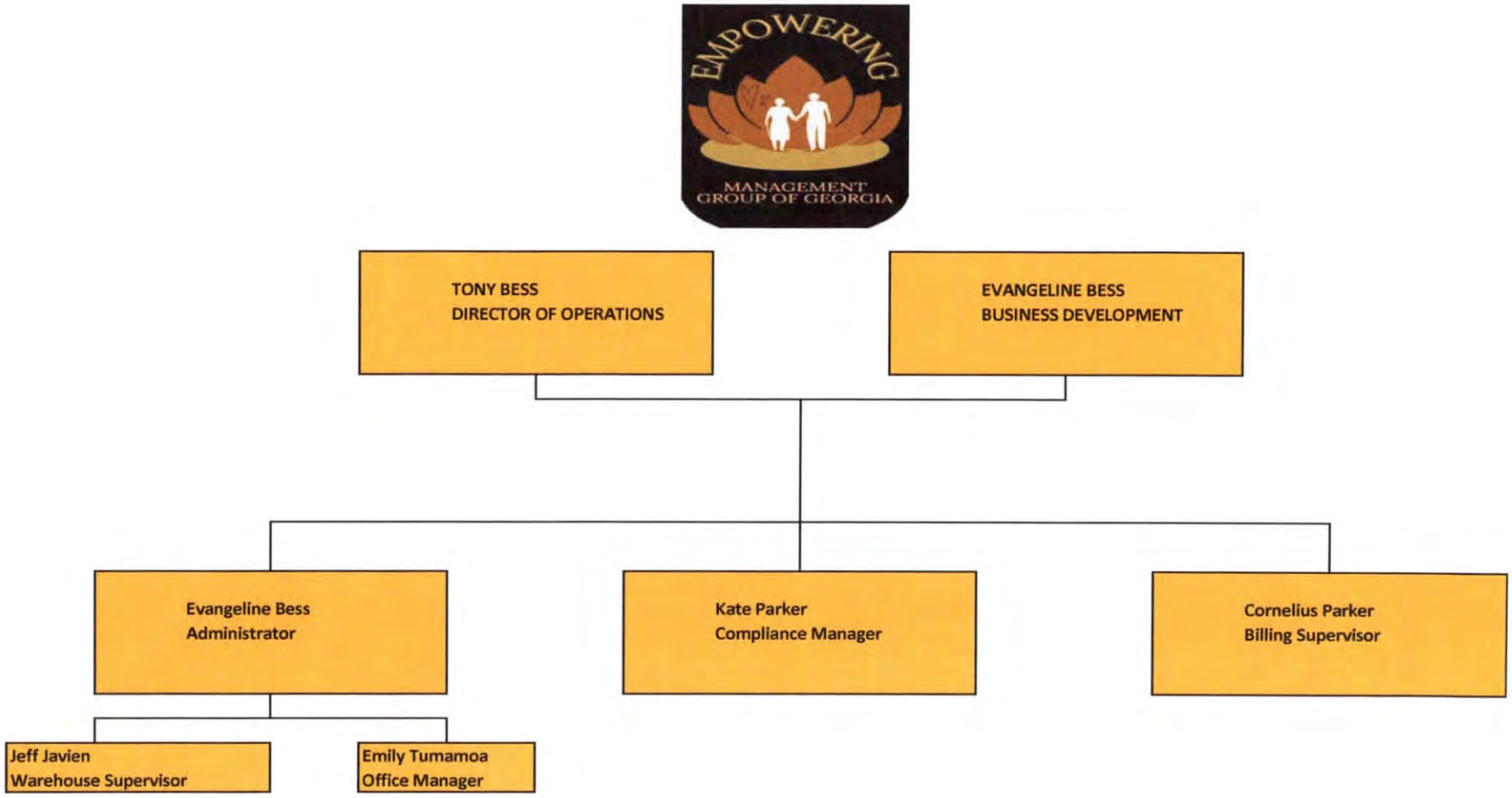
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2024

Date

| Board Use Only | Date Received: 11/25/24 | Amount: $500.00 |
|---|---|---|


EMPOWERING
MANAGEMENT GROUP OF GEORGIA
TONY BESS
DIRECTOR OF OPERATIONS
EVANGELINE BESS
BUSINESS DEVELOPMENT
Evangeline Bess
Administrator
Kate Parker
Compliance Manager
Cornelius Parker
Billing Supervisor
Jeff Javien
Warehouse Supervisor
Emily Tumamoa
Office Manager

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Initial List and State Business License Application - Continued

**Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE President:

| Name | Country |
|---|---|
| Evangeline Bess | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030 |

CORPORATION, INDICATE THE Secretary:

| Name | Country |
|---|---|
| Kate Parker | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030 |

CORPORATION, INDICATE THE Director:

| Name | Country |
|---|---|
| Kerry Washington | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030 |

CORPORATION, INDICATE THE Treasurer:

| Name | Country |
|---|---|
| Evangeline Bess | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 2465 Reynolds Ave Suite 201 | North Las Vegas, NV | NV | 89135 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.**

**X KATE PARKER**
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

| Title | Date |
|---|---|
| Secretary | 11/01/2024 |

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

| Filed in the Office of | Business Number |
|---|---|
| FVAguilar | E44438612024-5 |
| | Filing Number |
| | 20244443860 |
| Secretary of State | Filed On |
| State Of Nevada | 11/01/2024 12:21:33 PM |
| | Number of Pages |
| | 3 |

# Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Domestic Corporation
☐ NRS 80 - Foreign Corporation
☐ NRS 89 - Articles of Incorporation Professional Corporation
☐ NRS 80 - Foreign Corporation Professional Corporation

## ☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

**Articles of Formation of** _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

**1. Name of Entity:** (If foreign, name in home jurisdiction)

Empowering Management Group

**2. Registered Agent for Service of Process:** (Check only one box)

☐ Commercial Registered Agent (name only below)
☑ Noncommercial Registered Agent (name and address below)
☐ Office or position with Entity (title and address below)

CORNELIUS DZAMESI
Name of Registered Agent **OR** Title of Office or Position with Entity

[redacted] Las Vegas Nevada [redacted]
Street Address City Zip Code

[redacted] LAS VEGAS Nevada [redacted]
Mailing Address (If different from street address) City Zip Code

**2a. Certificate of Acceptance of Appointment of Registered Agent:**

*I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.*

X Kate Parker 11/01/2024
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

**3. Governing Board:** (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☑ No

**4. Names and Addresses of the Board of Directors/ Trustees or Stockholders**

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Evangeline Bess
Name
2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030
Address | City | State | Zip Code

2) Kate Parker
Name
2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030
Address | City | State | Zip Code

3) Kerry Washington
Name
2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030
Address | City | State | Zip Code

**5. Jurisdiction of Incorporation:** (NRS 80 only)

**5a.** Jurisdiction of incorporation:

**5b.** I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Formation - profit Corporation

Continued, Page 2

**6. Benefit Corporation:**
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting Yes you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☑

**7. Purpose/Profession to be practiced:**
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

**Empowering Management is a one stop Mobility equipment store**

**8. Authorized Shares:**
(Number of shares corporation is authorized to issue)

Please indicate the break down of all corporate shares and the par value.

Number of Authorized shares with Par value: 100.0 Par value: $ 100

Number of common shares with Par value: 0 Par value: $ 0

Number of preferred shares with Par value: 0 Par value: $ 0

Number of shares with no par value: 0

**Foreign Corporations, NRS 80 only:**

☐ This is a corporation is a unlimited stock corporation

☐ This is a corporation is a non-stock corporation.

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

**9. Name and Signature of: Officer making the statement or Authorized Signer** for NRS 80.
**Name, Address and Signature of the Incorporator** for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

| KATE PARKER | | | United States |
|---|---|---|---|
| Name | | | Country |
| 2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89102 |
| Address | City | State | Zip/Postal Code |

X KATE PARKER (attach additional page if necessary)

| Evangeline Bess | | | United States |
|---|---|---|---|
| Name | | | Country |
| 2465 Reynolds Ave Suite 201 | North Las Vegas | NV | 89030 |
| Address | City | State | Zip/Postal Code |

X Evangeline Bess (attach additional page if necessary)

## AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

**Please include any required or optional information in space below:**
(attach additional page(s) if necessary)

SECRETARY OF STATE

STATE OF NEVADA

# DOMESTIC CORPORATION (78) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Empowering Management Group** did, on 11/01/2024, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/01/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202411015157575
You may verify this certificate
online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**Empowering Management Group**

**Nevada Business Identification # NV20243230143**
**Expiration Date: 11/30/2025**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/01/2024.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202411015157576
You may verify this certificate online at https://www.nvsilverflume.gov/home

**FRANCISCO V. AGUILAR**
*Secretary of State*

**DEPUTY BAKKEDAHL**
*Deputy Secretary for Commercial Recordings*

**STATE OF NEVADA**

**OFFICE OF THE SECRETARY OF STATE**

*Commercial Recordings & Notary Division*
*401 N. Carson Street*
*Carson City, NV 89701*
*Telephone (775) 684-5708*
*Fax (775) 684-7141*

*North Las Vegas City Hall*
*2250 Las Vegas Blvd North, Suite 400*
*North Las Vegas, NV 89030*
*Telephone (702) 486-2880*
*Fax (702) 486-2888*

CORNELIUS DZAMESI
[redacted]
Las Vegas, NV [redacted] USA

**Work Order #:** W2024110101183
November 1, 2024
Receipt Version: 1

**Special Handling Instructions:**

**Submitter ID:** 255734

**Charges**

| Description | Fee Description | Filing Number | Filing Date/Time | Filing Status | Qty | Price | Amount |
|---|---|---|---|---|---|---|---|
| Articles of Incorporation-For-Profit<br>• 100@100 Authorized = $10,000.00<br>• # Of No Par Values Shares 0<br>• Authorized Value $10,000.00 | Fees | 20244443860 | 11/1/2024 12:21:33 PM | InternalReview | 1 | $75.00 | $75.00 |
| Initial List | Fees | 20244443862 | 11/1/2024 12:21:33 PM | InternalReview | 1 | $150.00 | $150.00 |
| Initial List | Business License Fee | 20244443862 | 11/1/2024 12:21:33 PM | InternalReview | 1 | $500.00 | $500.00 |
| Total | | | | | | | $725.00 |

**Payments**

| Type | Description | Payment Status | Amount |
|---|---|---|---|
| Credit Card | 7304888802276256103084 | Success | $725.00 |
| Credit Card | Service Fee | Success | $18.13 |
| Total | | | $743.13 |

**Credit Balance:** $0.00

CORNELIUS DZAMESI
[redacted]
Las Vegas, NV [redacted] USA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/07/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**

Next First Insurance Agency, Inc.
PO Box 60787
Palo Alto, CA 94306

CONTACT NAME:
PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No):
E-MAIL ADDRESS: support@nextinsurance.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : State National Insurance Company, Inc. | 12831 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**

Empowering Management Group of Georgia
2465 Reynolds Ave Ste 201
North Las Vegas, NV 89030

**COVERAGES** **CERTIFICATE NUMBER:** 774677117 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | | | NXTLW7PPDP-00-GL | 11/07/2024 | 11/07/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $1,000,000.00<br>$100,000.00<br>$15,000.00<br>$1,000,000.00<br>$2,000,000.00<br>$2,000,000.00 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $<br>$<br>$<br>$<br>$ |
| | UMBRELLA LIAB [ ] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE<br>$ | $<br>$<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | [ ] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

**CERTIFICATE HOLDER**

Empowering Management Group of Georgia
2465 Reynolds Ave Ste 201
North Las Vegas, NV 89030

LIVE CERTIFICATE
Click or scan to view

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Surety Group**
801 S. Figueroa Street, Suite 700
Los Angeles, CA 90017, USA

Bond No.: [redacted]
Premium: $2,500.00
Effective Date: November 4, 2024

**Surety Bond**
**Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies**
**Medicare Program**

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond,

NPI: [redacted] TIN: [redacted] PTAN: _____

EMPOWERING MANAGEMENT GROUP OF GEORGIA DBA EMPOWERING MANAGEMENT GROUP OF LAS VEGAS

2465 REYNOLDS AVE 201 NORTH LAS VEGAS, NV, 89030

NPI: _____ TIN: _____ PTAN: _____

NPI: _____ TIN: _____ PTAN: _____

NPI: _____ TIN: _____ PTAN: _____

as Principal, and AMERICAN CONTRACTORS INDEMNITY COMPANY, a corporation organized and existing under the laws of California, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services ("CMS"), as Obligee, in the Penal Sum of Fifty thousand and 00/100 Dollars ($ $50,000.00 ) for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during

the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after 11/4/2024.

2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.
3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.
4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.
5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.
6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to the Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation or expiration is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.
7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 8th day of November, 2024.

**Principal (s):**

EMPOWERING MANAGEMENT GROUP OF GEORGIA DBA EMPOWERING MANAGEMENT GROUP OF LAS VEGAS

By: _____ By: _____

By: _____ By: _____

**Surety:**

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
JOSHUA KAYSER , Attorney In Fact

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

Surety: AMERICAN CONTRACTORS INDEMNITY COMPANY
NAIC: [redacted]
Tax ID: [redacted]
Address: [redacted]

Phone Number: [redacted]

TOKIO MARINE HCC

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

## JOSHUA KAYSER

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number [redacted], issued in the course of its business and to bind the Company thereby, in an amount not to exceed Fifty thousand and 00/100 ( $50,000.00 ).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

*"Be it Resolved,* that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved,* that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 18th day of April, 2022.

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2398710
My Comm. Expires Apr 23, 2026

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 8th day of November, 2024.

Bond No. [redacted]
Agency No. 13266

Kio Lo, Assistant Secretary

The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

# Product Category Addendum

The Compliance Team accredited the following Product Categories for

**Empowering Management Group of Georgia**
2465 Reynolds Ave Ste 201 North Las Vegas, NV 89030

**November 11, 2024**
DM05 Blood Glucose Monitors and Supplies (non-mail order)
DM06 Blood Glucose Monitors and Supplies (mail order)
DM09 Hospital Beds-Electric
DM10 Hospital Beds-Manual
DM20 Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads - New
DM26 Support Surfaces:Pressure Reducing Beds/Mattresses/Overlays/Pads - Used
M01 Canes and Crutches
M02 Patient Lifts
M03 Power Operated Vehicles (Scooters)
M04 Seat Lift Mechanisms
M05 Walkers
M06 Wheelchairs-Standard Manual
M06A Manual Related Accessories
M07 Wheelchairs - Standard Power
M07A Power Related Accessories
M10 Wheelchair Seating/Cushions
PD09 Urological Supplies
PE03 Enteral Nutrients
PE04 Enteral Equipment and/or Supplies
S01 Surgical Dressings

**Other Accredited Products & Services**
Incontinence supplies

# Certificate of Accreditation

# Exemplary Provider® Award

Granted To

*Empowering Management Group of Georgia*

2465 Reynolds Ave Ste 201 North Las Vegas, NV 89030

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

***Safety • Honesty • Caring®***

Accreditation Quality Standards

## DMEPOS

EXPIRATION DATE: FEBRUARY 11, 2025

Founder & CEO, The Compliance Team, Inc.

037038

November 11, 2024

Date

DMEPOS

PHARMACY

RURAL HEALTH

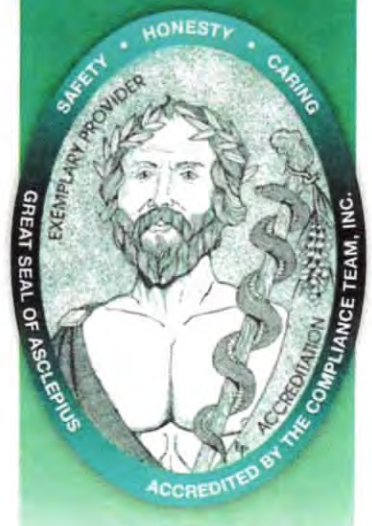
PATIENT-CENTERED MEDICAL HOME

CLINIC

PHYSICIAN

INFUSION

OCULARIST




The Promise of
HEALTHCARE
EXCELLENCE

33%

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Empowering Management Group

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 2465 Reynolds Ave Suite 201

City: North Las Vegas State: NV Zip: 89030

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 404-852-1333 Website: www.empoweringmedical supplies.com

Licensing Company Email: empoweringmanagement@outlook.com

**Section 2: Personal Information**

First: Tony Middle: Fecellow Last: Bess

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Powder Springs State: GA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Canton High Scholl | | 08/98 - 05/02 | |
| **Address** | **City** | **State** | **Zip** |
| 634 Finney Road | Canton | MS | 39046 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Hinds Community College | | 08/02 - 05/03 | |
| **Address** | **City** | **State** | **Zip** |
| 501 E Main St | Raymond | MS | 39154 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/17 - Present | [redacted] | Powder Springs | GA | [redacted] |
| 05/16 - 2/17 | [redacted] | Pensacola | FL | |
| 05/14 - 5/16 | [redacted] | Cordova | TN | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Empowering Healthcare Serives | | | 4/24 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 5778 Wembley Drive | Douglasville | GA | 30135 |
| **Phone** | **Title** | | |
| 770-701-9590 | Financial Officer | | |
| **Description of Duties** | | | |
| All financial duties/ Profit & Loss. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Redi Carpet | | | 2/21 - 4/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 4005 Royal Drive Ste 400 | Kennesaw | GA | 30144 |
| **Phone** | **Title** | | |
| 7704259727 | General Manager | | |
| **Description of Duties** | | | |
| In charge of all sales and operational duties. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Sherwin Williams | | | 9/25 - 2/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 6513 Warren Drive NW | Norcross | GA | 30093 |
| **Phone** | **Title** | | |
| 770-446-6056 | Branch Manager | | |
| **Description of Duties** | | | |
| In charge of all daily operations. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

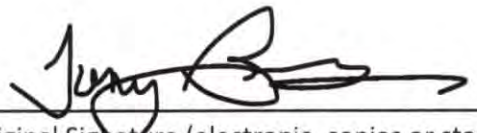
| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A



Original Signature (electronic, copies or stamps not accepted)

11/08/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Tony Bess

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Georgia, ss. County of Cobb

I, Tony Bess, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/19/2024

**Date**

Subscribed and Sworn to before me this 19th day of November 2024

**Notary Public Signature**

INDYA BUSSEY
NOTARY PUBLIC
COBB COUNTY, GA
Exp. Sep. 8, 2025

**(Seal)**

3/3 1.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Empowering Management Group

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable)

Physical Address 2465 Reynolds Ave Suite 201

City N. Las Vegas State NV Zip 89030

Mailing Address (if different from physical address)

City State Zip

Telephone 4048521333 Website empoweringmedicalsupplies.com

Licensing Company Email Empoweringmanagement@outlook.com

**Section 2: Personal Information**

First Kerry Middle Len Last Washington

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Douglasville State GA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Eastern Kentucky University | | 93-96 | |
| **Address** | **City** | **State** | **Zip** |
| 521 Lancaster Ave, | Richmond | KY | 40475 |
| **Diploma/Degree obtained, if any** | | | |
| Yes | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Henry Clay High | | 1992 - 1997 | |
| **Address** | **City** | **State** | **Zip** |
| 2100 Fontaine Rd | Lexington | KY | 40502 |
| **Diploma/Degree obtained, if any** | | | |
| Yes | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/16 - Present | [redacted] | Dawsonville | GA | [redacted] |
| 12-14 - 12-16 | [redacted] | Dawsonville | GA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Empowering Health Care Services | | | 8/21 | present |
| **Business Address** | **City** | **State** | **Zip** | |
| 5778 Wembley Dr | Pavo-ka ville | GA | 30135 | |
| **Phone** | **Title** | | | |
| 404-734-9637 | owner | | | |
| **Description of Duties** | | | | |
| Sales marketing | | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| **Business Address** | **City** | **State** | **Zip** |
| **Phone** | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| **Business Address** | **City** | **State** | **Zip** |
| **Phone** | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| **Business Address** | **City** | **State** | **Zip** |
| **Phone** | **Title** | | |
| **Description of Duties** | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| **Business Address** | **City** | **State** | **Zip** |
| **Phone** | **Title** | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Ken Washington
Original Signature (electronic, copies or stamps not accepted)

11-18-2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kerry L. Washington
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Georgia, ss. County of Douglas

I, Kerry L. Washington, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/18/2024
**Date**

Subscribed and Sworn to before me this 18th day of November 2024

**Notary Public Signature**

PEDRO GUZMAN
NOTARY PUBLIC
DOUGLAS COUNTY, GEORGIA
MY COMMISSION EXPIRES MAY 08, 2027

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDE Empowering Management Group of Georgia MDEG License # (if applicable) _____

Physical Address 2465 Reynolds Ave

City North Las Vegas State NV Zip 89030

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 404-852-1333 Website empoweringmedicalsupplies.com

Licensing Company Email empoweringmanagement@outlook.com

**Section 2: Personal Information**

First Evangeline Middle _____ Last Bess

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| **Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)** | **Yes** | **No** |
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |

| | | |
|---|---|---|
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |



**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Silver Valley High School | | | From - To (MM/YY – MM/YY) |
| Address: 35484 Daggett-Yermo Rd | City: Yermo | State: CA | Zip: 92398 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name: Concorde Institute | | | From - To (MM/YY – MM/YY): 08/98 - 05/02 |
| Address: 201 E Airport Dr | City: San Bernardino | State: CA | Zip: 92408 |
| Diploma/Degree obtained, if any: Vocational nursing | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY) |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | | From - To (MM/YY – MM/YY |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY): 2023-current | Address: [redacted] | City: Las Vegas | State: NV | Zip: [redacted] |
| From - To (MM/YY – MM/YY): 2017-2023 | Address: [redacted] | City: Powder Springs | State: GA | Zip: [redacted] |
| From - To (MM/YY – MM/YY): 2016-2017 | Address: [redacted] | City: Pensacola | State: FL | Zip: [redacted] |
| From - To (MM/YY – MM/YY): 2013-2016 | Address: [redacted] | City: Las Vegas | State: NV | Zip: [redacted] |



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**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| | | | | |
|---|---|---|---|---|
| Business Name: Empowering Management Group of Georgia | | | From - To (MM/YY – MM/YY): 2024-current | |
| Business Address: 1314 Chattachochee suite C-1 | City: Atlanta | | State: GA | Zip: 30318 |
| Phone: 404-852-1333 | Title: Manager | | Number of Employed Hours: 40/week | |
| Description of Duties: Manage appointments: Work with providers to schedule appointments to optimize healthcare resources, reduce wait times, and ensure patients receive timely care<br>Order supplies: Take inventory of medical and office supplies and reorder as needed<br>Maintain records: Keep accurate records of the health facility or hospital, including medical records, schedules, and databases<br>Manage finances: Manage the budget and finances<br>Recruit and train staff: Recruit new staff and provide training<br>Other responsibilities of a medical administrator may include:<br>Providing clerical support to health professionals, doctors, and nurses Filing documents, Preparing reports, Handling billing Answering phones | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Homestead Hospice | | | From - To (MM/YY – MM/YY): 2017-2020 | |
| Business Address: 100 Market Pl Blvd | City: Cartersville | | State: GA | Zip: 30121 |
| Phone: 678-290-4817 | Title: Community Liasion | | Number of Employed Hours: 40/week | |
| Description of Duties: Educating the community: Present hospice services to the community, including patients, families, physicians, and facility staff<br>Building relationships: Develop and maintain relationships with referral sources, such as physician offices, assisted living facilities, and skilled nursing facilities<br>Conducting in-services: Host and attend educational luncheons and in-services to promote hospice services<br>Analyzing market trends: Analyze customer needs and market trends to inform sales strategies<br>Developing marketing plans: Develop, implement, and evaluate marketing and sales activities<br>Coordinating discharge planning: Coordinate and complete on-site discharge planning when needed<br>Promoting end-of-life care: Educate the audience on the importance of quality end-of-life care and the consequences of late referral to hospice | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Covenant Hospice | | | From - To (MM/YY – MM/YY): 2016-2017 | |
| Business Address: 5041 N 12Th Ave | City: Pensacola | | State: FL | Zip: 32504 |
| Phone: 850-470-9288 | Title: Account Manager | | Number of Employed Hours: 40/week | |
| Description of Duties: Educating the community: Present hospice services to the community, including patients, families, physicians, and facility staff<br>Building relationships: Develop and maintain relationships with referral sources, such as physician offices, assisted living facilities, and skilled nursing facilities<br>Conducting in-services: Host and attend educational luncheons and in-services to promote hospice services<br>Analyzing market trends: Analyze customer needs and market trends to inform sales strategies<br>Developing marketing plans: Develop, implement, and evaluate marketing and sales activities<br>Coordinating discharge planning: Coordinate and complete on-site discharge planning when needed<br>Promoting end-of-life care: Educate the audience on the importance of quality end-of-life care and the consequences of late referral to hospice | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Ozomor Medical Supplies | | | From - To (MM/YY – MM/YY): 2013-2016 | |
| Business Address: 4481 West Reno Ave | City: Las Vegas | | State: NV | Zip: 89118 |
| Phone: | Title: Operational Manager | | Number of Employed Hours: 40/week | |
| Description of Duties: Manage appointments: Work with providers to schedule appointments to optimize healthcare resources, reduce wait times, and ensure patients receive timely care<br>Order supplies: Take inventory of medical and office supplies and reorder as needed<br>Maintain records: Keep accurate records of the health facility or hospital, including medical records, schedules, and databases<br>Manage finances: Manage the budget and finances<br>Recruit and train staff: Recruit new staff and provide training<br>Other responsibilities of a medical administrator may include:<br>Providing clerical support to health professionals, doctors, and nurses Filing documents, Preparing reports, Handling billing Answering phones | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY): | |
| Business Address: | City: | | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

this page OR use a separate piece of paper if additional space is needed.

Make copies of

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>**

**This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | Lawsuit/Arbitration/Bankruptcy | | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

11/18/2024
Date

I, Evangeline Bess, certify that as the MDEG Administrator for Empowering Management Group of Georgia,

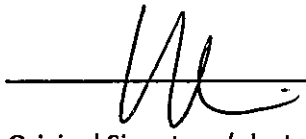
**that I (initial that you have read and meet the following requirements):**

1. eb Have a high school diploma or its equivalent;
2. eb Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. eb Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. eb Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Evangeline Bess

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

11/18/2024

Date

| Board Use Only | Date Received: _____ |
|---|---|

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Empowering Management Group of Georgia

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 2465 Reynolds Ave Suite 201

City: North Las Vegas State: NV Zip: 89030

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 404-852-1333 Website: empoweringmedicalsupplies.com

Licensing Company Email: empoweringmanagement@outlook.com

### Section 2: Personal Information

First: Evangeline Middle: _____ Last: Bess

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Powder Springs State: GA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Silver Valley High School | | From - To (MM/YY – MM/YY): 8/14-5/98 | |
| Address: 35484 Daggett-Yermo Rd. | City: Yermo | State: CA | Zip: 92398 |
| Diploma/Degree obtained, if any: Diploma | | | |
| School Name: Concorde Institute | | From - To (MM/YY – MM/YY): 08/14-5/98 | |
| Address: 201 E. Airport Drive | City: San Bernadino | State: CA | Zip: 92408 |
| Diploma/Degree obtained, if any: Vocational nursing | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2023-current | [redacted] | Las Vegas | NV. | [redacted] |
| 2017-2023 | [redacted] | Powder Spnngs | GA | |
| 2016-2017 | [redacted] | Penscala | FL | |
| 2013-2016 | [redacted] | Las Vegas | NV. | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Empowering Management Group of Georgia | | | 4/24 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 1314 Chattahochee Ste C1 | Atlanta | GA | 303018 |
| **Phone** | **Title** | | |
| 770-701-9590 | | | |

**Description of Duties**

. Manage appointments: Work with providers to schedule appointments to optimize healthcare resources, reduce wait times, and ensure patients receive timely care
Order supplies: Take inventory of medical and office supplies and reorder as needed

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Homestead | | | 2017 - 2020 |
| **Business Address** | **City** | **State** | **Zip** |
| 100 Market Place | Cartersville | GA | 30121 |
| **Phone** | **Title** | | |
| 6782904817 | Community Liason | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Covenant Hospice | | | 2016 - 2017 |
| **Business Address** | **City** | **State** | **Zip** |
| 50441 N 12th Street. | Pensacola | FL | 32504 |
| **Phone** | **Title** | | |
| 770-446-6056 | Branch Manager | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Ozomor Medical Supplies | | | 2013 - 2016 |
| **Business Address** | **City** | **State** | **Zip** |
| 4481 West Reno Ave | Las Vegas | NV | 89118 |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Manage appointments: Work with providers to schedule appointments to optimize healthcare resources, reduce wait times, and ensure patients receive timely care
Order supplies: Take inventory of medical and office supplies and reorder as needed

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

11/08/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Evangeline Bess

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2024

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Georgia, ss. County of Cobb

I, Evangeline Bess, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/19/2024

**Date**

Subscribed and Sworn to before me this 19th day of November 2024

**Notary Public Signature**

INDYA BUSSEY NOTARY PUBLIC Exp. Sep. 6, 2025 COBB COUNTY, GA

(Seal)

7B

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

**Where is the facility located?** ☑ Nevada ☐ Out-of-State

**[a]Is the business also a wholesaler? (NRS 639.016)** ☐ Yes ☑ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| **Type of Application (check applicable box)** | | **MDEG Business Type (check applicable box)** |
|---|---|---|
| ☑ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☐ Ownership Change* | | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | M _____ | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

## Section 1: General Information

Facility Name: Guardian DME LLC

MDEG Physical Address: 1750 S Rainbow Blvd Ste 20

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-258-0593 Website: _____

Email: guardiandme@gmail.com

Name of MDEG Administrator (NAC 639.694): Gevorg Khachoyan

| **Entities the MDEG will Serve** | **Type of MDEG products that will be sold (check all applicable)** |
|---|---|
| ☑ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ☐ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☑ Assistive Equipment |
| ☐ Wholesalers[a] | ☑ Diabetic Supplies |
| ☑ Other business entities (specify)[a]: Cash Purchases | ☑ Orthotics and Prosthetics |
| | ☑ Others: Incontinence Supplies |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: _____ |
| | Telephone: _____ |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 9:00am-5:00pm | ■ Tue: 9:00am-5:00pm | ■ Wed: 9:00am-5:00pm | ■ Thurs: 9:00am-5:00pr | ■ Fri: 9:00am-5:00pm |
| ☐ Sat: | ☐ Sun: | ■ Holidays: Closed | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |
| **If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.** | | |

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| N/A |
| |
| |
| |

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: November 18, 2024

Parent Company (if any): _____

Corporation/Organization Name: Guardian DME LLC

Mailing Address: 1750 S Rainbow Blvd Ste 20

City: Las Vegas State: NV Zip: 89146

Telephone: 702-258-0593 Email: guardiandme@gmail.com

Contact Person Name: Gevorg Khachoyan

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • List of all Officers and Directors. | ✓ | ✓ | | |
| • **List of all general and limited partner names and their percent ownership (NAC 639.6942).** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). *Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).*** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • ***Personal History Record Application** must be completed by each* shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Gevorg Khachoyan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/3/2025

Date

| Board Use Only | Date Received: 1/14/25 | Amount: $500-ck 1543422295 |
|---|---|---|

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

100%

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Guardian DME LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1750 S Rainbow Blvd Ste 20

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-258-0593 Website _____

Licensing Company Email guardiandme@gmail.com

### Section 2: Personal Information

First Gevorg Middle _____ Last Khachoyan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University Of Nevada Las Vegas | | 08/21 - 1/25 | |
| **Address** | **City** | **State** | **Zip** |
| 4505 S Maryland Pkwy | Las Vegas | NV | 89154 |
| Diploma/Degree obtained, if any | | | |
| Undergraduate | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| West Career and Technical Academy | | 08/17 - 05/21 | |
| **Address** | **City** | **State** | **Zip** |
| 11945 W Charleston Blvd | Las Vegas | NV | 89135 |
| Diploma/Degree obtained, if any | | | |
| Highschool Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/14-12/24 | [redacted] | Las Vegas | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Guardian DME LLC | | | 11/24-12/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 1750 S Rainbow Blvd Ste 20 | Las Vegas | NV | 89146 |
| **Phone** | **Title** | | |
| 702-258-0593 | Administrator | | |

Description of Duties
Managing and operating the office, patient care and assisting the patient with a correct medical product, patient follow up, and sales.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Modern Closets Design LLC | | | 6/23-10/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 2901 S Highland Dr. Ste 12A | Las Vegas | NV | 89109 |
| **Phone** | **Title** | | |
| 702-462-2458 | Sales | | |

Description of Duties
Cold calls, visiting client homes, and filing accounts payables.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Wellness Essentials Inc | | | 8/22-4/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 2672 N Buffalo Dr #100 | Las Vegas | NV | 89128 |
| **Phone** | **Title** | | |
| 702-462-2458 | Front Desk | | |

Description of Duties
Patient filing, sales, phone calls, and inventory

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

1/3/2025
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Gevorg Khachoyan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/2025

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Gevorg Khachoyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/3/2025

**Date**

Subscribed and Sworn to before me this 3 day of January 2025.

**Notary Public Signature**

State of Nevada County of Clark
The foregoing instrument was acknowledged before me this 3 day of January, 2025
by Chaj Benzel
Notary Public
My Commission Expires 09/05/28

AMY BENZEL
Notary Public - State of Nevada
Appointment No. 24-4020-01
My Appointment Expires 09/05/2028

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Guardian DME LLC  MDEG License # (if applicable): _____

Physical Address: 1750 S Rainbow Blvd Suite 20

City: Las Vegas  State: NV  Zip: 89146

Mailing Address (if different from physical address): _____

City: _____  State: _____  Zip: _____

Telephone: 702-258-0593  Website: _____

Licensing Company Email: guardiandme@gmail.com

### Section 2: Personal Information

First: Gevorg  Middle: _____  Last: Khachoyan

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted]  SSN or ITIN: [redacted]  Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas  State: NV  Zip: [redacted]

Telephone: [redacted]  Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| University of Nevada Las Vegas | | | 08/21 - 1/25 |
| **Address** | **City** | **State** | **Zip** |
| 4505 S Maryland Pkwy | Las Vegas | NV | 89154 |
| **Diploma/Degree obtained, if any** | | | |
| Undergraduate | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| West Career and Technical Academy | | | 8/17 - 05/21 |
| **Address** | **City** | **State** | **Zip** |
| 11945 W Charleston Blvd | Las Vegas | NV | 89135 |
| **Diploma/Degree obtained, if any** | | | |
| Highschool Diploma | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/14- Present | [redacted] | Las Vegas | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| | | | |
|---|---|---|---|
| Business Name: Guardian DME LLC | | | From - To (MM/YY – MM/YY): 11/24-12/24 |
| Business Address: 1750 S Rainbow Blvd Suite 20 | City: Las Vegas | State: NV | Zip: 89146 |
| Phone: 702-258-0593 | Title: Administrator | | Number of Employed Hours: 344 |
| Description of Duties: Managing and operating the office, patient care and assisting the patient with a correct medical product, patient follow up, and sales | | | |

| | | | |
|---|---|---|---|
| Business Name: Modern Closets Design LLC | | | From - To (MM/YY – MM/YY): 6/23-10/24 |
| Business Address: 2901 S Highland Dr. Ste 12A | City: Las Vegas | State: NV | Zip: 89109 |
| Phone: 702-462-2458 | Title: Sales | | Number of Employed Hours: 2,700 |
| Description of Duties: Cold Cales, visiting client homes, and filing accounts payables | | | |

| | | | |
|---|---|---|---|
| Business Name: Wellness Essentials Inc. | | | From - To (MM/YY – MM/YY): 8/22-4/23 |
| Business Address: 2672 N Buffalo Dr #100 | City: Las Vegas | State: NV | Zip: 89128 |
| Phone: 702-462-2458 | Title: Front Desk | | Number of Employed Hours: 1,600 |
| Description of Duties: Patient Filing, sales, phone calls, and inventory | | | |

| | | | |
|---|---|---|---|
| Business Name: N/A | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: N/A | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: |
| Description of Duties: | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

1/3/2025
Date

I, Gevorg Khachoyan, **certify that as the MDEG Administrator for**

Guardian DME LLC,

**that I (initial that you have read and meet the following requirements):**

1. GK Have a high school diploma or its equivalent;
2. GK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. GK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. GK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Gevorg Khachoyan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/2025
Date

| Board Use Only | Date Received: 1/14/25 |
|---|---|

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Axcess Insurance Services
4444 W. CRAIG RD STE 108
North Las Vegas, NV 89032
Phone: (702) 877-0035 Fax: (702) 821-1263

CONTACT NAME: JESSE POTTER
PHONE (A/C, No, Ext): (702)877-0035 FAX (A/C, No): (702)821-1263
E-MAIL ADDRESS: jesse@getaxcess.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : MESA UNDERWRITERS SPECIALTY INSURA | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
GUARDIAN DME LLC

1750 S RAINBOW BLD SUITE #20
LAS VEGAS NV 89146-

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | X | | MP002700210024600 | 11/01/2024 | 11/01/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

TO BE LISTED AS A CERTIFICATE HOLDER PLEASE EMAIL JESSE@GETAXCESS.COM OR AMELIA@GETAXCESS.COM OR CALL (702) 877-0035 OR FAX (702) 821-1263

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# BUSINESS LICENSE

**CITY OF LAS VEGAS | LAS VEGAS, NEVADA**

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW. FAILURE TO MAINTAIN AN ACTIVE STATE LICENSE OR SNHD HEALTH PERMIT, IF REQUIRED, RENDERS THIS LICENSE INVALID.

**LICENSE #:** G72-07258

**DATE ISSUED:** 12/30/2024

**TYPE:** G50-RETAIL MEDICAL EQUIPMENT SALES

**EXPIRATION DATE:** 6/1/2025

**BUSINESS LOCATION:** 1750 S RAINBOW BLVD 20

**ISSUED TO: GUARDIAN DME**
1750 S RAINBOW BLVD STE 20
LAS VEGAS, NV 89146

Darcy Adelbai-Hurd
Business Licensing Manager

**POST IN A CONSPICUOUS PLACE**

FM-0152-08-22
Form 167

recycled paper

Please fold or cut along perforated line

***This space intentionally left blank***

SECRETARY OF STATE

STATE OF NEVADA

# DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **GUARDIAN DME LLC** did, on 11/18/2024, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/18/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202411185194388
You may verify this certificate
online at https://www.nvsilverflume.gov/home

# SECRETARY OF STATE

STATE OF NEVADA

## NEVADA STATE BUSINESS LICENSE

**GUARDIAN DME LLC**

**Nevada Business Identification # NV20242239305**
**Expiration Date: 11/30/2025**

*In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.*
*Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.*
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/18/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B20241118S194399
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

| Filed in the Office of | Business Number |
|---|---|
| F.V. Aguilar | E4475656202-6 |
| | Filing Number |
| | 20244475655 |
| Secretary of State | Filed On |
| State Of Nevada | 11/18/2024 09:57:54 AM |
| | Number of Pages |
| | 2 |

# Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

| | |
|---|---|
| **1. Name Being Registered in Nevada:** (See instructions) | GUARDIAN DME LLC |
| **2. Foreign Entity Name:** (Name in home jurisdiction) | |
| **3. Jurisdiction of Formation:** (Foreign Limited-Liability Companies) | 3a) Jurisdiction of formation: 3b) Date formed: 3c) I declare this entity is in good standing in the jurisdiction of its formation. [ ] |
| **4. Registered Agent for Service of Process*:** (check only one box) | [x] Commercial Registered Agent (name only below) [ ] Noncommercial Registered Agent (name and address below) [ ] Office or position with Entity (title and address below)<br>NEVADA LEGAL FORMS INC<br>Name of Registered Agent OR Title of Office or Position with Entity<br>[redacted] Street Address — LAS VEGAS City — Nevada [redacted] Zip Code<br>Mailing Address (if different from street address) City — Nevada Zip Code |
| **4a. Certificate of Acceptance of Appointment of Registered Agent:** | *I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.*<br>X NEVADA LEGAL FORMS INC. — 11/18/2024<br>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date |
| **5. Management:** (Domestic Limited-Liability Companies only) | Company shall be managed by: (check one box) [ ] Manager(s) OR [x] Member(s) |
| **6. Name and Address of each Manager(s) or Managing Member(s):** (NRS 86 and NRS 86.544, see instructions)<br>**Name and Address of the Original Manager(s) and Member(s):** ( NRS 89, see instructions)<br>IMPORTANT:<br>A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. | 1) Gevorg Khachoyan<br>Name<br>[redacted] Address — Las Vegas City — NV State — [redacted] Zip Code |
| **7. Dissolution Date:** (Domestic only) | Latest date upon which the company is to dissolve (if existence is not perpetual): |

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Formation - Limited-Liability Company

Continued, Page 2

**8. Purpose/ Profession to be Practiced:** (NRS 89 only)

**9. Series and/or Restricted Limited-Liability Company:** (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

**10. Records Office:** (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

**11. Street Address of Principal Office:** (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

**12. Name, Address and Signature of the Organizer:** (NRS 86. NRS 89 - Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**Name and Signature of Manager or Member:** (NRS 86.544 only)

See Instructions

| Gevorg Khachoyan | United States |
|---|---|
| Name | Country |
| [redacted] | Las Vegas / NV / [redacted] |
| Address | City / State / Zip/Postal Code |

X **Gevorg Khachoyan** (attach additional page if necessary)

## AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

**Please include any required or optional information in space below:**
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-18-2024

Employer Identification Number: [redacted]

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

GUARDIAN DME LLC
GEVORG KHACHOYAN SOLE MBR
[redacted]

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-1993517. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

| | |
|---|---|
| Form 940 | 01/31/2025 |
| Form 944 | 01/31/2025 |

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
* Refer to this EIN on your tax-related correspondence and documents.
* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is GUAR. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

*FRANCISCO V. AGUILAR*
*Secretary of State*

*DEPUTY BAKKEDAHL*
*Deputy Secretary for Commercial Recordings*

**STATE OF NEVADA**

**OFFICE OF THE SECRETARY OF STATE**

*Commercial Recordings Division*
*401 N. Carson Street*
*Carson City, NV 89701*
*Telephone (775) 684-5708*
*Fax (775) 684-7141*

*North Las Vegas City Hall*
*2250 Las Vegas Blvd North, Suite 400*
*North Las Vegas, NV 89030*
*Telephone (702) 486-2880*
*Fax (702) 486-2888*

## Business Entity - Filing Acknowledgement

11/18/2024

**Work Order Item Number:** W2024111800608 - 4064503
**Filing Number:** [redacted]
**Filing Type:** Initial List
**Filing Date/Time:** 11/18/2024 09:57:54 AM
**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** [redacted]
**Entity Name:** GUARDIAN DME LLC
**Entity Status:** Active
**Expiration Date:** None

Commercial Registered Agent
NEVADA LEGAL FORMS INC
3901 W CHARLESTON BLVD, LAS VEGAS, NV 89102, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR
Secretary of State

**BOND NUMBER:** [redacted]

Effective Date: Dec 16, 2024

**Surety Bond**
**Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies**
**Medicare Program**

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, GUARDIAN DME LLC, as Principal, and Philadelphia Indemnity Insurance Company One Bala Plaza, [redacted], a corporation organized and existing under the laws of Pennsylvania, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services, as Obligee, in the Penal Sum of fifty thousand dollars Dollars ($ $50,000.00) for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.

2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.

3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.

4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.

6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to the Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation or expiration is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.

7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 17th day of December, 2024.

Principal

Principal Legal Name: GUARDIAN DME LLC
Address of DMEPOS Supplier: 1750 S RAINBOW BLVD , SUITE 20, LAS VEGAS, NV, 89146
Principal Tax ID No. (TIN): [redacted]
NPI (National Provider I.D.): [redacted]
NSC/PTAN No. (if the supplier has one): _____

Surety

Philadelphia Indemnity Insurance Company

John D. Weisbrot, Attorney-in-Fact

PHILADELPHIA INDEMNITY INSURANCE COMPANY * CORPORATE SEAL * 1927 * PENNSYLVANIA

## SECTION 5: COMPREHENSIVE LIABILITY INSURANCE INFORMATION

As required in 42 C.F.R. section 424.57(c)(10), all DMEPOS suppliers must have comprehensive liability insurance in the amount of at least $300,000 (for each incident) and the insurance must remain in force at all times. The NSC MAC, with full mailing address as shown on page 3, must be listed on the policy as a certificate holder. You must submit a copy of the liability insurance policy or evidence of self-insurance with this application. Failure to maintain the required insurance at all times will result in revocation of your Medicare supplier billing number retroactive to the date the insurance lapsed, and/or overpayment collection.

Malpractice insurance is not the same as comprehensive liability insurance and does not meet compliance for this requirement.

If you are changing your comprehensive liability insurance information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

| Name of Insurance Company | | | |
|---|---|---|---|
| Insurance Policy Number | Date Policy Issued *(mm/dd/yyyy)* | | Expiration Date of Policy *(mm/dd/yyyy)* |
| Insurance Agent's First Name | Middle Initial | Last Name | Jr., Sr., M.D., etc. |
| Agent's Telephone Number | Agent's Fax Number *(if applicable)* | | Agent's E-mail Address *(if applicable)* |
| Underwriter's Company Name | | | |
| Underwriter's Telephone Number | Underwriter's Fax Number *(if applicable)* | | Underwriter's E-mail Address *(if applicable)* |

## SECTION 6: SURETY BOND INFORMATION

As required in 42 C.F.R. section 424.57(d), DMEPOS suppliers who are required to obtain a surety bond must complete this section. Furnish all requested information about the surety bond company and the surety bond. Submit a copy of the original surety bond, signed by a Delegated or Authorized Official, with this application.

☐ Check here if this supplier is not required to obtain a surety bond and skip to Section 7.

### A. NAME AND ADDRESS OF SURETY BOND COMPANY

If you are changing your surety bond information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

| Legal Business Name of Surety Bond Company as Reported to the IRS | Tax Identification Number |
|---|---|
| Philadelphia Indemnity Insurance Company | [redacted] |

Business Address Line 1 *(Street Name and Number)*: One Bala Plaza, Suite 100

Business Address Line 2 *(Suite, Room, Apt. #, etc.)*:

| City/Town | State | ZIP Code + 4 |
|---|---|---|
| BALA CYNWYD | PA | [redacted] |

| Telephone Number | Fax Number *(if applicable)* | E-mail Address *(if applicable)* |
|---|---|---|
| [redacted] | [redacted] | [redacted] |

### B. SURETY BOND INFORMATION

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

| Amount of Surety Bond | Surety Bond Number |
|---|---|
| $ $50,000.00 | [redacted] |
| Effective Date of Surety Bond *(mm/dd/yyyy)*: Dec 16, 2024 | If reporting a new bond, give cancellation date of the current bond *(mm/dd/yyyy)* |

**Bond #** [redacted]

**PHILADELPHIA INDEMNITY INSURANCE COMPANY**
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint JOHN D. WEISBROT, MELISSA L. MCDADE, STEVEN M. VARGA OR NANCY NIGRO of J W Bond Consultants Inc. its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016.

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public: Vanessa McKenzie

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Delaware County
My commission expires November 3, 2028
Commission number 1366394
Member, Pennsylvania Association of Notaries

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 17th day of December, 2024

Edward Sayago, Corporate Secretary
**PHILADELPHIA INDEMNITY INSURANCE COMPANY**



To verify the bond please visit https://www.suretybond.org/validate/?code=fVhD1U1Q4EaXhXA15RXUVEDg&transaction=XFkG0VQV16cwheQwRcVVdJCQ

DocuSign Envelope ID: 67AEBF1D-E760-434A-9F39-270B831C01F1

# PHILADELPHIA INDEMNITY INSURANCE COMPANY

## Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
**(in thousands, except par value and share amounts)**

| **Admitted Assets** | As of December 31, 2023 | 2022 |
|---|---|---|
| Bonds (fair value $8,720,743 and $7,902,637) | $ 9,263,769 | $ 8,709,823 |
| Preferred stocks (fair value $8,060 and $14,560) | 8,060 | 14,560 |
| Common stocks (cost $18,727 and $24,136) | 21,946 | 28,395 |
| Mortgage loans | 1,060,940 | 1,074,734 |
| Real estate | 21,033 | 21,779 |
| Other invested assets (cost $201,673 and $212,500) | 226,716 | 234,138 |
| Receivables for securities sold | 4,072 | 476 |
| Cash, cash equivalents and short-term investments | 147,539 | 95,212 |
| Cash and invested assets | 10,754,075 | 10,179,117 |
| Premiums receivable, agents' balances and other receivables | 1,108,771 | 955,218 |
| Reinsurance recoverable on paid loss and loss adjustment expenses | 57,589 | 64,607 |
| Accrued investment income | 93,350 | 88,001 |
| Receivable from affiliates | 7,123 | 4,406 |
| Federal income taxes receivable | - | 21,231 |
| Net deferred tax assets | 162,612 | 150,526 |
| Other assets | 11,103 | 11,196 |
| Total admitted assets | $ 12,194,623 | $ 11,474,302 |
| **Liabilities and Capital and Surplus** | | |
| Liabilities: | | |
| Unpaid loss and loss adjustment expenses | $ 5,797,285 | $ 5,680,508 |
| Unearned premiums | 1,887,004 | 1,766,050 |
| Reinsurance payable on paid loss and loss adjustment expenses | 35,204 | 39,160 |
| Federal income taxes payable | 2,352 | - |
| Ceded reinsurance premiums payable | 152,393 | 119,157 |
| Commissions payable, contingent commissions and other similar charges | 298,124 | 247,996 |
| Funds held | 96,542 | 82,555 |
| Payable to affiliates | 20,862 | 21,337 |
| Provision for reinsurance | 295 | 678 |
| Payable for securities purchased | 12,957 | 42,426 |
| Accrued expenses and other liabilities | 62,438 | 58,292 |
| Total liabilities | 8,365,456 | 8,058,159 |
| Capital: | | |
| Common stock, par value of $10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding | 4,500 | 4,500 |
| Surplus: | | |
| Gross paid-in and contributed surplus | 386,071 | 386,071 |
| Unassigned surplus | 3,438,596 | 3,025,572 |
| Total surplus | 3,824,667 | 3,411,643 |
| Total capital and surplus | 3,829,167 | 3,416,143 |
| Total liabilities and capital and surplus | $ 12,194,623 | $ 11,474,302 |

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

Attest:

Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Kessleski, Notary Public
Montgomery County
My commission expires December 18, 2024
Commission number 1245769
Member, Pennsylvania Association of Notaries

DocuSigned by:
Karen Gilmer-Pauciello
7A9000FFEAD4E0...
Karen Gilmer-Pauciello, EVP & CFO

Sworn to before me this 5th day of June 2024.

Kimberly Kessleski, Notary

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# 8A

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

**Non-Refundable $500.00 Fee**

Rev (09/02/2021)

| **Type of Facility** | | |
|---|---|---|
| ■ Ambulatory Surgical Center (ASC)<br>☐ Recovery Center (RC) | | |
| **Type of Application (check applicable box)** | | **Ownership Type (check applicable box)** |
| ■ New ASC/RC<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Name Change* | * If making a change, provide current license number: _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)<br>☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9) |

**Section 1: General Information**

ASC/RC Name: GBO NNHS ASC JV, LLC (DBA: Great Basin Surgery Center)

Physical Address: 5411 Kietzke Lane

City: Reno State: NV Zip: 89511

Mailing Address (if different from physical address): 121 Gray Avenue, Suite 200

City: Santa Barbara State: CA Zip: 93101

Telephone: 805-679-6706 Fax: 805-563-5410

Contact Email: clientservices@medbridge.md Website _____

Nevada Business License # NV20232790943

Employed/Contracted Pharmacist Name: Michelle McCarthy NV Pharmacist License # 22808

Medical Director Name: Dr Travis Kieckbusch, MD

**Days of Operation**

| ■ Monday | ■ Tuesday | ■ Wednesday | ■ Thursday | ■ Friday | ☐ Saturday | ☐ Sunday |
|---|---|---|---|---|---|---|

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 3: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

**Section 4: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: GBO NNHS ASC JV, LLC

Mailing Address: 367 S Gulph Road

City: King of Prussia State: PA Zip: 19406

Telephone: (610) 768-3300 Email: uhscorpfilings@uhsinc.com

Contact Person Name: Steve Filton (Authorized Official)

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

**Section 5: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)**

Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

**As the employed/contracted pharmacist, for (ASC/RC Name):** GBO NNHS ASC JV, LLC (DBA: Great Basin Surgery Center):

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

| Section 8: Personal and Professional History of the Employed/Contracted Pharmacist | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✔ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Michelle MacCarthy

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

1-2-2025

Date

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)** | ✓ | ✓ | | |
| • **List the top four stockholders and their percent ownership. NRS 639.231(3)** | ✓ | ✓ | | |
| • **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)** | | ✓ | | |
| • **For General Partnerships, list the name of each partner. NAC 639.214(2)**<br>• **For Limited Partnerships, list the names of (NAC 639.214(3)):**<br>○ **All General Partners;**<br>○ **All Limited Partners who hold 10% or more of the interest.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.** | ✓ | ✓ | ✓ | ✓ |

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steve Filton

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/23/2024
Date

| Board Use Only | Date Received: 12/10/24 | Amount: $500-ck 1013 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

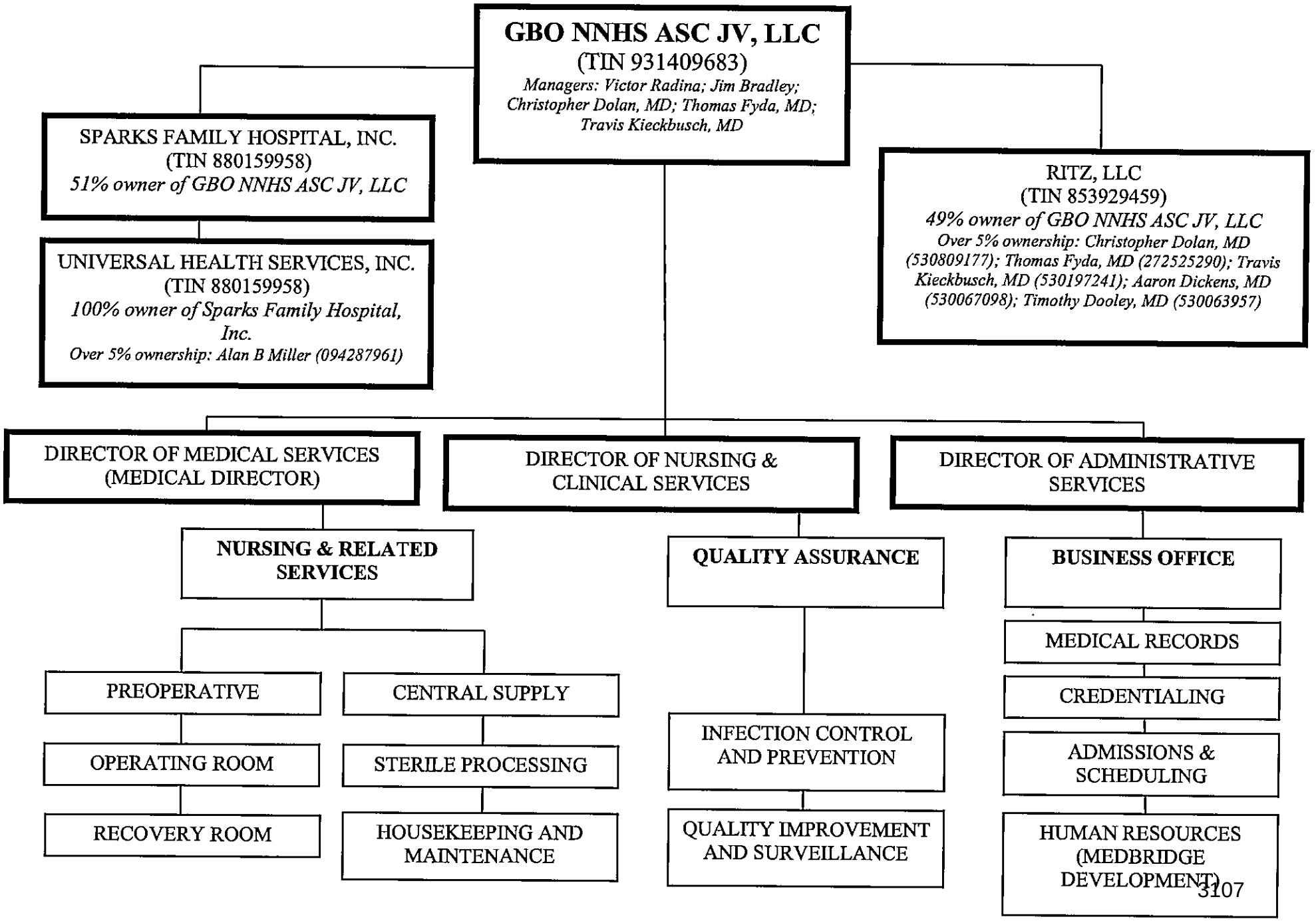
I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **GBO NNHS ASC JV, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/17/2023, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/21/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410215119509
You may verify this certificate online at https://www.nvsilverflume.gov/home

# GBO NNHS ASC JV, LLC ORGANIZATION CHART



**GBO Ownership Breakdown**

- Ritz, LLC – 49% (Owned by 5 physicians in an equal split)
  - Travis Kieckbusch (9.8%)
  - Thomas Fyda (9.8%)
  - Timothy Dooley (9.8%)
  - Christopher Dolan (9.8%)
  - Aaron Dickens (9.8%)
- Sparks Family Hospital, Inc. – 51%
  - Owned by United Health Services (publicly traded)

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# 9A

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ■ Nevada | ■ New Pharmacy | ■ Retail/Community | ■ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☐ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ■ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ■ Monday | ■ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ■ Tuesday | ☐ Saturday | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ■ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ■ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Bespoke Pharmaceuticals, LLC.

Physical Address: 5795 N. Hollywood Blvd.

City: North Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (725) 529-3930 Toll Free # (NAC 639.708, NRS 639.23286): (877) 277-6558

Fax: (725) 529-3572 Contact Email: license@bespokepharmaceutical.com

Website: www.bespokepharmaceutical.com

Nevada Business License # (if applicable) NV20201930582

Supervising/Managing Pharmacist Name (NRS 639.220): Eric L. Sparks

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19319

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Eric L. Sparks | NV Pharmacist Registration #: 19319 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: State of Nevada

Parent Company (if any): _____

Corporation/Organization Name: Bespoke Pharmaceuticals, LLC

Mailing Address: 5795 N. Hollywood Blvd.

City: North Las Vegas State: NV Zip: 89115

Telephone: (561) 903-6259 Email: rick@bespokepharmaceutical.com

Contact Person Name: Riccardo Roscetti

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the CHIEF PHARMACIST (title) for BESPOKE PHARMACEUTICALS, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

ERIC L. SPARKS

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/26/2024

Date

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: ERIC L. SPARKS Pharmacist Registration #: 19319

Pharmacy Name: BESPOKE PHARMACEUTICALS, LLC

**Initial each statement below to indicate you have read and agree with the following:**

ES I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ES I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ES I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ES I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ES I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✓ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✓ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/26/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RICCARDO ROSCETTI

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/26/2024
Date

| Board Use Only | Date Received: 12/3/24 | Amount: $500 ck 1916 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Bespoke Pharmaceuticals, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/30/2020, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/28/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410285138446
You may verify this certificate online at https://www.nvsilverflume.gov/home

Bespoke Pharmaceuticals, LLC

List of Officers and Directors

| Title | Name |
|---|---|
| **Manager** | Irina Gampel |
| **Manager** | Irina Sarafyan |
| **CEO and President** | Riccardo Roscetti |
| **Manager** | Petr Viskovatykh |

Ownership listing for Bespoken Pharmaceuticals, LLC

**List of Top Members**

| Name | Percentage of Ownership |
|---|---|
| **Rise Equipment, LLC (Wyoming limited liability company)** | 50.1% |
| **Pharma X, LLC (Nevada limited liability company)** | 29.9% |
| **Resolve Pharmaceutical, LLC** | 20.0% |

**List of Members with Over 10% Ownership**

| Name | Percentage of Ownership |
|---|---|
| **Rise Equipment, LLC (Wyoming limited liability company)** | 50.1% |
| **Pharma X, LLC (Nevada limited liability company)** | 29.9% |
| **Resolve Pharmaceutical, LLC** | 20.0% |

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: BESPOKE PHARMACEUTICALS, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5795 N. HOLLYWOOD BLVD

City: NORTH LAS VEGAS State: NV Zip: 89115

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725 529 3930 Toll Free # (NAC 639.708, NRS 639.23286): 877 277 6558

Fax: 725 529 3572 Contact Email: LICENSE@BESPOKEPHARMACEUTICAL.COM

Website: BESPOKEPHARAMCEUTICAL.COM

Nevada Business License # (if applicable) NV20201930582

Supervising/Managing Pharmacist Name (NRS 639.220): ERIC L. SPARKS

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19319

Name of Designated Person(s) as defined by revised USP-797 guidelines: RICCARDO ROSCETTI

Email of Designated Person(s): RICK@BESPOKEPHARMACEUTICAL.COM

Telephone of Designated Person(s): 561 903 6259

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? will be performed prior to inspection

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? at least monthly

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Formulary is still being finalized

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma Analytical Laboratory

Address: 840 Research Parkway #546

City: Oklahoma City State: OK Zip: 73104

Telephone: 405 271 1144

13. What is your procedure for visual inspection of compounded sterile products?

SOP still in development, SOP will be made using USP<790> and USP<1790> as references. Product will be inspected in front of a black and in front of a white background using a light box.

14. How often do you perform glove fingertip and medial fill testing?

Media fill will be completed every 3 months while the gloved fingertip will meet or exceed USP requirements of at least every 3 months.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

A robust training program is currently in development and maybe modified prior to opening.
Initial Qualification Requirements: Read/Understand all Standart Operating Procedures (SOP); CriticalPoint Math Skills module; CriticalPoint Steril Compounding Course; Equipment Training/Competency; Hand Hygiene, Gowning, Garbing Training/Competency, Cleaning and Sanitizing Training/Competency; Trainee observation of Aseptic Processes by Trainer; Demo of Aseptic Processes; Visual Inspection Training/Competency; Aseptic Processes simulation (media fills).
Annual Requirements- same as above with update to SOPs.

*At this time we have not approved to purchase CriticalPoint

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

All will be performed to meet or exceed USP requirements.

17. Who performs the sterile compounding process at your facility?

Sterile compounding may be performed by Pharmacist and Pharmacy Technicians.

18. Who is responsible and accountable for the sterile compounding process at your facility?

Quality and Pharmacy Manager

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Packaging will be determined by the storage conditions required for the copmounded product(s). Products requiring refregeration will be mailed with ice and shipped overnght only.
Shipping studies will be performed after the facility is fully operational.

| Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility?<br>N/A | | |
| 2. Are you complying with all USP 800 guidelines? | ☐ Yes | ☐ No |
| 3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process? | ☐ Yes | ☐ No |
| 4. Is your BSC or CACI vented 100% to the outside? | ☐ Yes | ☐ No |
| 5. Do you have a negative pressure buffer room at your facility? | ☐ Yes | ☐ No |
| 6. Will you be compounding with antineoplastic HDs or HD API? | ☐ Yes | ☐ No |
| 7. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ☐ Yes | ☐ No |
| 8. Will you be utilizing a closed system transfer device? | ☐ Yes | ☐ No |
| 9. If yes, list the name of the device: | | |

| 10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? |
|---|
| We currently do not plan on handling hazardous drugs |

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

We currently do not plan on handling hazardous drugs

**Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)**

1. List the specific Category 3 sterile products that your facility compounds:

The formula is still being finalized

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

At least every 3 months and initially to meet USP<797> requirements

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ☐Yes ■ No

4. What is the frequency for completing volumetric active air sampling?

We currently we do not use BIs as the facility is not yet open. Once opened, Biological Indicators will be used for the autoclave (steam sterization) that will be outlined in the Standart Operating Procedures.

| |
|---|
| 5. What is the frequency for completing surface sampling?<br>Surface sampling will be performed at least weekly and on a risk based approach. |
| 6. What is the frequency for using sporicidal agents?<br>Items such as floors, pass throughs, and PEC will have sporicidial applied weekly, other itmes sporicidical will be used monthly. Sporicidical will aslo be used as outlined by Quality. |
| 7. Is an endotoxin test performed for all products compounded from one or more nonsterile component? ■ Yes ☐ No |
| 8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method? ■ Yes ☐ No |

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Riccardo Roscetti

Name of Person who Completed the Form

CEO

Title

Riccardo Roscetti

Signature (copies or stamps not accepted)

11-27-2024

Date

| | |
|---|---|
| **Board Use Only** | Date Received:_____ Date Approved: _____ Approved By: _____ |

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Bespoke Pharmaceutical, L.L.C.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5795 N. Hollywood Blvd

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Riccardo Middle D Last Roscetti

Alias(es, nicknames, name changes, etc.) Rick

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Valley Forge Military Accademy | | 08/1977-06/1981 | |
| Address | City | State | Zip |
| 1001 Eagle Rd | Wayne | PA | 19087 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | [redacted] | City | State | [redacted] |
|---|---|---|---|---|
| 09/2022- | | Las Vegas | NV | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 09/20-09/2021 | | Las Vegaa | NV | |
| From - To (MM/YY – MM/YY) | | City | State | |
| 09/2008-09/20 | | Boynton Beach | FL | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Bespoke Pharmaceutical, L.L.C. | | | 10/2020- | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5795 N. Hollywood Blvd | | North Las Vegas | NE | 89115 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 561-903-6259 | CEO | | 40+ hours a weel | |
| **Description of Duties** | | | | |
| CEO, I am responsible for everything from proper staff, facility, API, and Sales to the proper states. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| KRS Global BioTechnology, INC | | | 04/2008-10/2008 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 791 Park of Commerce Blvd | | Boca Raton | FL | 33487 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 888-242-7996 | CEO | | 40+ hrs a week | |
| **Description of Duties** | | | | |
| CEO, I am responsible for everything from proper staff, facility, API, and Sales to the appropriate states. 250 Employees | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| KRS Global Biotechnology, INC | | | 04//2004-09/2008 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 791 Park of Commerce Blvd | | Boca Raton | FL | 33487 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 888-427-7996 | Chief Operating officer | | 40+ Hrs a week | |
| **Description of Duties** | | | | |
| I was responsible for all labs, R and D to manufacturing 150 emplees | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✔ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 & 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Will be sent to the board via a separate envelope.

Original Signature (electronic, copies or stamps not accepted)

Date

I, Ricardo Roscetti, **certify that as the designated representative for** Bespoke Pharmaceutical, L.L.C., **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. RM I am at least 21 years of age;
3. RT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ricardo Roscetti
Print Name (First, Last)

Ricardo Roscetti
Original Signature (electronic, copies or stamps not accepted)

11-15-24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Riccardo Roscetti
Print Name (First, Last)

Riccardo Roscetti
Original Signature (electronic, copies or stamps not accepted)

11-15-2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Riccardo Roscetti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Riccardo Roscetti
**Original Signature**

11-15-24
**Date**

Subscribed and Sworn to before me this 15th day of November. 2024

J. Liaos
**Notary Public Signature**

JIM LIAOS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-30-26
Certificate No: 07-1102-1

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARMACEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Riccardo Middle D Last Roscetti

Alias(es, nicknames, name changes, etc.) Rick

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone _____ Email _____

Are you a citizen of the United States? ☐ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Valley Forge Military Academy | | | 08/1977-06/1981 |
| **Address** | **City** | **State** | **Zip** |
| 1001 Eagle Road | Wayne | Pa | 19087 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2008-09/20 | [redacted] | Boynton Beach | FL | [redacted] |
| 09/20-09/21 | | Las Vegas | NV | |
| 09/2022 | | Las Vegas | NV | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Bespoke Pharmaceutical, L.L.C. | | | 10/2020- |
| **Business Address** | **City** | **State** | **Zip** |
| 5795 N. HOLLYWOOD BLVD | North Las Vegas | NV | 89115 |
| **Phone** | **Title** | | |
| | CEO | | |
| **Description of Duties** | | | |
| As CEO, I am responsible for everything from proper staff, facility, and API to appropriate sales. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| KRS GLobal Biotechnology, Inc. | | | 04/2008- 09/2019 |
| **Business Address** | **City** | **State** | **Zip** |
| 791 Park of Commerce blvd | Boca Raton | FL | 33487 |
| **Phone** | **Title** | | |
| (888) 242-7996 | CEO | | |
| **Description of Duties** | | | |
| As CEO, I am responsible for everything from proper staff, facility, and API to appropriate sales. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| KRS Global Biotechnology, Inc | | | 04/2004-19/2008 |
| **Business Address** | **City** | **State** | **Zip** |
| 791 Park of Commerce Blvd | Boca Raton | FL | 33487 |
| **Phone** | **Title** | | |
| (888) 242-7996 | Chief Operating Officer | | |
| **Description of Duties** | | | |
| I was responsible for everything from R and D to manufacturing. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Ricardo Roscetti
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-15-24
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Ricardo Roscetti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11-15-24
**Date**

Subscribed and Sworn to before me this 15th day of November, 2024

**Notary Public Signature**

JIM LIAOS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-30-26
Certificate No: 07-1102-1

**(Seal)**

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 4 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 09/21/2015 | 11/04/2015 | FL | Boynton Beach | Palm Beach |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 50-2015-CC-009950 | State Court |

| Reason/Charge |
|---|
| Dispute with home owner association |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defendang | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| Riccardo Roscetti |

**Provide explanation below:**

This was a dispute with homeowner association. The matter was referred to mediation and settled.

Original Signature (electronic, copies or stamps not accepted)

11/01/2024
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 12/24/2019 | 08/15/2023 | FL | Boynton Beach | Palm Beach |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 50-2019-CA-016386 | State Court |

| Reason/Charge |
|---|
| Dispute between landlord and a former employer |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Third Party Defendant | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| Riccardo Roscetti |

**Provide explanation below:**

This was a dispute between my former employer KRS Global and its landord FLA Properties 116, LLC. A large number of individual third party defendants was brought into the case. The case dragged along until it was dismissed for lack of prosecution.

Original Signature (electronic, copies or stamps not accepted)

11/01/2024
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 4 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 03/11/2020 | 05/24/2021 | FL | Boynton Beach | Palm Beach |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 50-2020-CA-002908 | State Court |

| Reason/Charge |
|---|
| Dispute with a product vendor |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defendant | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| Riccardo Roscetti |

**Provide explanation below:**

This was a dispute with a jewelry company. The matter was dismissed.

Original Signature (electronic, copies or stamps not accepted)

11/01/2024
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 4 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/06/2020 | 07/07/2022 | FL | Boca Raton | Brevard |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 50-2020-CA-010805 | State Court |

| Reason/Charge |
|---|
| Dispute regarding amounts due on a revolving debt |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defendant | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| Riccardo Roscetti |

**Provide explanation below:**

This was a dispute relating to the amounts owed on American Express card. The matter was settled.

Original Signature (electronic, copies or stamps not accepted)

11/01/2024
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 5 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 11/25/2015 | NO EXACT DAT | NJ | | Camden |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| L00449215 | State Court |

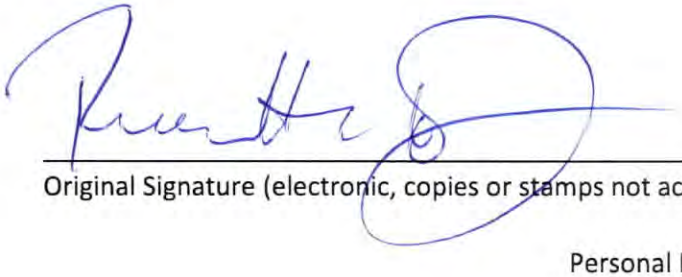
| Reason/Charge |
|---|
| Claim for outstanding balance due under a contract |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defendant | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| KRS Global Biotechnology |

**Provide explanation below:**

This was a matter a contract dispute. It was settled.



Original Signature (electronic, copies or stamps not accepted)

11/01/2024

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 5 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 11/01/2016 | 04/13/2017 | FL | | Brevard |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 05-2016-CA-046834 | State Court |

| Reason/Charge |
|---|
| Claim for outstanding balance due arising from technical services |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defendant | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| KRS Global Biotechnology |

**Provide explanation below:**

This was a dispute about the outstnading amount. Pure Clean Systems filed a lawsuit. The matter was subsequently settled.

Original Signature (electronic, copies or stamps not accepted)

11/01/2024
Date

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARAMCEUTICAL.COM

**Section 2: Personal Information**

First IRINA Middle _____ Last GAMPEL

Alias(es, nicknames, name changes, etc.) BARSKI, MOSCOWITZ

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City SUNNY ISLES BEACH State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| SAN DIEGO STATE UNIVERSITY | | 09/95 - 05/99 | |
| **Address** | **City** | **State** | **Zip** |
| 5500 CAMPANILE DR | SAN DIEGO | CA | 92182 |
| Diploma/Degree obtained, if any | | | |
| BS OF SCIENCE MANAGEMENT | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| RESEDA HIGH SCHOOL | | 09/92 - 05/95 | |
| **Address** | **City** | **State** | **Zip** |
| 18230 KITTRIDGE ST | RESEDA | CA | 91335 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/20 - PRESENT | [redacted] | SUNNY ISLES BEACH | FL | [redacted] |
| 08/12 - 07/20 | [redacted] | GLENDALE | AZ | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NORTHERN LIGHT MEDICAL MANAGEMENT, LLC | | | 05/23 - PRESENT | |
| **Business Address** | **City** | | **State** | **Zip** |
| 1895 TYLER ST # 207 | HOLLYWOOD | | FL | 33020 |
| **Phone** | **Title** | | | |
| 754 900 5014 | ACCOUNT MANAGER | | | |
| **Description of Duties** | | | | |
| DAILY OPERATIONS, OVERSEEING ACCOUNTING AND BANKING | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| ACE MANAGEMENT, LLC | | | 05/19 - PRESENT | |
| **Business Address** | **City** | | **State** | **Zip** |
| 18555 COLLINS AVE #5003 | SUNNY ISLES BEACH | | FL | 33160 |
| **Phone** | **Title** | | | |
| 818 697 2977 | MANAGING MEMBER | | | |
| **Description of Duties** | | | | |
| MANAGING MEMBER FOR INVESTMENT AND HOLDING COMPANY; DAILY OPEARATIONS, ACCOUNTING OVERVIEW. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NOBILITY MANAGEMENT, LLC | | | 02/15 - 08/22 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 26025 MUREAU RD SUITE 110 | CALABASAS | | CA | 91302 |
| **Phone** | **Title** | | | |
| | ACCOUNT MANAGER | | | |
| **Description of Duties** | | | | |
| OVERSEEING ACCOUNTING, BILLING PROCEDURE IMPLEMENTATION | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| IG INVESTMENTS, INC | | | 04/05 - 09/23 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 18555 COLLINS AVE #5003 | SUNNY ISLES BEACH | | FL | 33160 |
| **Phone** | **Title** | | | |
| | SHAREHOLDER | | | |
| **Description of Duties** | | | | |
| OVERSEEING INVESTMENT PORTFOLIO | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| EMBRACE FOUNDATION, CHARITABLE FOUNDATION | | | 05/18 - PRESENT | |
| **Business Address** | **City** | | **State** | **Zip** |
| 18555 COLLINS AVE #5003 | SUNNY ISLES BEACH | | FL | 33160 |
| **Phone** | **Title** | | | |
| 818 697 2977 | PRESIDENT | | | |
| **Description of Duties** | | | | |
| MANAGING ENTITY STRATEGY, CHARITY EVENTS, MANAGING VARIOUS CHANELS FOR CHARITY ACTIVITY. | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| PHARMA X, LLC | | | 10/20 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 18555 COLLINS AVE #5003 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 818 697 2977 | MANAGER | | |
| **Description of Duties** | | | |
| OVERSEES INVESTEMENT<br>*this entity is the member of BESPOKE PHARMACEUTICALS, LLC | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| BESPOKE PHARMACEUTICALS, LLC | | | 10/20 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 5795 N. HOLLYWOOD BLVD | NORTH LAS VEGAS | NV | 89115 |
| **Phone** | **Title** | | |
| 877 277 6558 | MANAGER | | |
| **Description of Duties** | | | |
| BOARD MEMBER | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

IRINA GAMPEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/12/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of CA, ss. County of Los Angeles

I, Irina Gampel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/12/24

**Date**

Subscribed and Sworn to before me this 12 day of NOV. 2024

**Notary Public Signature**

JOSEPH MINA
Notary Public - California
Los Angeles County
Commission # 2367367
My Comm. Expires Aug 19, 2025

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARMACEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

**Section 2: Personal Information**

First IRINA Middle _____ Last SARAFYAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City SHERMAN OAKS State CA Zip 91423

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| YEREVAN STATE MEDICAL UNIVERSITY | | 09/91 - 05/96 | |
| **Address** | **City** | **State** | **Zip** |
| 2 KORYUN ST | YEREVAN | ARMENIA | |
| **Diploma/Degree obtained, if any** | | | |
| DOCTOR OF STOMATOLOGY | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| #8 SCHOOL NAMED AFTRER A.S. PUSHKIN | | 09/81 - 05/91 | |
| **Address** | **City** | **State** | **Zip** |
| 17 MOSKOVYAN ST | YEREVAN | ARMENIA | |
| **Diploma/Degree obtained, if any** | | | |
| HIGH SCHOOL DIPLOMA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/22 - PRESENT | [redacted] | SHERMAN OAKS | CA | [redacted] |
| 08/01 - 03/22 | | BURBANK | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| AMERIDENT HEALTH PRO, INC | | | 09/18 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 310 S SEPULVEDA BLVD | LOS ANGELES | CA | 90034 |
| **Phone** | **Title** | | |
| 310 268 0646 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE/OVERSEEING DAILY OPERATIONS | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| SARAFYAN DENTAL PROFESSIONAL CORPORATION | | | 05/15 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 3130 S SEPULVEDA BLVD | LOS ANGELES | CA | 90034 |
| **Phone** | **Title** | | |
| 310 767 6199 | PRESIDENT | | |
| **Description of Duties** | | | |
| DENTIST (LICENSED ONLY IN STATE OF CALIFORNIA. CA LICENSE NUMBER 57323) | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| ANSALIGY USA, LLC | | | 07/19 - 09/22 |
| **Business Address** | **City** | **State** | **Zip** |
| 16850 COLLINS AVE # 113 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 305 903 2226 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE/ESTABLISHED PROTOCOLS AND PROCEDURES FOR THE BEAUTY PRODUCT LINE DISTRIBUTION COMPANY. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| RISE EQUIPMENT, LLC | | | 08/20 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 3679 BENEDICT CANYON LANE | SHERMAN OAKS | CA | 91423 |
| **Phone** | **Title** | | |
| 310 767 6199 | VICE PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE<br><br>*this entity is the member of BESPOKE PHARMACEUTICALS, LLC | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| BESPOKE PHARMACEUTICALS, LLC | | | 10/20 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 5795 N. HOLLYWOOD BLVD | NORTH LAS VEGAS | NV | 89115 |
| **Phone** | **Title** | | |
| 877 277 6558 | MANAGER | | |
| **Description of Duties** | | | |
| BOARD MEMBER | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

IRINA SARAFYAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/11/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of CALIFORNIA, ss. County of LOS ANGELES

I, IRINA SARAFYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/11/2024

**Date**

Subscribed and Sworn to before me this 11 day of November 2024.

**Notary Public Signature**

ASHKAN REZAEE-TARI
Notary Public - California
Los Angeles County
Commission # 2501244
My Comm. Expires Oct 27, 2028

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

**Section 2: Personal Information**

First PETR Middle _____ Last VISKOVATYKH

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City SUNNY ISLES BEACH State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FAR EASTERN STATE INSTITUTE OF FISHING AND BUSINESS | | | 09/87 - 06/89 | |
| **Address** | **City** | | **State** | **Zip** |
| 52B LUGOVAYA ST | VLADIVOSTOK | | RUSSIA | |
| **Diploma/Degree obtained, if any** | | | | |
| SENIOR MARINE ENGINEER | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| FAR EASTERN MARITIME UNIVERSIY | | | 09/81 - 05/86 | |
| **Address** | **City** | | **State** | **Zip** |
| 50A VERKHNEPORTOVAYA ST | VLADIVOSTOKQ | | RUSSIA | |
| **Diploma/Degree obtained, if any** | | | | |
| MARINE ENGINEER | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/13 - PRESENT | [redacted] | SUNNY ISLES BEACH | FL | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| ME TECHNOLOGY, INC | | | 08/16 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 1704 PARK CENTRAL BLVD | POMPANO BEACH | FL | 33064 |
| **Phone** | **Title** | | |
| 800 222 4357 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE, OVERSEEING DAILY OPERATIONS | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| GP FLORIDA INVESTMENTS GROUP, LLC | | | 09/13 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 16850 COLLOINS AVE #259 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 305 608 1720 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE, HOLDING COMPANY FOR INVESTMENTS | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| SOLOMON ASSETS MANAGEMENT, LLC | | | 09/13 - 12/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 3901 NE 12TH AVE #400 | POMPANO BEACH | FL | 33064 |
| **Phone** | **Title** | | |
| 305 608 1720 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| PGV HOLDINGS, LLC | | | 11/17 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 16850 COLLINS AVE #259 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 305 608 1720 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| AMERICAN TRUST HOLDINGS, LLC | | | 12/17 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 16850 COLLINS AVE #259 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 305 608 1720 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| RWC GROUP, LLC | | | 01/15 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 3901 NE 12TH AVE #400 | POMPANO BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 754 222 1407 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE/OVERSEEING DAILY OPERATIONS | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| NEXTECH INDUSTRIES, INC | | | 07/08 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 16850 COLLINS AVE @259 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 305 608 1720 | VICE PRESIDENT | | |
| **Description of Duties** | | | |
| INVESTOR | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| DENIL HOLDINGS, LLC | | | 05/08 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 16850 COLLINS AVE #259 | SUNNY ISLES BEACH | FL | 33160 |
| **Phone** | **Title** | | |
| 305 608 1720 | PRESIDENT | | |
| **Description of Duties** | | | |
| EXECUTIVE/MANAGING INVESTMENT PORTFOLIO | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| RISE EQUIPMENT, LLC | | | 08/20 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 3676 BENEDICT CANYON LANE | SHERMAN OAKS | CA | 91423 |
| **Phone** | **Title** | | |
| 310 767 6199 | MNGR/MBR | | |
| **Description of Duties** | | | |
| EXECUTIVE<br><br>*this entity is a memebr of BESPOKE PHARMACEUTICALS, LLC | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| BESPOKE PHARAMCEUTICALS, LLC | | | 10/20 - PRESENT |
| **Business Address** | **City** | **State** | **Zip** |
| 5795 N HOLLYWOOD BLVD | N LAS VEGAS | NV | 89115 |
| **Phone** | **Title** | | |
| 877 277 6558 | MNGR | | |
| **Description of Duties** | | | |
| MNGR | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations: | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✔ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 08/07/2019 | 12/04/2020 | FL | FORT LAUDERDATE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| CACE19016492 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD |

| Reason/Charge |
|---|
| BREACH OF CONTRACT |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| PLAINTIFF | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| RWC GROUP, LLC VS CAA INDUSTRIES |

**Provide explanation below:**

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 05/04/2020 | 11/01/2021 | FL | FORT LAUDERDATE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| CACE20007534 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD |

| Reason/Charge |
|---|
| ENFOPRCEMENT ON THE INSURANCE CLAIM PAYMENT |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| PLAINTIFF | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| RWC GROUP, LLC and ME TEchnology, INC vs Lloyds of London |

**Provide explanation below:**

ENFOPRCEMENT ON THE INSURANCE CLAIM PAYMENT, RESOLUTION REACHED, CLAIM PAID, LAWSUIT DISMISSED

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 06/30/2023 | 10/15/2024 | FL | FORT LAUDERDATE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| CACE23015277 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD |

| Reason/Charge |
|---|
| BREACH OF CONTRACT |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| DEFENDANT | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| EXHIBIT CRAFT, INC vs RWC GROUP, LLC |

**Provide explanation below:**

FOLLOWING COVID PANDEMIC, INFLATION AND
THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CLOSE.

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 01/17/2023 | 03/23/2023 | FL | FORT LAUDERDALE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 23000660 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD COURT |

| Reason/Charge |
|---|
| CIVIL JUDGEMENT |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| DEFENDANT | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| RWC GROUP, LLC |

**Provide explanation below:**

INDO MIM, INC WAS A VENDOR FOR RWC GROUP, LLC. INDO MIM, INC SUED RWC GROUP, LLC FOR OUTSTANDING BALANCE AND GOT JUDGEMENT AWARDED. FOLLOWING COVID PANDEMIC, INFLATION AND THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CLOSE.

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 05/06/2024 | 09/05/2024 | FL | FORT LAUDERDALE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2414464 | SOUTHER FLORIDA/FT LAUDERDALE/BROWARD COURT |

| Reason/Charge |
|---|
| BANKRUPTCY CHAPTER 11 |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| PETITIONER RWC GROUP, LLC | BANKRUPTCY |

| Name of Business/Industry/Entity |
|---|
| RWC GROUP, LLC |

**Provide explanation below:**

PETER VISKOVATYKH IS AN OFFICER OF RWC GROUP, LLC. IN MAY 2024 RWC GROUP, LLC ENTERED INTO THE ASSET PURCHASE AGREEMENT AND PROSPECTED BUYER REQUESTED RWC GROUP, LLC FILE FOR BANKRUPTCY CHAPTER 11 PROTECTION TO REORGONIZE THE DEBT. AFTERT BUYER FAILED TO PERFORM ON THE PURCHASE AGREEMENT TERMS IT WAS TERMINATED AND MOTION TO DISSMIS WAS FILED BY RWC GROUP, LLC. CASE WAS DISSMISED ON 09/05/2024

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 09/13/2019 | 12/16/2020 | FL | FORT LAUDERDATE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| CACE19019089 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD |

| Reason/Charge |
|---|
| BREACH OF CONTRACT |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| DEFENDANT | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| OZ ASSET MANAGEMENT, LLC vs RWC GROUP, LLC |

**Provide explanation below:**

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 09/13/2019 | 02/25/2021 | FL | FORT LAUDERDATE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| CACE19019096 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD |

| Reason/Charge |
|---|
| BREACH OF CONTRACT |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| DEFENDANT | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| MODERN GLOBAL INTERNATIONAL COMPANY LTD vs RWC GROUP, LLC |

**Provide explanation below:**

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 04/24/2024 | 08/11/2024 | FL | FORT LAUDERDATE | BROWARD |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| COSO24025280 | SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD |

| Reason/Charge |
|---|
| LEASE TERMINATION |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| DEFENDANT | LAWSUIT |

| Name of Business/Industry/Entity |
|---|
| MIAMI INDUSTRIAL 1, LLC vs RWC GROUP, LLC |

**Provide explanation below:**

FOLLOWING COVID PANDEMIC, INFLATION AND
THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CEASE ITS OPERATIONS.
DEFAULT JUDGEMENT FOR EVICTION.

Original Signature (electronic, copies or stamps not accepted)

11.13.24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Petz Viskovaty kh

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11.13.24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Broward

I, Petz Viskovaty kh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11.13.24.

**Date**

Subscribed and Sworn to before me this 13th day of November, 2024

**Notary Public Signature**

ALEKSANDR SORSHER
MY COMMISSION EXPIRES NOVEMBER 15, 2024
#HH 063499
Bonded thru Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

**(Seal)**

# 9B

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☑ Nevada | ☑ New Pharmacy | ☑ Retail/Community | ☐ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☐ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☑ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: PH_____ | | ☐ Hospital |
| | | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☑ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Family primary and specialty care pharmacy

Physical Address: 5550 painted mirage Rd, suite 300

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): 628 N. Hillcrest Rd

City: Beverly Hills State: CA Zip: 90210

Telephone: 310-922-1412 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: dantaheri@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Montemorano

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19839

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Joseph Montemurano | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.012S, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (If any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: Family primary and specialty care pharmacy FQHC

Business Name: Family primary and specialty care pharmacy FQHC

Business Address: 5550 painted mirage rd

City: Las Vegas State: NV Zip: 89149

Telephone: [redacted] Email: [redacted]

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the Head of the board (title) for Family Primary and Specialty Care (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Taheri

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/20/24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

**Affidavit for Pharmacy License**

I, Daniel Taheri hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director/Head of Board (title) for Family primary Specialty care pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

See Attached Certificate

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Notary Public

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT** CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of Los Angeles )

On July 10th, 2024 before me, David S. Andrade, Notary
*Date* *Here Insert Name and Title of the Officer*

personally appeared Dan P Taheri
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

DAVID S. ANDRADE
Notary Public - California
Los Angeles County
Commission # 2479188
My Comm. Expires Jan 11, 2028

Signature _____
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**
Title or Type of Document: Affidavit for pharmacy license
Document Date: 07/10/2024 Number of Pages:
Signer(s) Other Than Named Above:

**Capacity(ies) Claimed by Signer(s)**

Signer's Name:
Corporate Officer — Title(s):
Partner — Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:
Signer Is Representing:

Signer's Name:
Corporate Officer — Title(s):
Partner — Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:
Signer Is Representing:

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**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Joseph Montemurano Pharmacist Registration #: 19839

Pharmacy Name: Family Primary and Specialty Care Pharmacy

**Initial each statement below to indicate you have read and agree with the following:**

✓ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

✓ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

✓ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

✓ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

✓ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? | | ✓ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | ✓ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

Date 6/27/24

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Taheri

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/9/24

Date

| Board Use Only | Date Received: 7/15/24 | Amount: 500-CK-4695 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# DOMESTIC NONPROFIT CORPORATION (82) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Family Primary and Specialty Care Pharmacy** did, on 07/22/2024, file in this office the original Articles of Incorporation-Nonprofit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/22/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202407224818835
You may verify this certificate
online at https://www.nvsilverflume.gov/home

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Family Primary and Specialty Care Pharmacy

Pharmacy/Wholesaler License # (if applicable): _____

Physical Address: 5550 Painted Mirage Rd Suite 300

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Licensing Company Email: _____

**Section 2: Personal Information**

First: Juanita Middle: M Last: Stipp

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephon[redacted] Emai[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cimarron-Memorial HS | | 08/02-06/05 | |
| **Address** | **City** | **State** | **Zip** |
| 2301 N Tenaya Wy | Las Vegas | NV | 89128 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Palo Verde HS | | 08/05-06/06 | |
| **Address** | **City** | **State** | **Zip** |
| 333 S Pavilion Center Dr | Las Vegas | NV | 89144 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwest Career College | | 08/18-05/19 | |
| **Address** | **City** | **State** | **Zip** |
| 7398 Smoke Ranch Rd | Las Vegas | NV | 89128 |
| Diploma/Degree obtained, if any | | | |
| Pharmacy Technician License | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Arizona College of Nursing | | 02/24-Present | |
| **Address** | **City** | **State** | **Zip** |
| 8363 W. Sunset Rd #200 | Las Vegas | NV | 89113 |
| Diploma/Degree obtained, if any | | | |
| Still in school | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/18-Present | [redacted] | Las Vegas | NV | [redacted] |
| 02/16-02/18 | | Las Vegas | NV | |
| 08/15-02/16 | | N. Las Vegas | NV | |
| 02/11-08/15 | | Las Vegas | NV | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Centennial Skin and Cancer Institute | | | 01/2024-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5550 Painted Mirage Rd Suite #200 | | Las Vegas | NV | 89149 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-432-3800 | Lead Dispensary Technician | | 40 Hrs/Week | |

**Description of Duties**
Filling prescriptions, billing, Prior authorizations, inventory, refilling, typing, audits, eligibility checks, assisting in dispensary projects, calling patients for information needed, returning expired medications, assisting technicians

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sam's Club Pharmacy | | | 11/23-01/24 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8080 W Tropical Pkwy | | Las Vegas | NV | 89149 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-515-7214 | Pharmacy Technician | | 30 Hrs/week | |

**Description of Duties**
Filling prescriptions, billing, Prior authorizations, inventory, refilling medications, filling C2-C5, HIPPA, answering phones, greeting costumers at drop off and pick-up window, money handling,

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Fort Apache Skin and Cancer Institute | | | 01/2023-10/2023 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5731 S Fort Apache Rd | | Las Vegas | NV | 89148 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-272-1600 | Dispensary Technician/Lead Dispensary Technician | | 40 Hrs/Week | |

**Description of Duties**
Filling prescriptions, billing, Prior authorizations, inventory, refilling, typing, audits, eligibility checks

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sav-on Pharmacy | | | 02/20-1/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 6730 N. Hualapai Wy | | Las Vegas | NV | 89149 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-670-4960 | Pharmacy Technician/Lead Pharmacy Technician | | 40 Hrs/Week | |

**Description of Duties**
Filling, inventory, ordering, vaccine certification, administered vaccines from ages 5 and older, Prior authorizations, answered phones, greeted costumers, typed, returned expired medications, HIPPA

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| CVS Pharmacy- Target | | | 8/19-2/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8750 W. Charleston Blvd | | Las Vegas | NV | 89117 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-933-2315 | Pharmacy Technician | | 20 hrs/week | |

**Description of Duties**
Filling, answering phones, HIPPA, inventory, greeted costumers, typed, traveled to other pharmacies, removed expired medications from shelves, assisted pharmacist in other pharmacy duties.

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

I, Juanita Stipp, **certify that as the designated representative for**

Family Primary and Specialty Care Pharmacy,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Juanita Stipp

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/02/24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Juanita Stipp

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/02/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Juanita Stipp, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/2/24

**Date**

Subscribed and Sworn to before me this 2nd day of August, 2024

**Notary Public Signature**

BECKY BROWN
Notary Public, State of Nevada
Appointment No. 01-70764-1
My Appt. Expires Sep 24, 2025

**(Seal)**

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application
Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Family primary and Specialty care pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):
Physical Address: 5550 Painted Mirage Road
City: Las Vegas State: NV Zip: 89149
Mailing Address (if different from physical address): 415 Walker Drive
City: Beverly Hills State: CA Zip: 90210
Telephone: 310-880-5519 Website: [redacted]
Licensing Company Email: EC@FPSCpharmacy.com / www.FPSCPharmacy.com

**Section 2: Personal Information**

First: Elise Middle: monica Last: Cameron
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X
Mailing Address: [redacted]
City: Beverly Hills
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Arizona State University | | | From - To (MM/YY – MM/YY): 09/98 - 01/2~~0~~ |
| Address: 660 S. Mill Ave. | City: Tempe | State: AZ | Zip: 85281 |
| Diploma/Degree obtained, if any: Bachelor of Science Business Management | | | |
| School Name: Yavapai College | | | From - To (MM/YY – MM/YY): 09/95 - 06/98 |
| Address: 601 Black Hills Drive | City: Clarkdale | State: AZ | Zip: 86324 |
| Diploma/Degree obtained, if any: | | | |
| School Name: Sedona Red Rock High School | | | From - To (MM/YY – MM/YY): 09/94 - 06/95 |
| Address: 995 Upper Red Rock Loop Rd | City: Sedona | State: AZ | Zip: 86336 |
| Diploma/Degree obtained, if any: | | | |
| School Name: | | | From - To (MM/YY – MM/YY): |
| Address: | City: | State: | Zip: |
| Diploma/Degree obtained, if any: | | | |
| School Name: | | | From - To (MM/YY – MM/YY): |
| Address: | City: | State: | Zip: |
| Diploma/Degree obtained, if any: | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/17 - | [redacted] | Los Angeles, | CA | [redacted] |
| 11/14 - 10/17 | | Beverly Hills | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | | |
|---|---|---|---|---|
| Business Name: Christie's International Real Estate - AKG | | | From - To (MM/YY – MM/YY): 02/23 - present | |
| Business Address: 433 N Camden Dr | City: Beverly Hills | | State: CA | Zip: 90210 |
| Phone: 310.893.8300 | Title: Agent | | | |
| Description of Duties: Buying and selling properties on behalf of clients | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Self employed | | | From - To (MM/YY – MM/YY): 01/14 - 01/23 | |
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) | |
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) | |
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) | |
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Elise Cameron

Print Name (First, Last)

Elise Cameron — 11/13/24

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Los Angeles

I, Elise Cameron, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Elise Cameron — 11/13/24

**Original Signature** — **Date**

Subscribed and Sworn to before me this _____ day of _____.

See Attached Certificate

**Notary Public Signature**

**(Seal)**

**CALIFORNIA JURAT** **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 13th *Date* day of November *Month*, 20 24 *Year*, by

(1) Elise Cameron

(and (2) _____),
*Name(s) of Signer(s)*

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

GREGORY LOPEZ
Notary Public - California
Los Angeles County
Commission # 2475413
My Comm. Expires Dec 5, 2027

*Place Notary Seal and/or Stamp Above*

Signature _____
*Signature of Notary Public*

**OPTIONAL**

*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: Personal History Application

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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## Candy Nally

**From:** Daniel Taheri [redacted]
**Sent:** Tuesday, November 19, 2024 10:14 AM
**To:** Pharmacy Licensing
**Cc:** Candy Nally
**Subject:** Re: Personal History
**Attachments:** fqhc resumes 082724.pdf

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

gm, just making sure that you received this.
please see complete list of board members as it stands today. thank you

please see attached for resumes:

F[redacted] M[redacted] - patient
f[redacted] l[redacted] - patient
b[redacted] - patient
r[redacted]
t[redacted]
f[redacted]
a[redacted]
g[redacted] - patient
c[redacted] - patient

On Mon, Nov 18, 2024 at 7:48 AM Pharmacy Licensing <Pharmacylicensing@pharmacy.nv.gov> wrote:

Hi Dr. Taheri,

Thank you for the updates. I believe you indicated that several individuals sit on the board of the foundation. Can you supply a list of the board members to be included as part of the application?

Kind Regards,

**Mark Sedar**

**COO**

*not

On Wed, Nov 13, 2024 at 7:50 AM Daniel Taheri [redacted] wrote:

gm, can i get a copy of the regulations for the personal history form so we can make sure who does not qualify to be on this?

Any board member qualifies long as they are not a medical professional? Any other restrictions? We just want to make sure we are doing this correctly.

There are 11 board members for this nonprofit. thank you again.

On Tue, Nov 12, 2024 at 1:23 PM Olivia Mora <o.mora@pharmacy.nv.gov> wrote:

Hello,

Please see attached Personal History application.

Gmail [redacted]

# Fara Moshfegh

**Fara Moshfegh** [redacted]
To: Daniel Tahe[redacted]

Fri, Aug 23, 2024 at 5:33 PM

Fara Moshfegh is a custom home builder and real estate developer associated with both Amiel Construction Inc and Cellbright Services Inc. He has a strong presence in some of the most exclusive neighborhoods of Los Angeles. Fara holds a Bachelor of Science in Business Administration, majoring in Industrial Management with a minor in Economics and Accounting. Fara has developed numerous condominiums and apartment buildings and serves as a general contractor specializing in custom homes and large-scale residential projects.
His entrepreneurial acumen extends beyond construction. Fara owned and operated FM and Associates, a brokerage firm specializing in full-service car washes, as well as a seasoned escrow company. He also owned Ambassador Car Wash in Los Angeles and currently owns multiple apartment buildings in Hollywood in the broader Los Angeles area. Fara is presently focused on the development of a 150-unit hotel on Whitley Ave in Hollywood, demonstrating his ongoing commitment to shaping the city.

Best

**FARSHAD LAVIAN**

[redacted]

Beverly Hills, CA [redacted]

## SUMMARY

Medical Administrative professional with expertise include planning, project management, account management, clinical documentation, medical coding, auditing, sales, market analysis, territory management and customer service. Responsible, detail oriented with strong organizational, analytical, problem solving, communication and relationship management skills.

## PROFESSIONAL EXPERIENCE

**SURGICAL ALLY INC** **2024**
**Director of operation & admin.**

Surgical 1st assist to multiple major hospitals and private practices.

In charge of managing a team of Physician assistants and Nurse practitioners assisting in Surgeries & clinical assist.

**PRIME HEALTHCARE HOSPITAL,** Los Angeles, CA 2015 - 2018
Clinical Documentation Specialist, CDS

- Reviewed and analyzed documentation in the medical record for both inpatient and outpatient visits to ensure accuracy of diagnosis and procedure codes assigned by the Coders, Clinical Documentation Specialists (CDS) or Computer Assisted Coding (CAC) software.
- Finalized the coding and abstracting of the medical record upon ensuring the assignment of International Classifications of Diseases, Ninth Revision (ICD-9-CM) and Tenth revision (ICD-10/PCS), Current Procedural Terminology (CPT), and Health Care Procedure Coding System (HCPCS).
- Led Case Management, created Admission Criteria Form (ACF) and Interquals (IQC's).
- Coordinated with the medical staff to facilitate appropriate clinical documentation of patient care.

- Reviewed documentation for inpatient admission criteria, initial and extended-stay concurrent reviews on all selected admissions and documented findings.

**CANTURY WELLNESS CERNTER,** Los Angeles, CA
2011 - 2015
Director of operation & admin.

- Led executed sales and marketing initiatives.
- Developed and administered a $150,000 marketing budget.
- Managed product positioning, communication planning, advertising and public relations for two offices.



- Generated $1 million+ annually.
- Used ICD9-CM.

**SKY DENTAL SALES,** Los Angeles, CA 2009 - 2011
Vice President and Regional Sales Director

- Led a team of 12 employees of sale professionals.
- Sold to dentists and dental offices.
- Increased sales 80%
- Generated up to $300,000 annually.
- Closed individual sales valued to $90,000.
- Increased sales by switching marketing strategies and optimizing internet sales.

**KLM MANAGEMENT GROUP,** Los Angeles, CA 2007 - 2009
Director of Sales

- Supervised, trained and mentored 20 sales professionals.
- Generated up to $2 million annually.
- Managed 30 major accounts, Captured 15 new accounts

**MEDICAL SCHOOL** 2001 – 2006
Student

## EDUCATION

MD, Universidad Autónoma de Guadalajara School of Medicine, San Antonio, TX 2005

Internship, University of Chicago, St. Anthony's Hospital 2005 - 2006

## COMPUTERS

Microsoft Word, Excel and PowerPoint

## LANGUAGES

English, Spanish, and Farsi

**Robert Shiepe**
Los Angeles, CA
[redacted]

## Professional Summary

Innovative and dedicated pharmacist with over 25 years of pioneering work in HIV/AIDS research and treatment. Founded the first mail order pharmacy in the U.S. and made significant contributions to extending patient lives through novel research involving sulfur-rich N-Acetylcysteine (NAC). Currently engaged in private consulting for surgery centers and advanced astronomy photography. Active supporter of global animal welfare initiatives.

## Education

**University of Wyoming, School of Pharmacy**
Doctor of Pharmacy , 1982

## Professional Experience

**Founder & CEO**
Bob's Pharmacy - *Private Pharmacy and Mail Order Service*
Los Angeles, CA
1986 – 2012

Established the first mail order pharmacy in the U.S.
Pioneered research in HIV/AIDS treatment, significantly contributing to the field with novel approaches using sulfur-rich N-Acetylcysteine (NAC).
Successfully treated over 5,000 patients, extending the lives of many through advanced pharmaceutical interventions.

**Private Consultant**
*Surgery Centers*
Los Angeles, CA
2012 – Present

Provide expert consulting services to surgery centers, leveraging extensive pharmaceutical knowledge and experience.

## Achievements

- **Medical Patent:** Issued in 2022 for innovative pharmaceutical methods.
- **HIV/AIDS Research:** Contributed groundbreaking research in the field, utilizing sulfur-rich NAC.
- **Pharmacy Innovation:** Introduced and successfully managed the first mail order pharmacy in the United States.
-

## Interests

- **Advanced Astronomy:** Engaged in new methods of astronomical photography.

- **Charitable Work:** Active in global animal welfare organizations, supporting various initiatives for animal protection.

[redacted] Compton, CA [redacted]

# Alba A. Martinez

## Summary

Over fifteen years of hands-on experience in Healthcare Contracting and Credentialing with knowledge in Managed Care, Physician Dispensaries, ASCs, and Laboratory. Effective leader and problem-solver dedicated to streamlining operations to decrease costs and promote organizational efficiency across various departments. Can efficiently multitask multiple projects and execute.

## Experience

Oct. 2023 – Present | RJ Imaging | Valencia, CA

**Medical Billing/ Contracting Manager** - *Radiology*

- Help set up the new group with medical contract, vendors and billing software
- Generate revenue by making payment arrangements, collecting accounts and processing claims
- Monitor, respond, and ensure provider applications are submitted to health plans.
- Maintain relationship with health plans Provider Relation Reps.
- Conducts audits to ensure AR is low
- Perform posting charges

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Oct. 2019 – Sept. 2023 | LA Laser Center PC/ Skin and Cancer Institute | Redondo Beach, CA

**Credentialing Manager** - *Dermatology*

Completed provider & ASC credentialing and re credentialing applications, monitors applications, and follow up, using CAQH, CPPA apps, PECOS, PAVE, AHCCCS, etc. in various states.
Set up and kept provider information in various systems and databases.
Responsible for setting up new clinics and creating new business ventures.
Credential physician dispensaries, with Wholesalers, PBMs, PSAO, etc. and apply for licenses.
Maintained corporate provider contract files and served as liaison between health plan and the billing department.
Assisted the Director of RCM/Billing Department with claims denials research and provided information on whether we are in-network with specific products, and other miscellaneous billing and collections issues.
Submitted Letter of Intend to potential health plan, as needed.
First point contact for contract negotiations and renegotiations
Audit health plans directories for current and accurate provider information.
Acquired all business licenses and permits for locations.
Maintain knowledge of current health plan and state agencies to remain compliant.
Made EFT updates/changes.
Applied and maintained licenses with the Medical Board and Pharmacy Board for providers and group.
Supervised the credentialing department.
Ability to take responsibility and make decisions within the scope of authority.

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Apr. 2007 – Feb. 2020 | Harbor-UCLA Medical Foundation, Inc. | Torrance, CA

**Contracts and Credentials, Coordinator/ Payroll/HR Administrator** – *Multispecialty*

- Reviewed all employee new hires and termination files, to ensure complete and accurate documents were obtained.
- Supervised and managed the payroll functions for three entities.
- Assisted the VP of Human Resources with the onboarding and off boarding checklist.
- Worked closely with the VP of HR to monitor new laws and regulations.
- First point contact for contract negotiations
- Review and maintain all contracts/agreements, while maintaining a close relationship with health plans managers and representatives.
- Subcontracted to assist the Medical Staff Office at Harbor-UCLA Medical Center for various projects.
- Screened practitioner's applications and their supported documentation to determine the accuracy of their qualifications, and to determine if any open reprimand has been reported, to the following: Breeze, DEA, American Board of Medical Specialties, etc.

- Managed the ongoing monitoring of potential external sanction pertaining to the faculty, the process encompassed the following Medicare, Medi-Cal and State and Federal Sanctions, Malpractice cases, OIG, etc.
- Responsible for collecting, entering, organizing, and submitting data for provider and facility enrollment with various health plans, including CAQH system.
- Reviewed applications for completeness, flag missing information and signatures before sending the pre-populated application for providers to complete.
- Processed and submitted applications for payer approval.
- Overseen CMS enrollment, revalidation, and disenrollment applications, per CMS guidelines.
- Credentialed and re-credential providers as required by health plans, hospitals, and government agencies.
- Worked closely with the billing department to resolve any provider enrollment or contractual issues, and assist with running eligibility, registration, etc. Also, abetted with the medical office with any complex authorization prior to the patient visit.
- Provided support to the Chief Executive Officer, VP of HR, and group physicians.

Sept. 2006 - Mar. 2007 National Store, Inc. Gardena, CA

**Real Estate Administrator Assistant**

Jun. 2004 - Aug. 2006 Big 5 Sporting Goods Corp. El Segundo, CA

**Management Information System Admin. Assistant**

## Education

University of Phoenix –Associate in Business

# Francisco R. Santana

[redacted]

## Objective

In search of an opportunity as a Medical Practice Manager in a healthcare facility where over 20 years of medical experience in leadership, logistics and patient protocols can propel an organization to its maximum potential.

## Professional Experience

**Skin and Cancer Institute** **07/2022 – Present**

**Senior Manager**

Responsible for 20 locations within California, Nevada and Arizona, overseeing on-site managers and providers covering daily dermatological clinical operations. Recruit, hire, and train new employees both remotely and in person. Build provider schedules and grant staff administrative access to IT systems. Keep in constant communication with managers and medical providers, including monitoring employee performance, disciplinary action, and terminations. Approve payroll and ensure overtime and break compliance. Perform annual reviews. Oversee supply inventory. Act as liaison between CEO and all other departments. Manage compliance with all necessary state and local regulations including CLIA laboratory evaluations. Serve as primary contact for opening 3 new clinic locations including site selection, construction, marketing, and operating logistics. Review customer feedback and respond to escalated complaints and concerns.

**Palm Desert Dermatology & Skin Cancer** **09/2021 – 07/2022**

**Office Manager**

**Lake Havasu Dermatology & Skin Cancer** **11/2020 – 09/2021**

**Office Manager**

Managed day to day operations at co-owned locations including scheduling patients, entering patient data into EHR (EMA) system, answering multi-line phone system, assisting physician in-office exams, chart preparation, preparing clinic for audit, ordering back/front office supplies, in-office clean up, payroll using Paycom, acting as a medical assistant when needed, and office productivity reporting. Wrote employee reviews and employee disciplinary action. Created office logs and new hire onboarding. Traveled to different clinics within the organization to assist, train, and facilitate new location openings.

**California Nurses Educational Institute** **01/2018 – 04/2023**

**Medical Office Administration – Instructor (Part Time)**

Instructed students on all aspects of Medical Office Administration, assigned reading material and homework, prepared quizzes according to lecture and reading material, led lectures according to school's syllabus, and provided career counseling.

**Sandra Bender, MD** **02/2017 – 07/2020**

**Office Manager / Medical Assistant / Front Office Receptionist**

Managed daily operations, scheduled patients, verified insurance, collected payments, entered patient data into EHR (Practice Fusion) system, assisted physician with all requests, prepared patient charts, and maintained medical records.

**Eisenhower Desert Orthopedic Center** **05/2016 – 08/2016**

**Clinical Manager**

Oversaw 23 employees, supporting 10 Physicians and 10 Physician Assistants. Processed payroll in Kronos. EMR/PM (NextGen) patient database administration. Performed employee reviews. Addressed patient concerns. Ordered back-office supplies. Wrote back-office training guide. Implemented customer service training manual. Worked with other managers to create a better clinical flow for all locations through team building with monthly meetings and employee counseling.

**West Dermatology** **09/2015 – 05/2016**

**Office Manager**

Managed 19 employees and supported 4 Physicians and 4 Physician Assistants. Processed payroll in ADP. EMR (NextGen) patient database administration. Assisted with MOH's clinic (minor surgeries in office). Other duties included audit compliance, employee counseling, employee reviews, scheduling patients, and processing insurance and payments.

**Desert Region Internal Medicine** **02/2014 – 09/2015**

**Clinical Supervisor / Medical Assistant**

Supervised a team of 7 Medical Assistants and Front Office Personnel by conducting yearly employee evaluations, handling patient complaints, EHR/EPM using NextGen system, scheduling patients, preparing charts, translating for Physicians, verifying insurance, and obtaining prior authorization for medications and procedures.

**Institute of Orthopedics Desert Regional Medical Center** **07/2002 – 02/2014**

**Back Office Clinical Supervisor / Medical Assistant**

Managed staff of 18 Medical Assistants in a union environment. Processed referrals and obtained prior authorizations. Scheduled surgeries. Obtained patient information and vitals (blood pressure, temperature, O2, weight, height, and pulse).

## Administrative Medical Front Office Skills

| | | |
|---|---|---|
| Bilingual – Spanish | Telephone Triage | Customer Relations |
| Supply Acquisition Management | Bookkeeping | Filing / Scanning |
| Insurance Verification | ICD-10 Coding | CPT Coding |
| Referral Processing | Appointment Scheduling | Surgery Scheduling |
| Patient Registration | Knowledge in Cerner | Worker's Compensation |
| Payroll Processing | EMA Derm Charting | Acumatica (POS system) |

## Medical Back Office Skills

| | | |
|---|---|---|
| Culture Processing | Surgical Tray Set-Up | Venipuncture |
| Blood Chemistries | Physical Therapy Modalities | EKG's |
| Current CPR & BLS | Exam Room Preparation | Wound Care |
| Patient Positioning & Draping | Assisting in MOHs Surgery | Urinalysis |

Vitamin Injections to patient (B12, Vitamin D, B6, Testosterone)
Vitals (Blood Pressure, Pulse, Temperature, O2, Respiration)

## Education

| | |
|---|---|
| College of the Desert, Palm Desert, CA | General Education |
| Skadron College, San Bernardino, CA | Medical Assistant Certificate |
| Crafton Hills College, Yucaipa, CA | General Education |
| Beaumont High School, Beaumont, CA | High School Diploma |

# TRAI HUU

Experienced IT leader with top-notch implementation and project management abilities. Highly organized, methodical and skilled at building consensus across high-performance teams. Well-versed in Automotive industry, Medical Field, Aerospace industry planning and deployment.

Manages and prioritizes workload, demonstrates ability to multi-task; Possesses strong analytical skills, demonstrates a customer orientation; strength in analytical & math and reasoning skills, effectively communicates verbally and in writing. 24 years experienced in IT relate field as IT Director / Project Director. Sr. Mission-focused Scrum Master with extensive experience coaching and mentoring highly capable teams. Bilingual professional with more than 16 years of experience delegating tasks and managing projects.

## Work History

**2019- 2023**

### IT North America Manager of Supply Chain

***Nordstrom**, CA Riverside, Ontario, San Bernardino*
Nordstrom Fashion retailer supporting West coast supply chain locations.
*North America IT Manager*

- Managing 12 Supply Chain Location for Nordstrom across West Coast, Mid-West, East Coast. Six Distribution sites and Four Fulfillment Center and two Omni Centers.
- Warehouse Systems – Manhattan Associates, High Jump, Dematic West
- Warehouse MHE – Dematic, Wynright, SDI
- I manage to build Nordstrom fist ever Omnichannel building in Riverside CA. 2.8 Mill SF. Omnichannel max output daily 500,000 units.
- Full Automation process using Dematic System and WES Manage warehouse software.
- I created warehouse strategies using waterfall and agile methodology.
- 47 IT Ops technicians reported to me in the Southern CA. From Tech 1 to Engineering Level SR and 3 PMO
- Prepare RFPs, bid proposals, contracts, scope of work reports. Negotiate with vendors, outsourcers,

## Personal Info

**Address**

[redacted]

Garden Grove, CA, [redacted]

[redacted]

## Skills

Service Now Cert

CCNA 2017 Cert

Azure 2017 Cert

Exchange 2017 Cert

Office 365 2016

SolarWinds ArcGis 2017

Six Sigma 2017 Cert

ITIL Cert V4 HRIS

Juniper 2017

and contractors to secure infrastructure-specific products and service.

NetSuite 2018

Atlassian Jira Suite

- Research and deploy RFID technologies.
- Zebra and Printronix Support
- Operation Support inbound and outbound
- Daily customization reporting using SSR Reporting / SQL for corporate using Tableau
- Metabase dashboard build "live time monitor"
- ServiceNow Admin Ticket System
- Jira "Project Management" Confluence
- MDM Admin
- Act as industry engineer when needed.
- Building simulation / forecast models
- User Assessment Testing
- Currently refreshing network infrastructure and building standardization across other FC / DC
- 2.8 Million hardware refreshes.
- Managing FC, DC , Omni Budgets
- Building another 2,8 million sf Omni center in Seattle Washington 2022.

## IT Director

*The Le Group, Huntington Beach, CA*

**2018-2020**

The Le Group is a primarily e-commerce company comprised of three different businesses with offices in Orange County and a manufacturing warehouse located in Vernon, California and Beijing China

*IT Director*

- Lead the initiative to develop and implement a global IT risk assessment framework that will be used across jurisdictions
- Identify and evaluate IT risks and provide recommendation for process, control or security enhancements needed to risk mitigation
- Development and implementation of policies and processes for data governance to ensure the security of protected and sensitive data (PCI, PII, GDPR, PHI, HIPPA
- Agile methodologies able to run scrum ceremonies

- Prepare RFPs, bid proposals, contracts, scope of work reports. Negotiate with vendors, outsourcers, and contractors to secure infrastructure-specific products and service
- Salesforce role out and deployment
- Negotiate and execute contracts on behalf of the company
- Develop and implement Ecommerce merchandising strategy across multiple brands and marketplaces (Amazon, Ebay, Walmart, Shopify"
- Drive efficiency across all marketplace's businesses (supply chain, advertising, customer service.
- Built company network and security from the ground up making it scalable for future enterprise expansion and PCI compliance.
- Company runs on a cloud-based system utilizing Office 365 and Azure on an AWS platform. AWS hosts The Le Group's three main websites I created using managento.
- Built manufacturing warehouse's ERP system NetSuite and MRP system called SAP along with a NetSuite consultant.
- Managed warehous , inventory system and logistics setup.
- Built company call center using Zendesk and Nextiva.
- Attended daily management meetings.
- Created quarterly budget and sales/manufacturing forecasts.
- Established client relations with our business partners in China and Vietnam.
- Collaborated with management, technical crew members and fellow supervisors to organize efficient site operations and achieve demanding schedule targets.
- Monitored network activates for possible performance issues.
- Monitored social media and online sources for industry trends.

- The following departments reported to me directly: Information Technology, social media, and Human

- Carried out company-wide recruitment and termination.
- Created company Human Resource Information System (HRIS) and employee handbook.
- Worked closely with company's legal advisory board.
- Managed quality assurance program including on site evaluations, internal audits, and customer surveys.
- Prepared relevant SRM documents in conformance with Safety Management System (SMS) order.
- Mediated staff conflicts and coached staff as needed to resolve performance issues.
- Devoted special emphasis to punctuality and worked to maintain outstanding attendance record, consistently arriving to work early, ready to start immediately.
- Liaised between multiple business divisions to improve communications.
- Utilized compliance tools, corrective actions and identification of deficiencies to mitigate audit risks.
- Built external tools to automate program operations and ensure user-friendly implementation and created and implemented payroll and letter delivery processes.
- Educated management on successful approaches for enhancing policy implementation and enforcement to prevent legal entanglements involving employees.
- Served as representative in various civic and community functions to further enhance company image and develop additional business.
- Built 1mill SF automation warehouse with GreyOrange Automation

2008-2018

## Global Field Engineer Director

***TESLA**, Fremont, CA*

- supporting 516 Tesla facilities which included solar warehouse, HQ, Tesla service centers, Tesla retail stores, Critical Sites.
- Tier 3 & 4 support responsible for providing technical support to end-user and management by answering complex questions on functionality and product usage via web, phone, chat and email.
- Also responsible for recreating customer problems and collaborating with other parts of the organization to bring resolution for staff.
- Ability to provide 24x7 on-call Support for Network outages + Event management.
- Executive Support Including Elon.M / Family
- Work remotely and independently maintain regular written and in-person communication with decision-makers stakeholders, department heads and local IT Managers regarding pertinent infrastructure activates.
- SCCM Admin / Airwatch MDM Admin
- Jira Project Management
- Infosec support / deployment
- Salesforce CRM Admin / deployment
- Testing and deploying hardware among service center and retail location.
- Project Management conduct feasibly studies for various upgrade.
- Travel quarter to perform regional health check.
- Lead contact during network / critical outages.
- Identify bottlenecks in departmental business function and initiate corrective action through influences and reporting.
- Assist with Site build and remodels.
- Ensure the integrity of the internal and external network.
- Responsible to document works, and report or coordinates efforts with partners, management and other team members.

- Communicate information about network changes, issues and problems through proper channels to appropriate personnel.
- Work with Regional operation manager to plan quarterly project and budget.
- Inventory management.
- Met with customers to resolve issues and build productive relationships.
- My Team did new service location / retail build along with site refreshes. Across NA and Apec
- Manage 24 Global Employees
- Managed workover and completions engineering assignments and operator's completion plan.
- Investigated, compiled and modeled information for detailed project proposals.
- Kept site work safe and in line with budget, schedule and applicable building codes.
- Utilized pipe and filter model to find bottlenecks and enable measurement of system resource usage and process behavior at boundary limits of all operations.

**2005-04 - 2011-05**

## SR IT Manager

*Skechers, Manhattan Beach, CA*

- Project Director Retail store deployment "New site / remodels
- Supporting 376 Retail location across the globe
- WMS Upgrade + MHE
- Automation Warehouse SDI
- Negotiate and execute contracts on behalf of the company
- Generate, manage and close sales leads generated from company and personal referral sources.
- Provide project information to all project manager and project accountant including budget, completion date to ensure production team understands scope of budget and schedule.
- Accounts receivable

- Areas of responsibilities included servers, internet, network applications, LAN/WAN connectivity, security, antivirus.
- Process backup tapes for Windows servers, ensuring backup process is ready for nightly processing.
- Maintain email servers, storage array, and troubleshot Active Directory and Group Policies.
- Other responsibilities included Domain Migration, Windows 2000 migration to XP, project management and implementation of applications, hardware and network equipment.
- Troubleshot Unix in regarding command, disk I/O, CPU usage, load and network connection.
- Responsible for various desktop/laptop related activities included hardware installation, printer server, software configuration, upgrade, migration, application support, printer server and network connectivity.
- Working knowledge with MAC's application compatibility and the time support users Iphone and Ipaq.
- Developed project control roadmap to guide various projects.
- Orchestrated wide range of projects, improvement strategies, changes implementation, new revenue stream establishment, and creative marketing and advertising.
- Managed budget implementations, employee reviews, training, schedules and contract negotiations.
- Improved brand awareness by monitoring all marketing campaigns and fostering membership acquisitions and business development.
- Established and administered annual budget with effective controls to prevent overages, minimize burn rate and support sustainability objectives.
- Applied performance data to evaluate and improve operations, target to current business conditions and forecast needs.

2009-05 - 2015-05

## IT DIRECTOR

*INTEGRO HEALTHCARE*

- Supporting 92 Skill nursing and Assisted living community within the United States.
- Managing and budgeting IT / Cap-EX Projects.
- Managed 22 IT individuals "Helpdesk, Desktop Support, System Admin, DBA,.
- EHR / EMR System Deployment "Epic " Point- Click Care
- Managed/supported enterprise data center systems, technical support and maintain virtualized environments 6,000 user base on Windows/Linux/AS 400/Mac OS X platforms.
- Installed and completed Cisco Call Management Systems / Voip systems.
- Responsible for various desktop/laptop related activities included hardware installation, software configuration, upgrade, migration, application support, printer server and network connectivity.
- Extensive experience ADFS 2.0, Active Directory (add/remove accounts, privileges, GPOs, group access).
- Working experience with clustering, WINS, Veritas, DNS, DHCP, SAN storage for daily backup and disaster recovery.
- Working experienced and knowledge with Hyper-V, Webs Servers, NetApp, Load Balancers, Cloud Computing: Google Apps and McAfee Host Security.
- Working experienced in Windows 7 Deployment, Image Development and deployment with (MDT, SCCM, ITIL OSD) very familiarity with application packaging processes.
- CRM Salesforce custom data reporting, Sales analytical and profit margining.
- Working knowledge with MAC's application compatibility and the time support users Iphone and Ipad.
- Cap-Ex Management, Project Manager EHR.

- Working knowledge of telecom equipment such as voice switches, VOIP and traditional systems.
- Utilize MS Systems Configuration Center Manager to provide remote control, patch management, software distribution, operating system deployment, network access protection and hardware and software inventory.
- The same time using MS System Center to delivers management for Windows Server environments that critical business applications run on.
- Help optimize performance and availability for Microsoft workloads like Exchange, SQL, and SharePoint.
- Utilizing Citrix ZenCenter to providing VPN support and account login relate.
- Working on the project of File Servers and MS Exchange Migration.
- Communicate and coordinate with client groups to assess their needs and develop and implement application.
- Responsible for the design and implementation of the IT environment associated with the upcoming expansion of the business.
- Manage and optimize infrastructure assets to satisfy internal financial targets.
- Performed detailed assessments of risks to determine constraints and develop mitigation strategies.
- Investigated and corrected or escalated project problems.
- Gathered requirements, defined scopes, allocated resources and established schedules meeting or exceeding project demands.
- Managed quality assurance program including on site evaluations, internal audits and customer surveys.
- Performed various administrative functions, including filing paperwork, delivering mail, sorting mail, office cleaning and bookkeeping.
- Monitored social media and online sources for industry trends.

- Negotiated agreements between employees to clarify misunderstood directions and resolve conflicts affecting performance.

1999-09 - 2005-05

## SYSTEMS ADMIN/SR. DESKTOP SUPPORT Manager

*Toyota, Torrance, CA*

- Supporting 22,000 US retail shoes and 300 overseas stores "POS".
- Managed and supported 10 helpdesk and 3 client services.
- Managed/supported enterprise data center systems and service desk (Tier II, III) technical support and maintain virtualized environments 1,500 user base on Windows/Linux/AS 400/Mac OS X platforms (supported 15 western regional locations).
- Extensive experience ADFS 2.0, Active Directory (add/remove accounts, privileges, GPOs, group access).
- SMS to push out packages, Symantec Ghost imaging.
- MS Exchange 2010 maintains email servers, storage array; set up mailboxes, distribution lists.
- Working Experience with VMware ESXi 5.0/Hyper-V, Citrix Farm, LAN Oracle, SQL Database Server, Dell/HP Blade Servers rebuilt/configured/maintained/troubleshoot.
- Working knowledge of IBM iSeries5 AS400 system, Windows Server 2003/2008 R2/2012 enterprise production as well as QA and development.
- Working knowledge of Hyper-V, Webs Servers, NetApp, Load Balancers, Cloud Computing: Google Apps and McAfee Host Security.
- Working experienced in Windows 7 Deployment, Image Development and deployment with (MDT, SCCM OSD) very familiarity with application packaging processes.
- Working knowledge of telecom equipment such as voice switches, VOIP and traditional systems.

- Working knowledge with MAC's application compatibility and the time support users iPhone and iPad.
- Working experience with clustering, WINS, Veritas, DNS, DHCP, SAN storage for daily backup and disaster recovery.
- Ticketing Systems: Remedy, Peregrine.
- Responsible for ensuring all I.S.
- infrastructure is fully operational prior to start of Warehouse shift.

## Education

**2004-01**

Bachelor of Science: Information Technology

**UCR Riverside, CA**

**2006-2008**

**UCLA CA**

Master of Business Administration

**UCLA Anderson School of Management**

MBA 2010

**Whittier Law School**

Bar Exam Passed

### High School Diploma

*Redlands High School* - Redlands, CA

**Board Advisory**

Philz Coffee and SpaceX

# Roberto Santana

[redacted] Long Beach, CA [redacted]

## Education

**Franklin W. Olin College of Engineering (Olin College),** Needham, MA 09/2005 – 06/2010

*Bachelors of Science in General Engineering*

Concentration in Systems (major courses as follow):

| | | | | |
|---|---|---|---|---|
| Computer Architecture | Controls | Differential Equations | Dynamics | Linear Algebra |
| Linear Dynamics and Chaos | Systems | Thermodynamics | User Oriented Collaborative Design | |

**California Academy of Mathematics and Science**, Carson, CA 09/2001 – 06/2005

*High School Diploma*

FIRST Robotics Team #687 member for 4 years, Team Leader for 3 years

## Experience

**Canton Food Company,** Los Angeles, CA 2017-Present

*Assistant Inventory Specialist*

- Coordinate with company buyers regarding the day to day changes to products, including pricing, brand, packing and description changes.
- Generate product information labeling and signage and oversee the collection and destruction of all old materials
- Inventory database administration and upkeep
- Photograph and catalog all existing and incoming products
- Responsible for implementing short term sales and providing store personnel with sale signs and labels

**M&N Manufacturing**, Paramount, CA 2015-2017

*Manufacturing Engineer*

- Designed informational brochures for distribution to potential clients.
- Researched and contacted companies with need for company services and traveled to local companies to establish relationships with prospective customers.
- Assisted customers in design modification to reduce manufacturing time and cost.
- Used SolidWorks and Mastercam software to model parts, draft drawings, and create machining procedures.

**GDA Enterprises,** Gardena, CA 2013 – 2015

*Full Stack Developer*

- Designed the sales website following the CEO's specifications which included a full catalog, user logins, shopping cart, and database of sales information.
- Worked with company salespeople to keep the website up-to-date with new products and promotions.
- Used various computer programming languages such as HTML, CSS, SQL, PHP, JavaScript (and jQuery).

**Self-Employed,** Long Beach, CA 2011 – Present

*Private Tutor*

- Provided individualized instruction to local college students in subjects such as physics, calculus, and statistics resulting in a minimum of one letter grade improvement for all students.

**Ay Jalisco Mexican Restaurant**, McAllen, TX 2010 – 2011

*Assistant Manager*

- Recruited, interviewed and supervised employees in customer service and point of sale (POS) customer transactions.
- Responsible for addressing customer service issues and disputes to ensure customer satisfaction and return business.
- Responsible for maintaining restaurant computer systems and for diagnosing and resolving system errors.
- Designed promotional brochures used to market to local businesses.

**Woods Hole Oceanographic Institution (WHOI)**, Needham, MA 10/2008 – 05/2009

*Assistant Programmer*

- Worked as a member of a team of five individuals, through Olin College's Senior Capstone Program in Engineering (SCOPE) to create a program for WHOI to use in the scheduling of their ocean buoys.
- Used the Python language to write a program that simulated the power consumed and generated on a scientific buoy. The program data was analyzed by WHOI researchers and used to revise the schedule of measurements and testing done on the ocean buoy.
- Wrote the program documentation, a detailed manual providing a description of all variables, attributes, methods, algorithms, and files contained in the program for WHOI researchers to understand and revise.
- Managed the project's completion schedule and presented weekly PowerPoint presentations to project coordinators at WHOI.

**Northrop Grumman Space Technology**, Redondo Beach, CA Summers 2005 & 2006

*Systems Engineering Intern*

- Assisted Nanci Shawger, Systems Engineer for the Space Interferometry Mission (SIM), a joint project with NASA tasked with designing, building, and launching a satellite to accurately measure the position of celestial objects.
- Developed a 3D model of the satellite for use in mission simulation of satellite motion, articulation, and telecommunication.
- Used the Systems Tool Kit Software Suite (a modeling program used by SIM) to simulate the position of the satellite and its components over a five and a half year time span. Verified successful lines of sight during communication periods and correct positioning for desired measurements. Recommended changes to the scenario wherever discrepancies in satellite positioning were found.

**University of Illinois at Chicago (UIC)**, Chicago, IL Summer 2004

*Student Research Assistant*

- Worked in the lab of R. John Solaro, PhD, on research testing whether a genetic modification could reduce the damaging effects of heart attacks on heart muscle.
- Responsible for conducting force transduction experiments on mouse heart muscle fibers and analyzing the results.
- Published an abstract entitled "Sarcomere Length-Dependent Activation in Ischemia Reperfusion" in the *Journal of the Association of Academic Minority Physicians* Vol. 15, (Summer).
- Awarded First Place in the UIC Summer Science Fair.

**Temple University**, Philadelphia, PA Summers 2002 & 2003

*Student Research Assistant*

- Worked with Michael Autieri, PhD, and his lab on research to identify the underlying causes of vascular inflammation associated with heart transplant rejection.
- Responsible for conducting gene analysis of patient biopsies, recording test results, and performing statistical analysis of the results.
- Responsible for preparing reports and presenting findings to the principal investigator and other researchers.

Gavin Cain

[redacted]

Gavin is an astute businessman with great insight, developed a chain of coffee shops across england and sold to a large conglomerate. His astute business acumen helped keep the overhead low by cutting on unnecessary labor and supply chain costs.

Cristal Tsen

[redacted]

An expert interior designer and construction manager and businesswoman. Oversaw and coordinated the renovation of dozens of multifamily apartment buildings, commercial buildings as well as medical condos. Did the interior design for all units from A to Z.

9C

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada<br>☐ Out-of-Nevada | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.)<br><br>* Current license #:<br>PH_____ | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☒ Retail/Community<br>☒ Dangerous drugs<br>☒ Controlled substances<br>DEA #: _____<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☐ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☐ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Equality Project dba Precision Specialty Rx

Physical Address: 1490 W Sunset Rd, Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-955-5428 Toll Free # (NAC 639.708, NRS 639.23286): 855-955-5428

Fax: _____ Contact Email: Trevor.Harder@PrecisionSpecialtyRx.org

Website: https://www.PrecisionSpecialtyRx.org

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Michelle Kim

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19421

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Michelle Kim | NV Pharmacist Registration #: 19421 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): Equality Project

Corporation/Organization Name: Precision Specialty Rx

Mailing Address: 1490 W Sunset Rd, Suite 120

City: Henderson State: NV Zip: 89014

Telephone: 855-955-5428 Email: Trevor.Harder@HendersonEqualityCenter.org

Contact Person Name: Trevor Harder Trevor R. Harder

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

**Statement of Responsibility**

1. I am the Supervising Pharmacist (title) for Precision Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michelle Kim
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/3/2024
Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Michelle Kim hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Supervising Pharmacist (title) for Precision Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of December, 2024

Notary Public

MARCELA KNECHT
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 23-1130-01
MY APPT. EXPIRES FEB. 28, 2027

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Michelle Kim Pharmacist Registration #: 19421

Pharmacy Name: Precision Specialty Rx

**Initial each statement below to indicate you have read and agree with the following:**

mk I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

mk I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

mk I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

mk I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

mk I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? | | ✓ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | ✓ |

**If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michelle Kim 12/3/2024

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Trevor Hawdes

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-9-2024

Date

| Board Use Only | Date Received: 12/30/24 | Amount: $500cc |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Equality Project** as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/28/2019, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 01/08/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202501085335450
You may verify this certificate online at https://www.nvsilverflume.gov/home

PRECISION SPECIALTY RX

Equality Project dba Precision
Specialty RX
1490 W Sunset Rd, Suite 120
Henderson, NV 89014
Info@PrecisionSpecialtyRX.org

Equality Project dba Precision Specialty RX - Board Members

Trevor Harder – Founder
Chris Davin – Executive Director
John Scharfenberg – Board Director
Steven Burford – Board Director
Gregory Watwood – Secretary
Sergio Jimenez – Board Director
Billy Owensby – Board Director
Patrick Mudd – Board Director
Michelle Kim – Pharmacist

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Equality Project dba Precision Specialty Rx

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1490 W Sunset Rd, Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-955-5428 Website: www.PrecisionSpecialtyRx.org

Licensing Company Email: Info@PrecisionSpecialtyRx.org

**Section 2: Personal Information**

First: Michelle Middle: Last: Kim

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Roseman University of Health Sciences | | | 08/13 - 06/16 | |
| **Address** | **City** | | **State** | **Zip** |
| 11 Sunset Way | Henderson | | NV | 89014 |
| **Diploma/Degree obtained, if any** | | | | |
| Doctor of Pharmacy | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of California, Los Angeles | | | 09/03 - 06/06 | |
| **Address** | **City** | | **State** | **Zip** |
| 405 Hilgard Ave. | Los Angeles | | CA | 90095 |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Glendale High School | | | 09/93 - 06/97 | |
| **Address** | **City** | | **State** | **Zip** |
| 1440 E. Broadway | Glendale | | CA | 91205 |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/23 - Present | [redacted] | Las Vegas | NV | [redacted] |
| 11/13 - 04/23 | | Las Vegas | NV | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Patient Care Pharmacy | | | 11/17 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 4101 Wagon Trail Ave | Las Vegas | NV | 89118 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 702-576-9545 | Part time / Per-Diem Pharmacist | | 2,500 |

Description of Duties
- Ensure accurate entry of orders and verifies finished work of pharmacy technicians.
- Directs timely delivery of medications and supplies to the facilities on time.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| CVS Health | | | 01/17 - 08/24 |
| **Business Address** | **City** | **State** | **Zip** |
| 3270 S. Buffalo Dr. | Las Vegas | NV | 89117 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 702-256-1205 | Staff Pharmacist | | 15,000 |

Description of Duties
- Overseeing pharmacy operations
- Reviewing prescriptions and ensure to dispense correct medications to patients.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

I, Michelle Kim, **certify that as the designated representative for**

Precision Specialty RX,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MK I am at least 21 years of age;
3. MK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michelle Kim
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michelle Kim
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/4/2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Michelle Kim, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

12/4/2024
**Date**

Subscribed and Sworn to before me this 4th day of December

**Notary Public Signature**

MARCELA KNECHT
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 23-1130-01
MY APPT. EXPIRES FEB. 28, 2027

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Equality Project dba Precision Specialty Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1490 W Sunset Rd, Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-955-5428 Website: www.PrecisionSpecialtyRX.org

Licensing Company Email: Info@PrecisionSpecialtyRX.org

**Section 2: Personal Information**

First: Trevor Middle: Alan Last: Harder

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Henderson State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Western Governers University | | | 09/24-Present |
| **Address** | **City** | **State** | **Zip** |
| 4001 S 700 E #300 | Millcreek | UT | 84107 |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Southern Utah University | | | |
| **Address** | **City** | **State** | **Zip** |
| 351 W University Blvd | Cedar City | UT | 84720 |
| **Diploma/Degree obtained, if any** | | | |
| English Language Aquisition and Development Certificate | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Minnesota State University Moorhead | | | 08/12 - 12/17 |
| **Address** | **City** | **State** | **Zip** |
| 1104 7th Ave S | Moorhead | MN | 56563 |
| **Diploma/Degree obtained, if any** | | | |
| B.S. B.A. Biology/ Life Science Education | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/19 - Present | [redacted] | Las Vegas | NV | [redacted] |
| 07/18-03/19 | | Las Vegas | NV | |
| 08/16-07/17 | | Fargo | ND | |
| 08/15-07/16 | | Fargo | ND | |
| 05/14-08/15 | | Moorhead | MN | |
| 08/13-05/14 | | Moorhead | MN | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mater Academy of Nevada | | | 08/19-Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3445 S Mountain Vista St | Las Vegas | NV | 89121 |
| **Phone** | **Title** | | |
| 702-485-2400 | Teacher | | |

**Description of Duties**
Educating students, ensure rigor of curriculum, attaining state standards

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Henderson Equality Center | | | 04/20-Present |
| **Business Address** | **City** | **State** | **Zip** |
| 1490 W Sunset Rd Suite 120 | Henderson | NV | 89014 |
| **Phone** | **Title** | | |
| 855-955-5428 | Director/Owner | | |

**Description of Duties**
Oversee youth programming, develop strategic plans, maintain relationships with donors and partners, representing the organization to the public all while ensuring alighnment with the organizations mission and goals

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Somerset Academy of Nevada | | | 08/17-07/18 |
| **Business Address** | **City** | **State** | **Zip** |
| 50 N Stephanie St | Henderson | NV | 89074 |
| **Phone** | **Title** | | |
| 702-998-0500 | Teacher | | |

**Description of Duties**
Educating students, ensure rigor of curriculum, attaining state standards

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Minnesota State University-Moorhead Housing and Residential Life | | | 05/14-05/17 |
| **Business Address** | **City** | **State** | **Zip** |
| 1415 6th Ave S | Moorhead | MN | 56563 |
| **Phone** | **Title** | | |
| 218-477-2917 | Desk Manager | | |

**Description of Duties**
Day to day operations of hall desk overseeing a staff of Resident Assistants coordinating programming and facilitating a positive community atmosphere.
Answered and directed phone calls, filed paperwork. Converted paper files to digital files ensuring accuracy.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✔ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/19/2023 | 11/01/2024 | NV | Las Vegas | Clark |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| A-23-879938-C | Eighth District Court |

| Reason/Charge |
|---|
| Defamation |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Plaintiff | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| Self and Henderson Equality Center |

**Provide explanation below:**

Henderson Equality Center, Trevor Harder and Chris Davin were part of a defamation case that was against Las Vegas Pride and various other defendants. The cased was closed after both parties reached an outside of case settlement.

Original Signature (electronic, copies or stamps not accepted)

12/04/2024
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 11/14/2023 | 02/13/2024 | NV | Las Vegas | Clark |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| A-23-881542-M | Eighth District Court |

| Reason/Charge |
|---|
| Compromise of Minor's Claim |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Defendant | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| Self |

**Provide explanation below:**

Car accident insurance claim. Filed in court. Settled.

Original Signature (electronic, copies or stamps not accepted)

12/04/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Trevor Harder

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/04/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Trevor Alan Harder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

12/04/2024

**Date**

Subscribed and Sworn to before me this 4th day of December, 2024

**Notary Public Signature**

MARICEL AUTENCIO PALMA
Notary Public - State of Nevada
County of Clark
Appt. No. 22-9401-01
My Appt. Expires: Nov. 8, 2026

**(Seal)**

9D

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ■ Nevada<br>☐ Out-of-Nevada | ■ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)<br><br>* Current license #:<br>PH N/A | ■ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other:<br>To provide medical services to the Elko County jail | ■ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☐ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ■ Monday | ■ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ■ Tuesday | ■ Saturday | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ■ Wednesday | ■ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ■ Thursday | ■ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Recon Technologies, Inc. DBA Recon Healthcare Services

Physical Address: 775 W. Silver St.

City: Elko State: NEVADA Zip: 89801

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 284-2603 Contact Email: mmontero@recontechs.com

Website: www.ReconHCS.com

Nevada Business License # (if applicable) Nevada 20061613699

Supervising/Managing Pharmacist Name (NRS 639.220): John Halmes

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): Nevada License RPh # 20464

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: John Halmes | NV Pharmacist Registration #: 20464 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|
| | | |

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Recon Technologies, Inc. DBA Recon HealthCare Services

Mailing Address: 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Email: customerservice@recontechs.com

Contact Person Name: Miguel Montero

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/a

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Carlos L. Bonilla

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Carlos L. Bonilla hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of June, 20 24

Notary Public

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: John Halmes Pharmacist Registration #: 20464

Pharmacy Name: Recon Healthcare Services.

**Initial each statement below to indicate you have read and agree with the following:**

JH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Halmes 6/10/2024

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos L. Bonilla

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

| Board Use Only | Date Received: 6/11/24 | Amount: $500-ce |
|---|---|---|

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

## Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Treasurer:

| Name | Country |
|---|---|
| SANDRA M CARSTARPHEN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Director:

| Name | Country |
|---|---|
| CARLOS L BONILLA | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Secretary:

| Name | Country |
|---|---|
| SANDRA M CARSTARPHEN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE President:

| Name | Country |
|---|---|
| JOSE M MONTERO | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

X Jose M. Montero
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

03/14/2024
Date

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RECON TECHNOLOGIES, INC.**, as a DOMESTIC CLOSE CORPORATION (78A) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/31/2006, and is in good standing in this state.

I further certify that the above DOMESTIC CLOSE CORPORATION (78A) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/14/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202405144647766
You may verify this certificate online at http://www.nvsos.gov

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Recon Healthcare Services

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 775 W Silver St

City Elko State NV Zip 89801

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-284-2706 opt #3 Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Taylor Middle Morgan Last Babbitt

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Elko State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | Address | City | State | Zip | From - To (MM/YY – MM/YY) | Diploma/Degree obtained, if any |
|---|---|---|---|---|---|---|
| Great Basin College | 1500 College Parkway | Elko | NV | 89801 | 08/15 - 08/20 | BSN |
| University of Wyoming | 1000 E University Ave | Laramie | WY | 82071 | 08/13 - 05/14 | None |
| West Albany | ~~Albany~~ 2100 SW Elm St. | Albany | OR | 97321 | 09/10 - 06/13 | High School Diploma |
| | | | | | | |
| | | | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/24 - current | [redacted] | Elko | NV | [redacted] |
| 10/22 - 06/24 | | Elko | NV | |
| 08/20 - 10/22 | | Kettle Falls | WA | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | |
|---|---|---|---|
| Business Name: Recon Healthcare Services | | | From - To (MM/YY – MM/YY) |
| Business Address: 775 W Silver St. | City: Elko | State: NV | Zip: 89801 |
| Phone: 775-284-2706 | Title: Registered Nurse | | Number of Employed Hours: 40 hrs. |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY) |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY) |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY) |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY) |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | Number of Employed Hours: |
| Description of Duties: | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

I, Taylor Babbitt, certify that as the designated representative for Diamond Pharmacy, Recon HCS,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. TB I am at least 21 years of age;
3. TB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Taylor Babbitt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/24/25

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Taylor Babbitt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/24/25

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Taylor Babbitt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/24/25

**Date**

Subscribed and Sworn to before me this 24 day of January.

M. Spearman

**Notary Public Signature**

M SPEARMAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-12-26
Certificate No: 20-4311-03

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 775 W. Silver St.

City: Elko State: Nevada Zip: 89801

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706, ext. 36 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Carlos Middle: Luis Last: Bonilla

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Sparks State: Nevada Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 2010 to 2015 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Arts in Business Administration / Minor in Economics UNR | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 2000 to 2006 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Science in Criminal Justice/ Law Enforcement | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 1998 to 1998 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Law Enforcement Academy/ Category 1, Category 3 Peace Officer | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Jose High School | | 1972 to 1977 | |
| **Address** | **City** | **State** | **Zip** |
| Costa Rica | San Jose | CR | N/A |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2002 to Present | [redacted] | Sparks | Nevada | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 2001 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 826-8090 | President/Administrator | | |

**Description of Duties**

Oversee company's compliance with Federal and State regulations. Supervised Human Resources, scheduling, Health care Professionals. Liaison between the agency and the State of Nevada.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | | 2006 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 284-2706 | Vice-president/ Administrator | | |

**Description of Duties**

Company's representative to the Nevada Sheriffs and Chiefs Association, marketing, developing new contracts with Nevada's rural counties needing correctional health care for inmates. Overseeing compliance with State regulations.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Carlos L. Bonilla

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/2024

Date

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**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of WASHOE.

I, CARLOS L. BONILLA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/2024

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 775 W. Silver St.

City: Elko State: Nevada Zip: 89801

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Sandra Middle: Maria Last: Carstarphen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Addres: [redacted]

City: Reno State: NV Zip: 89509

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Costa Rica | | 1980 to 1987 | |
| **Address** | **City** | **State** | **Zip** |
| San Pedro de Montes de OCA | San Jose | CR | N/A |
| Diploma/Degree obtained, if any | | | |
| Master Degree in Counseling | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Jose High School | | 1974 to 1979 | |
| **Address** | **City** | **State** | **Zip** |
| Costa Rica | San Jose | CR | N/A |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 1999 to Present | [redacted] | Reno | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| American Home Companion, Inc. | 2000 to Present |

| Business Address | City | State | Zip |
|---|---|---|---|
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 |

| Phone | Title |
|---|---|
| (775) 826-8090 | Vicepresident |

Description of Duties

Human Resources, Payroll and Billing

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | 2006 to Present |

| Business Address | City | State | Zip |
|---|---|---|---|
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 |

| Phone | Title |
|---|---|
| (775) 284-2706 | Secretary |

Description of Duties

Human Resources, Payroll and Billing

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Phone | Title |
|---|---|
| | |

Description of Duties

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Phone | Title |
|---|---|
| | |

Description of Duties

| Business Name | From - To (MM/YY – MM/YY) |
|---|---|
| | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Phone | Title |
|---|---|
| | |

Description of Duties

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sandra M. Carstarphen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/2024

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Sandra Carstarphen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/2024

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc. DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 775 W. Silver Street

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): 3708 Lakeside Drive Suite 200

City: Reno State: NV Zip: 89509

Telephone: 775-284-2706 Website: www.ReconHCS.com

Licensing Company Email: CustomerService@ReconHCS.com

**Section 2: Personal Information**

First: Jose Middle: Miguel Last: Montero

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 09/2004 - 06/2007 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | NV | 89512 |
| Diploma/Degree obtained, if any | | | |
| Associates of Art | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Reno HighSchool | | 08/1998 - 06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 395 Booth Street | Reno | NV | 89509 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2014 - Preset | [redacted] | Reno | NV | [redacted] |
| 01/2009 - 07/2014 | | Reno | NV | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. | | | 03/2006 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| 775-284-2601 | Operations Manager / President / Owner | | |
| **Description of Duties** | | | |
| Supervising and monitoring day to day operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 09/2004 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| 775-826-8090 | General Manager / Vice-President | | |
| **Description of Duties** | | | |
| Supervising and monitoring day to day operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jose M. Montero

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/4/2024

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Jose Miguel Montero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/4/2024

**Date**

Subscribed and Sworn to before me this 4 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

9E

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada<br>☐ Out-of-Nevada | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)<br><br>* Current license #:<br>PH N/A | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other:<br>To provide Medical Services to the Douglas County Jail | ☒ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☐ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☒ Sunday | ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☒ Holidays | ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Recon Technologies, Inc. DBA Recon Healthcare Services

Physical Address: 1038 Buckeye Road.

City: Minden State: Nevada Zip: 89423

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 284-2603 Contact Email: mmontero@recontechs.com

Website: www.ReconHCS.com

Nevada Business License # (if applicable) 20061613699

Supervising/Managing Pharmacist Name (NRS 639.220): John Halmes

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): Nevada RPh # 20464

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: John Halmes | NV Pharmacist Registration #: 20464 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Recon Technologies, Inc. DBA Recon Healthcare Services

Mailing Address: 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Email: customerservice@recontechs.com

Contact Person Name: Miguel Montero

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Carlos L. Bonilla

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024.

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Carlos L. Bonilla hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of June, 20 24

Notary Public

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: John Halmes Pharmacist Registration #: 20464

Pharmacy Name: Recon Healthcare Services.

**Initial each statement below to indicate you have read and agree with the following:**

JH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| **Personal and Professional History** | **Yes** | **No** |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| **Board Administrative Action:** | **State:** | **Date:** | **Case #:** |
|---|---|---|---|
| | | | |

| **Criminal Action:** | **State:** | **Date:** | **Case #:** | **County:** | **Court:** |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

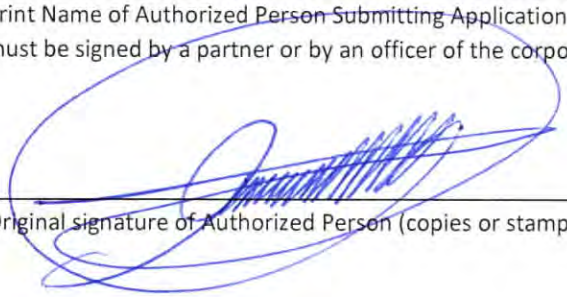
John Halmes
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/10/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos L. Bonilla

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

| Board Use Only | Date Received: 6/11/24 | Amount: $500-cc |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RECON TECHNOLOGIES, INC.**, as a DOMESTIC CLOSE CORPORATION (78A) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/31/2006, and is in good standing in this state.

I further certify that the above DOMESTIC CLOSE CORPORATION (78A) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/14/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202405144647766
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Treasurer:

| Name | Country |
|---|---|
| SANDRA M CARSTARPHEN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Director:

| Name | Country |
|---|---|
| CARLOS L BONILLA | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Secretary:

| Name | Country |
|---|---|
| SANDRA M CARSTARPHEN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE President:

| Name | Country |
|---|---|
| JOSE M MONTERO | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Jose M. Montero
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

03/14/2024
Date



3281

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Recon HCS

Pharmacy/Wholesaler License # (if applicable)

Physical Address 1038 Buckeye Rd

City Minden State NV Zip 89423

Mailing Address (if different from physical address) Same

City State Zip

Telephone Website Douglascounty@ReconHCS.com

Licensing Company Email Douglascounty@ReconHCS.com

**Section 2: Personal Information**

First Aimee Middle Lee Last Duffy

Alias(es, nicknames, name changes, etc.) Aimee Humphreys

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Minden State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Western Nevada College | 09/15 - 05/21 | | |
| Address | City | State | Zip |
| 2201 W College Pkwy | Carson City | NV | 89703 |
| Diploma/Degree obtained, if any | | | |
| Associates of Science - Nursing | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| UNR | 09/1992 - 05/1994 | | |
| Address | City | State | Zip |
| 16664 N. Viaginia St. | Reno | NV | 89557 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Douglas High School | 09/88 - 05/92 | | |
| Address | City | State | Zip |
| 1670 Hwy 88 | Minden | NV | 89423 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | From - To (MM/YY – MM/YY | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/21 - current | [redacted] | Minden | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Addre | City | State | |
| 07/15 - 04/21 | | Minden | NV | |
| From - To (MM/YY – MM/YY) | Addre | City | State | |
| 07/14 - 07/15 | | Gardnerville | NV | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renown HCS - Douglas County | | | 06/24 - current |
| **Business Address** | **City** | **State** | **Zip** |
| 1038 Buckeye Rd. | Minden | NV | 89423 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-284-2706 | Charge Nurse | 40/wk | |
| **Description of Duties** | | | |
| Ordering and administering all patient medication both prescription and over the counter | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Nephcare | | | |
| **Business Address** | **City** | **State** | **Zip** |
| 911 Parr Blvd. | Reno | NV | 89512 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-328-3066 | Charge Nurse | 40/wk | |
| **Description of Duties** | | | |
| administering patient medications | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Carson Tahoe Health | | | 12/21 - 6/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 1600 Medical Pkwy. | Carson City | NV | 89703 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-445-8000 | Staff RN | 40/wk | |
| **Description of Duties** | | | |
| administering patient medications | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renown RMC | | | 12/20 - 12/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 1155 Mill St. | Reno | NV | 89502 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 775-982-4100 | Staff RN | 40/wk | |
| **Description of Duties** | | | |
| administering patient medications | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

I, Aimee Duffy, certify that as the designated representative for Record HCS,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Aimee Duffy
Print Name (First, Last)

Aimee Duffy
Original Signature (electronic, copies or stamps not accepted)

1-9-25
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Aimee DUFFY
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 1-9-25

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** — **Date:** 1-9-25

Subscribed and Sworn to before me this 9 day of January, 2025

**Notary Public Signature**

NOTARY PUBLIC
STATE OF NEVADA
of Carson City (Seal)
24-5717-03 THERESA SCHULTZ
My Appointment Expires April 17, 2028

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 1038 Buckeye Rd.

City: Minden State: Nevada Zip: 89423

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706, ext. 36 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Carlos Middle: Luis Last: Bonilla

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Sparks State: Nevada Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Truckee Meadows Community College | 2010 to 2015 | | |
| Address: 7000 Dandini Blvd. | City: Reno | State: Nevada | Zip: 89512 |
| Diploma/Degree obtained, if any: Associate of Arts in Business Administration / Minor in Economics UNR | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Truckee Meadows Community College | 2000 to 2006 | | |
| Address: 7000 Dandini Blvd. | City: Reno | State: Nevada | Zip: 89512 |
| Diploma/Degree obtained, if any: Associate of Science in Criminal Justice/ Law Enforcement | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Truckee Meadows Community College | 1998 to 1998 | | |
| Address: 7000 Dandini Blvd. | City: Reno | State: Nevada | Zip: 89512 |
| Diploma/Degree obtained, if any: Law Enforcement Academy/ Category 1, Category 3 Peace Officer | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| San Jose High School | 1972 to 1977 | | |
| Address: Costa Rica | City: San Jose | State: CR | Zip: N/A |
| Diploma/Degree obtained, if any: | | | |

| School Name | From - To (MM/YY – MM/YY | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any: | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2002 to Present | [redacted] | Sparks | Nevada | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 2001 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 826-8090 | President/Administrator | | |

Description of Duties

Oversee company's compliance with Federal and State regulations. Supervised Human Resources, scheduling, Health care Professionals. Liaison between the agency and the State of Nevada.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | | 2006 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 284-2706 | Vice-president/ Administrator | | |

Description of Duties

Company's representative to the Nevada Sheriffs and Chiefs Association, marketing, developing new contracts with Nevada's rural counties needing correctional health care for inmates. Overseeing compliance with State regulations.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Carlos L. Bonilla

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of WASHOE

I, CARLOS L. BONILLA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/2024

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 1038 Buckeye Rd

City: Minden State: Nevada Zip: 89423

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Sandra Middle: Maria Last: Carstarphen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Costa Rica | | | 1980 to 1987 | |
| Address | City | | State | Zip |
| San Pedro de Montes de OCA | San Jose | | CR | N/A |
| Diploma/Degree obtained, if any | | | | |
| Master Degree in Counseling | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| San Jose High School | | | 1974 to 1979 | |
| Address | City | | State | Zip |
| Costa Rica | San Jose | | CR | N/A |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 1999 to Present | [redacted] | Reno | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| American Home Companion, Inc. | | | 2000 to Present | |
| **Business Address** | **City** | **State** | **Zip** | |
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 | |
| **Phone** | **Title** | | | |
| (775) 826-8090 | Vicepresident | | | |
| **Description of Duties** | | | | |
| Human Resources, Payroll and Billing | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | | 2006 to Present | |
| **Business Address** | **City** | **State** | **Zip** | |
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 | |
| **Phone** | **Title** | | | |
| (775) 284-2706 | Secretary | | | |
| **Description of Duties** | | | | |
| Human Resources, Payroll and Billing | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | **State** | **Zip** | |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | **State** | **Zip** | |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | **State** | **Zip** | |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sandra M. Carstarphen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Sandra Carstarphen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/24

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc. DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 1038 Buckeye Road

City: Minden State: NV Zip: 89423

Mailing Address (if different from physical address): 3708 Lakeside Drive Suite 200

City: Reno State: NV Zip: 89509

Telephone: 775-284-2706 Website: www.ReconHCS.com

Licensing Company Email: CustomerService@ReconHCS.com

**Section 2: Personal Information**

First: Jose Middle: Miguel Last: Montero

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Truckee Meadows Community College | | | 09/2004 - 06/2007 | |
| Address | City | | State | Zip |
| 7000 Dandini Blvd. | Reno | | NV | 89512 |
| Diploma/Degree obtained, if any | | | | |
| Associates of Art | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Reno HighSchool | | | 08/1998 - 06/2000 | |
| Address | City | | State | Zip |
| 395 Booth Street | Reno | | NV | 89509 |
| Diploma/Degree obtained, if any | | | | |
| High School Diploma | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2014 - Preset | [redacted] | Reno | NV | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 01/2009 - 07/2014 | | Reno | NV | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. | | | 03/2006 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| 775-284-2601 | Operations Manager / President / Owner | | |
| **Description of Duties** | | | |
| Supervising and monitoring day to day operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 09/2004 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| 775-826-8090 | General Manager / Vice-President | | |
| **Description of Duties** | | | |
| Supervising and monitoring day to day operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jose M. Montero

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/4/2024

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe.

I, Jose Miguel Montero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/4/2024

**Date**

Subscribed and Sworn to before me this 4 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

9F

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada<br>☐ Out-of-Nevada | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.)<br><br>* Current license #:<br>PH N/A | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other:<br>To provide Medical Services to the Douglas County Jail | ☒ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☐ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☒ Sunday | ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☒ Holidays | ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Recon Technologies, Inc. DBA Recon Healthcare Services

Physical Address: 801 Fairgrounds Rd.

City: Winnemucca State: Nevada Zip: 89445

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 284-2603 Contact Email: mmontero@recontechs.com

Website: www.ReconHCS.com

Nevada Business License # (if applicable) 20061613699

Supervising/Managing Pharmacist Name (NRS 639.220): John Halmes

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): Nevada RPh # 20464

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: John Halmes | NV Pharmacist Registration #: 20464 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

## Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Recon Technologies, Inc. DBA Recon Healthcare Services

Mailing Address: 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Email: customerservice@recontechs.com

Contact Person Name: Miguel Montero

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

## Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

## Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Carlos L. Bonilla

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Carlos L. Bonilla hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of June, 2024

Notary Public

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: John Halmes Pharmacist Registration #: 20464

Pharmacy Name: Recon Healthcare Services.

**Initial each statement below to indicate you have read and agree with the following:**

JH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Halmes
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/10/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos L. Bonilla

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

| Board Use Only | Date Received: 6/11/24 | Amount: $300-cc |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RECON TECHNOLOGIES, INC.**, as a DOMESTIC CLOSE CORPORATION (78A) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/31/2006, and is in good standing in this state.

I further certify that the above DOMESTIC CLOSE CORPORATION (78A) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/14/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202405144647766
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

## Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION; INDICATE THE Treasurer:

| Name | Country |
|---|---|
| SANDRA M CARSTARPHEN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Director:

| Name | Country |
|---|---|
| CARLOS L BONILLA | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Secretary:

| Name | Country |
|---|---|
| SANDRA M CARSTARPHEN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE President:

| Name | Country |
|---|---|
| JOSE M MONTERO | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

**X** Jose M. Montero
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

03/14/2024
Date



3312

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Recon Healthcare Services

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 801 Fairgrounds Road

City Winnemucca State NV Zip 89445

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 775 284 2600 ext 5 Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Jenny Middle Lynne Last Setzer

Alias(es, nicknames, name changes, etc.) Burger (Maiden)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Winnemucca State NV Zip [redacted]

Telephone [redacted] mail [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Great Basin College | | 8/2016 – 5/2020 | |
| Address | City | State | Zip |
| 5490 Kluncy Canyon Rd | Winnemucca | NV | 89445 |
| Diploma/Degree obtained, if any | | | |
| AAS in Nursing | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Elko County High School | | 1987 – 1990 | |
| Address | City | State | Zip |
| 987 College Ave | Elko | NV | 89801 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Grand County High School | | 1986 – 1987 | |
| Address | City | State | Zip |
| 608 4th Street | Moab | UT | 84532 |
| Diploma/Degree obtained, if any | | | |
| transferred to Elko | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2010 to present | [redacted] | Winnemucca | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

I, Jenny Setzer, **certify that as the designated representative for** Diamond Pharmacy, Recon HCS, **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jenny Setzer
Print Name (First) Last)

Setzer RN
Original Signature (electronic, copies or stamps not accepted)

01/14/25
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jenny Setzer

Print Name (First, Last)

Setzer RN

Original Signature (electronic, copies or stamps not accepted)

01/14/25

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Humboldt

I, Jenny Setzer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Setzer RN

**Original Signature**

01/14/25

**Date**

Subscribed and Sworn to before me this 14 day of January 2025.

**Notary Public Signature**

Wendy Ann Thompson
Notary Public-State of Nevada
Appointment No. 24-6987-09
My Appointment Expires 10-08-2028

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 801 Fairgrounds Rd.

City: Winnemucca State: Nevada Zip: 89445

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706, ext. 36 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Carlos Middle: Luis Last: Bonilla

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Sparks State: Nevada Zip: [redacted]

Telephon[redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 2010 to 2015 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Arts in Business Administration / Minor in Economics UNR | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 2000 to 2006 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Science in Criminal Justice/ Law Enforcement | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 1998 to 1998 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Law Enforcement Academy/ Category 1, Category 3 Peace Officer | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Jose High School | | 1972 to 1977 | |
| **Address** | **City** | **State** | **Zip** |
| Costa Rica | San Jose | CR | N/A |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2002 to Present | [redacted] | Sparks | Nevada | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| American Home Companion, Inc. | | 2001 to Present | |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 826-8090 | President/Administrator | | |

**Description of Duties**

Oversee company's compliance with Federal and State regulations. Supervised Human Resources, scheduling, Health care Professionals. Liaison between the agency and the State of Nevada.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | 2006 to Present | |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 284-2706 | Vice-president/ Administrator | | |

**Description of Duties**

Company's representative to the Nevada Sheriffs and Chiefs Association, marketing, developing new contracts with Nevada's rural counties needing correctional health care for inmates. Overseeing compliance with State regulations.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Carlos L. Bonilla
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/2024
**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 801 Fairgrounds Rd.

City: Winnemucca State: Nevada Zip: 89445

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Sandra Middle: Maria Last: Carstarphen

Alias(es, nicknames, name changes, etc.): [redacted]

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Costa Rica | | 1980 to 1987 | |
| **Address** | **City** | **State** | **Zip** |
| San Pedro de Montes de OCA | San Jose | CR | N/A |
| Diploma/Degree obtained, if any | | | |
| Master Degree in Counseling | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Jose High School | | 1974 to 1979 | |
| **Address** | **City** | **State** | **Zip** |
| Costa Rica | San Jose | CR | N/A |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 1999 to Present | [redacted] | Reno | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 2000 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| (775) 826-8090 | Vicepresident | | |
| **Description of Duties** | | | |
| Human Resources, Payroll and Billing | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | | 2006 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| (775) 284-2706 | Secretary | | |
| **Description of Duties** | | | |
| Human Resources, Payroll and Billing | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sandra M. Carstarphen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Sandra Carstarphen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/24

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Personal History Application

Rev (05/18/2023)

## Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc. DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 801 Fairgrounds Road

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address): 3708 Lakeside Drive Suite 200

City: Reno State: NV Zip: 89509

Telephone: 775-284-2706 Website: www.ReconHCS.com

Licensing Company Email: CustomerService@ReconHCS.com

## Section 2: Personal Information

First: Jose Middle: Miguel Last: Montero

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 09/2004 - 06/2007 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | NV | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associates of Art | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Reno HighSchool | | 08/1998 - 06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 395 Booth Street | Reno | NV | 89509 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2014 - Preset | [redacted] | Reno | NV | [redacted] |
| 01/2009 - 07/2014 | | Reno | NV | |
| | | | | |
| | | | | |
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| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Recon Technologies, Inc. | | | 03/2006 - Present | |
| **Business Address** | **City** | **State** | **Zip** | |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 | |
| **Phone** | **Title** | | | |
| 775-284-2601 | Operations Manager / President / Owner | | | |
| **Description of Duties** | | | | |
| Supervising and monitoring day to day operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| American Home Companion, Inc. | | | 09/2004 - Present | |
| **Business Address** | **City** | **State** | **Zip** | |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 | |
| **Phone** | **Title** | | | |
| 775-826-8090 | General Manager / Vice-President | | | |
| **Description of Duties** | | | | |
| Supervising and monitoring day to day operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | **State** | **Zip** | |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | **State** | **Zip** | |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | **State** | **Zip** | |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jose M. Montero

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Jose Miguel Montero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/2024

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

# 9G

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada | ☒ New Pharmacy | ☐ Retail/Community | ☒ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☐ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) | ☒ Other: To provide medical services at the Lyon County Jail. | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☐ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: PH N/A | | ☐ Hospital |
| | | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☒ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☒ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Recon Technologies, Inc. DBA Recon Healthcare Services

Physical Address: 911 Harvey Way

City: Yerington, State: Nevada Zip: 89447

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (775) 284-2603 Contact Email: cbonilla@recontechs.com

Website: www.ReconHCS.com

Nevada Business License # (if applicable) NV 20061613699

Supervising/Managing Pharmacist Name (NRS 639.220): John Halmes

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): RPh 20464

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: John Halmes | NV Pharmacist Registration #: 20464 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: N/A | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Recon Technologies Inc. DBA Recon Healthcare Services

Mailing Address: 3708 Lakeside Dr. Suite 200

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Email: customerservice@recontechs.com

Contact Person Name: Miguel Montero

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Carlos L. Bonilla

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Carlos L. Bonilla hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Administrator (title) for Recon Healthcare Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of June, 2024

Notary Public

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: John Halmes Pharmacist Registration #: 20464

Pharmacy Name: Recon Healthcare Services.

**Initial each statement below to indicate you have read and agree with the following:**

JH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

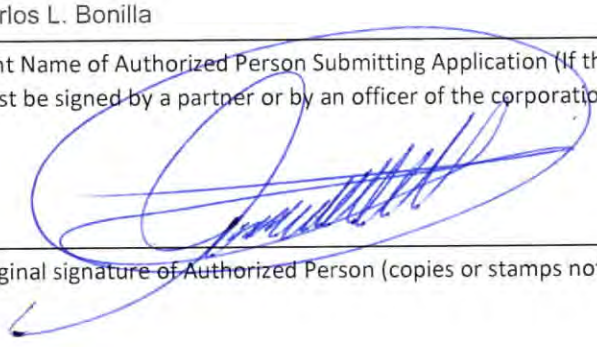
John Halmes
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/10/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos L. Bonilla

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

6/10/2024

Date

| Board Use Only | Date Received: 6/11/24 | Amount: $500-CC |
|---|---|---|

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

## Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION; INDICATE THE Treasurer:

| Name | Country | | |
|---|---|---|---|
| SANDRA M CARSTARPHEN | USA | | |
| **Address** | **City** | **State** | **Zip/Postal Code** |
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION; INDICATE THE Director:

| Name | Country | | |
|---|---|---|---|
| CARLOS L BONILLA | USA | | |
| **Address** | **City** | **State** | **Zip/Postal Code** |
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE Secretary:

| Name | Country | | |
|---|---|---|---|
| SANDRA M CARSTARPHEN | USA | | |
| **Address** | **City** | **State** | **Zip/Postal Code** |
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

CORPORATION, INDICATE THE President:

| Name | Country | | |
|---|---|---|---|
| JOSE M MONTERO | USA | | |
| **Address** | **City** | **State** | **Zip/Postal Code** |
| 3708 LAKESIDE DR. SUITE 200 | RENO | NV | 89509 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

X Jose M. Montero
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

President
**Title**

03/14/2024
**Date**



3341

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RECON TECHNOLOGIES, INC.**, as a DOMESTIC CLOSE CORPORATION (78A) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/31/2006, and is in good standing in this state.

I further certify that the above DOMESTIC CLOSE CORPORATION (78A) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/14/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202405144647766
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Recon Healthcare Services

Pharmacy/Wholesaler License # (if applicable)

Physical Address 911 Harvey Way

City Yerington State NV Zip 89447

Mailing Address (if different from physical address)

City State Zip

Telephone Website

Licensing Company Email

**Section 2: Personal Information**

First Nichole Middle Trina Last Vonjaeger

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Yerington State NV [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Western Nevada College | | | From - To (MM/YY – MM/YY): 08/21 - 05/23 |
| Address: 2201 W. College Pkwy | City: Carson City | State: NV | Zip: 89703 |
| Diploma/Degree obtained, if any: Associates degree in Nursing | | | |
| School Name: Yerington Adult Ed | | | From - To (MM/YY – MM/YY): 12/07 - 05/08 |
| Address: 120 N California St | City: Yerington | State: NV | Zip: 89447 |
| Diploma/Degree obtained, if any: GED | | | |
| School Name: Hug High School | | | From - To (MM/YY – MM/YY): 08/97 |
| Address: 425 E 9th St | City: Reno | State: NV | Zip: 89512 |
| Diploma/Degree obtained, if any: | | | |
| School Name: | | | From - To (MM/YY – MM/YY): |
| Address: | City: | State: | Zip: |
| Diploma/Degree obtained, if any: | | | |
| School Name: | | | From - To (MM/YY – MM/YY): |
| Address: | City: | State: | Zip: |
| Diploma/Degree obtained, if any: | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY): 12/11 - Current | Address: [redacted] | City: Yerington | State: NV | [redacted] |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |
| From - To (MM/YY – MM/YY): | Address: | City: | State: | Zip: |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | | |
|---|---|---|---|---|
| Business Name: Recon Healthcare Services | | | | From - To (MM/YY – MM/YY): 06/23-current |
| Business Address: 911 Harvey Way | City: Yerington | | State: NV | Zip: 89447 |
| Phone: 775-284-2706 x306 | Title: Charge Nurse | | Number of Employed Hours: 3,024 | |
| Description of Duties: Deliver, dispense, administer medications. perform physical assessments and vitals. | | | | |
| Business Name: South Lyon Medical Center | | | | From - To (MM/YY – MM/YY): 12/21 - 05/23 |
| Business Address: 213 S. Whitacre St. | City: Yerington | | State: NV | Zip: 89447 |
| Phone: 775-463-2301 | Title: Nurse apprentice | | Number of Employed Hours: 672 | |
| Description of Duties: Deliver, dispense, administer medications. perform physical assessments and vitals | | | | |
| Business Name: Western Nevada Surgery Center | | | | From - To (MM/YY – MM/YY): 06/23 - 11/24 |
| Business Address: 1299 Mountain St. | City: Carson City | | State: NV | Zip: 89703 |
| Phone: 775-882-4477 | Title: Registered Nurse | | Number of Employed Hours: 1,685 | |
| Description of Duties: Deliver, dispense, administer medications. perform physical assessments and vitals. | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

I, Nichole Vonjaeger, **certify that as the designated representative for** Recon Healthcare Services,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. NV I am at least 21 years of age;
3. NV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nichole Vonjaeger
Print Name (First, Last)

NV RN
Original Signature (electronic, copies or stamps not accepted)

1-23-25
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Nichole Vonjaeger
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-23-25
Date

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**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Lyon

I, Nichole Vonjaeger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1-23-25
**Date**

Subscribed and Sworn to before me this 23rd day of January 2025

Kathleen Clanton
**Notary Public Signature**

KATHLEEN CLANTON
Notary Public-State of Nevada
Appointment No. 20-0681-12
My Appointment Expires 01/30/2028

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 911 Harvey Way

City: Yerington State: Nevada Zip: 89447

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706, ext. 36 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Carlos Middle: Luis Last: Bonilla

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Sparks State: Nevada Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 2010 to 2015 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Arts in Business Administration / Minor in Economics UNR | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 2000 to 2006 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Associate of Science in Criminal Justice/ Law Enforcement | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 1998 to 1998 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | Nevada | 89512 |
| **Diploma/Degree obtained, if any** | | | |
| Law Enforcement Academy/ Category 1, Category 3 Peace Officer | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Jose High School | | 1972 to 1977 | |
| **Address** | **City** | **State** | **Zip** |
| Costa Rica | San Jose | CR | N/A |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2002 to Present | [redacted] | Sparks | Nevada | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 2001 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 826-8090 | President/Administrator | | |

**Description of Duties**

Oversee company's compliance with Federal and State regulations. Supervised Human Resources, scheduling, Health Professionals. Liaison between the agency and the State of Nevada.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | | 2006 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | Nevada | 89509 |
| **Phone** | **Title** | | |
| (775) 284-2706 | Vice-president/ Administrator | | |

**Description of Duties**

Company's representative to the Nevada Sheriffs and Chiefs Association, marketing, developing new contracts with Nevada's rural counties needing correctional health care for inmates. Overseeing compliance with State regulations.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Carlos L. Bonilla

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/10/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of WASHOE

I, CARLOS L. BONILLA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/10/2024

**Date**

Subscribed and Sworn to before me this 10 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 911 Harvey Way

City: Yerington State: Nevada Zip: 89447

Mailing Address (if different from physical address): 3708 Lakeside Dr. Suite 200 (Corporate Office)

City: Reno State: Nevada Zip: 89509

Telephone: (775) 284-2706 Website: www.ReconHCS.com

Licensing Company Email: customerservice@recontechs.com

**Section 2: Personal Information**

First: Sandra Middle: Maria Last: Carstarphen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Costa Rica | | 1980 to 1987 | |
| **Address** | **City** | **State** | **Zip** |
| San Pedro de Montes de OCA | San Jose | CR | N/A |
| **Diploma/Degree obtained, if any** | | | |
| Master Degree in Counseling | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Jose High School | | 1974 to 1979 | |
| **Address** | **City** | **State** | **Zip** |
| Costa Rica | San Jose | CR | N/A |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 1999 to Present | [redacted] | Reno | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 2000 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| (775) 826-8090 | Vicepresident | | |
| **Description of Duties** | | | |
| Human Resources, Payroll and Billing | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. DBA Recon Health Care Services | | | 2006 to Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Dr. Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| (775) 284-2706 | Secretary | | |
| **Description of Duties** | | | |
| Human Resources, Payroll and Billing | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1: Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Recon Technologies, Inc. DBA Recon Healthcare Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 911 Harvey Lane

City: Yerington State: NV Zip: 89447

Mailing Address (if different from physical address): 3708 Lakeside Drive Suite 200

City: Reno State: NV Zip: 89509

Telephone: 775-284-2706 Website: www.ReconHCS.com

Licensing Company Email: CustomerService@ReconHCS.com

**Section 2: Personal Information**

First: Jose Middle: Miguel Last: Montero

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zi[redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truckee Meadows Community College | | 09/2004 - 06/2007 | |
| **Address** | **City** | **State** | **Zip** |
| 7000 Dandini Blvd. | Reno | NV | 89512 |
| Diploma/Degree obtained, if any | | | |
| Associates of Art | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Reno HighSchool | | 08/1998 - 06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 395 Booth Street | Reno | NV | 89509 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2014 - Preset | [redacted] | Reno | NV | [redacted] |
| 01/2009 - 07/2014 | | Reno | NV | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Recon Technologies, Inc. | | | 03/2006 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| 775-284-2601 | Operations Manager / President / Owner | | |
| **Description of Duties** | | | |
| Supervising and monitoring day to day operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American Home Companion, Inc. | | | 09/2004 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 3708 Lakeside Drive Suite 200 | Reno | NV | 89509 |
| **Phone** | **Title** | | |
| 775-826-8090 | General Manager / Vice-President | | |
| **Description of Duties** | | | |
| Supervising and monitoring day to day operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jose M. Montero

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/4/2024

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Jose Miguel Montero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/4/2024

**Date**

Subscribed and Sworn to before me this 4 day of June.

**Notary Public Signature**

ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

(Seal)

9H

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

### Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☒ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☐ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

**Section 1: General Information**

Pharmacy Name: Vegas Care Pharmacy

Physical Address: 5460 N Eastern Ave Ste #155

City: Las Vegas State: NV Zip: 89101

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: vegascarepharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20243235892

Supervising/Managing Pharmacist Name (NRS 639.220): Richard D. Nguyen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20757

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Richard D. Nguyen | NV Pharmacist Registration #: 20757 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 7: Partnership**

Partnership Name: Vegas Care Pharmacy LLC

Mailing Address: 5416 N Eastern Ave Ste #155

City: Las Vegas State: NV Zip: 89101

Telephone: 702-480-6024 Email: vegascare pharmacy@gmail.com

Contact Person Name: Rocio Favela.

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Co-Owner (title) for Vegas Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Rocio Favela

Print Name of Authorized Person

Rocio Favela

Original signature of Authorized Person (copies or stamps not accepted)

11-20-24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Rocio Favela hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Co-owner (title) for Vegas Care Pharmacy. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Rocio Favela
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of November, 2024

Notary Public

Notary Public - State Of Nevada
COUNTY OF CLARK
TRAVELLE SIMMONS
My Appointment Expires
August 22, 2027
No.23-1178-01

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Richard Nguyen Pharmacist Registration #: 20757

Pharmacy Name: Vegas Care Pharmacy

**Initial each statement below to indicate you have read and agree with the following:**

RN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

RN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

RN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

RN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

RN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date 11/19/24

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rocio Favela

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Rocio Favela

Original signature of Authorized Person (copies or stamps not accepted)

11-20-24

Date

| Board Use Only | Date Received: 11/27/24 | Amount: $500-00 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**VEGAS CARE PHARMACY LLC**

**Nevada Business Identification # NV20243235892**
**Expiration Date: 11/30/2025**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/12/2024.

Certificate Number: B202411125180233
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application
Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Vegas Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5440 N Eastern Ave Ste #155

City Las Vegas State NV Zip 89101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email Vegascarepharmacy@gmail.com

**Section 2: Personal Information**

First Richard Middle _____ Last Nguyen

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | | |
|---|---|---|---|---|
| School Name: Fountain Valley | | | From - To (MM/YY – MM/YY): - 2006 | |
| Address | City: Fountain Valley | | State: CA | Zip: 92708 |
| Diploma/Degree obtained, if any: High School | | | | |
| School Name: California State University, Long Beach | | | From - To (MM/YY – MM/YY): - 2011 | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any: Bachelors | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| Address | City | | State | Zip |
| Diploma/Degree obtained, if any | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | | |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY): 2014 - 2021 | [redacted] | City: Fountain Valley | State: CA | [redacted] |
| From - To (MM/YY – MM/YY): 2021 - 2024 | | City: Las Vegas | State: NV | |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Advanced Pharma | | | - 11/26/24 |
| **Business Address** | **City** | **State** | **Zip** |
| | Las Vegas | NV | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | Pharmacy Manager | 600 | |
| **Description of Duties** | | | |
| Pharmacy Manager | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| First Class Rx | | | - 08/31/2023 |
| **Business Address** | **City** | **State** | **Zip** |
| 3783 E Desert Inn rd | Las Vegas | NV | 89121 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | Staff Pharmacist | 800 | |
| **Description of Duties** | | | |
| Staff Pharmacist | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Walgreens | | | - 10/31/2022 |
| **Business Address** | **City** | **State** | **Zip** |
| 2421 E Bonanza Rd | Las Vegas | NV | 89101 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | Floater Pharmacist | 4650 | |
| **Description of Duties** | | | |
| Floater Pharmacist | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

I, Richard Nguyen, **certify that as the designated representative for** Vegas Care Rx,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. RN I am at least 21 years of age;
3. RN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Richard Nguyen
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/20/2024
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Richard Nguyen
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/20/2024
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/20/2024
**Date**

Subscribed and Sworn to before me this 20th day of November.

**Notary Public Signature**

Notary Public - State Of Nevada
COUNTY OF CLARK
TRAVELLE SIMMONS
My Appointment Expires
August 22, 2027
No.23-1178-01

(Seal)

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vegas Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5460 N Eastern Ave Ste #155

City Las Vegas State NV Zip 89101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 490 6024 Website _____

Licensing Company Email Vegascarepharmacy@gmail.com

**Section 2: Personal Information**

First Rocio Middle _____ Last Favela

Alias(es, nicknames, name changes, etc.) [redacted]

Date of Birth [redacted] Sex ☐ M ☒ F ☐ X

Mailing Addre[redacted]

City Las Vegas State NV Zip [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Walden University | | From - To (MM/YY – MM/YY): 2023 to Current | |
| Address: 100 S. Washington Ave Ste 900 | City: MinneaPolis | State: MN | Zip: 55401 |
| Diploma/Degree obtained, if any: Master in Social Work | | | |
| School Name: Walden University | | From - To (MM/YY – MM/YY): 4/2021 / 7/2023 | |
| Address: 100 S. Washington Ave. Ste 900 | City: MinneaPolis | State: MN | Zip: 55401 |
| Diploma/Degree obtained, if any: Bachelor in Social Work | | | |
| School Name: Bell Gardens High School | | From - To (MM/YY – MM/YY): 1995 | |
| Address: 6119 Agra Street, | City: Bell Gardens | State: CA | Zip: 90201 |
| Diploma/Degree obtained, if any: High School diPloma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 6/2010 to Current | [redacted] | Las Vegas | NV | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Machuca Behavioral Health | | | 6/2018 - Current | |
| Business Address | | City | State | Zip |
| 546 Eastern Ave Ste 120 | | Las Vegas | NV | 89101 |
| Phone | Title | | | |
| 702-778-7614 | Psychosocial Rehabilitation Services (PSR) | | | |
| Description of Duties | | | | |
| Teach intervention training in the community. Behavioral management, social competency. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Mobile Mental Health | | | 2009 to 2022 | |
| Business Address | | City | State | Zip |
| 3085 S. Jones Blvd Ste D | | Las Vegas | NV | 89146 |
| Phone | Title | | | |
| 702-888-0036 | Psychosocial Rehabilitation Services | | | |
| Description of Duties | | | | |
| Teach intervention training in the community. Behavioral management, social competency | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Rocio Favela

Print Name (First, Last)

Rocio Favela — 11-19-24

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Rocio Favela, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Rocio Favela — 11-19-24

**Original Signature** — **Date**

Subscribed and Sworn to before me this 19th day of November.

**Notary Public Signature**

Notary Public - State Of Nevada
COUNTY OF CLARK
TRAVELLE SIMMONS
My Appointment Expires
August 22, 2027
No.23-1178-01

**(Seal)**

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 -- 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vegas Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5460 N Eastern Ave Ste 155

City Las Vegas State NV Zip 89101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 490 0024 Website _____

Licensing Company Email vegascarepharmacy@gmail.com

**Section 2: Personal Information**

First Thalia Middle _____ Last Sokol

Alias(es, nicknames, name changes, etc.) De Los Reyes

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Coronado Highschool | | | 2017 | |
| **Address** | | **City** | **State** | **Zip** |
| 1001 Coronado Center dr | | Henderson | NV | 89052 |
| **Diploma/Degree obtained, if any** | | | | |
| Highschool diploma. | | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/2023 - Current | [redacted] | Las Vegas | NV | [redacted] |
| 7/2023 - 12/23 | | Las Vegas | NV | |
| 7/22 - 7/23 | | Naples | FL | |
| 7/21 7/22 | | Naples | FL | |
| 2/21 - 7/21 | | Naples | FL | |
| 7/19 2/21 | | Las Vegas | NV | |
| 7/18 7/19 | | Las Vegas | NV | |
| 7/17 7/18 | | Henderson | NV | |
| 7/16. 7/17 | | Henderson | NV | |
| 7/05 - 7/16 | | Miami | FL | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

Business Name: Vegas Realty Experts | From - To (MM/YY – MM/YY): 12/23 – Current
Business Address: 9040 S maryland Pkwy 250 | City: Las Vegas | State: NV | Zip: 89
Phone: 702 444 0806. | Title: Realtor.
Description of Duties: Residential Home sales Agent, Residential leasing Agent.

Business Name: GAPA IRON Designs LLC | From - To (MM/YY – MM/YY): 07/2023 - Current
Business Address: 745 W Sunset Rd #10 | City: Henderson | State: NV | Zip: 89074
Phone: | Title: Office Manager.
Description of Duties: Answer phone calls, ordering materials, invoicing,

Business Name: Stoney's Steakhouse | From - To (MM/YY – MM/YY): 08/2020 – 07/2023
Business Address: 463 Bayfront Pl | City: Naples | State: FL | Zip: 34102
Phone: 239-435-9353 | Title: Server
Description of Duties: Server tables, take orders, polish, wine presentation

Business Name: Trinity Pharmacy | From - To (MM/YY – MM/YY): 06/2019 – 01/2020
Business Address: 2797 S maryland PKWY | City: Las Vegas | State: NV | Zip:
Phone: 702 776-8210 | Title: Pharmacy technician
Description of Duties: Pharmacy Technician responsibilities, fill medication, answer phone.

Business Name: Mamma Olivia restaurant | From - To (MM/YY – MM/YY): 06/2017 – 07/2019
Business Address: 3528 S maryland PKWY | City: Las Vegas | State: NV | Zip: 89169
Phone: 702 823 1222 | Title: Server
Description of Duties: Serve tables, wine pretentation, order cocktails,

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Thalia Sokol

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/24

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Thalia Sokol, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

11/19/2024

**Date**

Subscribed and Sworn to before me this 19th day of November.

**Notary Public Signature**

Notary Public - State Of Nevada
COUNTY OF CLARK
TRAVELLE SIMMONS
My Appointment Expires
August 22, 2027
No.23-1178-01 (Seal)

10

# 10A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ■ New Pharmacy | ■ Retail/Community | ☐ Retail/Community |
| ■ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ☐ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: _____ |
| | ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ■ Sterile Compounding |
| | | | ■ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | * Current license #: PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ■ Monday | ■ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ■ Tuesday | ■ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ■ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ■ Thursday | ☐ Holidays | ■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: American Life Pharmacy LLC

Physical Address: 1812 Middlebelt Rd

City: Garden City State: MI Zip: 48135

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 734-338-9560 Toll Free # (NAC 639.708, NRS 639.23286): 1-866-632-1777

Fax: _____ Contact Email: americanlifepharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Amy Sandhu Khan

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24060

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Amy Sandhu Khan | NV Pharmacist Registration #: 24060 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| **Section 3: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✔ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: N/A | %: N/A |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: Sara Alaouie

Business Name: American Life Pharmacy LLC

Business Address: 1812 Middlebelt Rd

City: Garden City State: MI Zip: 48135

Telephone: 734-338-9560 Email: americanlifepharmacy@gmail.com

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the Sole Member/CEO (title) for American Life Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Sara Alaouie

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4-23-24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sara Alaouie

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4-23-24

Date

| Board Use Only | Date Received: 6/19/24 | Amount: $500-CK 1091 |
|---|---|---|

Division of Medical Quality Assurance

Subject: **Self Explanation for Discipline History**

Dear Board of Pharmacy,

I am writing to provide a comprehensive explanation of the events outlined in the Administrative Complaint dated November 22, 2022, and to express our sincere regret for the actions that have led to this disciplinary process. I, Sara Alaouie, am the sole member and CEO of American Life Pharmacy LLC., a licensed pharmacy situated in Garden City, Michigan.

As detailed in the complaint, our pharmacist-in-charge (PIC), Mr. Ali H. Saab, R.Ph., applied for sterile compounding approval on behalf of our pharmacy from the Michigan Board of Pharmacy. It regrettably came to our attention that Mr. Saab submitted fraudulent glove fingertip samples and media fill test results as part of the application process. These results were purportedly obtained from his concurrent employment at Ascension Hospital.

Upon investigation, it was discovered that the submitted test results were indeed falsified, leading to Mr. Saab's termination from Ascension on or around October 10, 2022. I was not aware of the PIC's actions until contacted by the Department investigator. I was further unaware of Mr. Saab's termination from his other job due to these allegations and actions.

I acknowledge that I made an error in judgment by entrusting Mr. Saab with the responsibilities of the PIC role and handling licensing matters. I take full responsibility for not being more involved in the day-to-day operations of the pharmacy and for placing undue trust in Mr. Saab.

To rectify the situation, Mr. Saab has been terminated from his position, and a new PIC has been appointed. Moving forward, I am committed to taking a more active role in the pharmacy's operations and overseeing licensing matters diligently. In response to the violations outlined in the Administrative Complaint, we understand the gravity of the situation and acknowledge our responsibility. We accepted the reprimand and submitted payment of the fine of $3,500.00 imposed by the Department.

We assure you that such lapses in compliance will not recur, and we are dedicated to upholding the highest standards of integrity and professionalism in the

future. We appreciate the Department's vigilance in safeguarding public health and safety and remain committed to working in full cooperation to rectify and prevent such incidents.

Thank you for your understanding and consideration.

Sincerely,

Sara Alaouie

CEO

American Life Pharmacy LLC.

1812 Middlebelt Rd.

Garden City, MI 48135
americanlifepharmacy@gmail.com
[734-338-9560]

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AMERICAN LIFE PHARMACY LLC
License No. 53-01-012637,
Respondent.

File No. 53-22-002985

CONSENT ORDER

On November 22, 2022, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq*.

The parties have stipulated that the Michigan Board of Pharmacy's Disciplinary Subcommittee (DSC) may enter this Consent Order. The (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violations of MCL 333.17768(2)(a) and (c).

Accordingly, IT IS ORDERED that for the cited violations of the Public Health Code,

Respondent is REPRIMANDED.

Respondent is FINED $3,500.00 to be paid to the State of Michigan within 90 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 53-22-002985.**

If Respondent violates any provision of this Order, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

This Order shall be effective on the date signed by the Board, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: Sloane Ebersole for
Chairperson, Disciplinary Subcommittee

Dated: August 25, 2023

## STIPULATION

1. Respondent does not contest the allegations of fact and law in the Complaint. Respondent understands that, by pleading no contest, Respondent does not admit the truth of the allegations but agrees the DSC may treat the allegations as true for the resolution of the Complaint and may enter an order treating the allegations as true. Therefore, the DSC finds that the facts alleged in the Complaint are true and constitute violations of MCL 333.17768(2)(a) and (c).

2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq*; and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law.

4. Respondent approves the form and substance of this Order. This Order may be entered as the final order of the Disciplinary Subcommittee in this matter.

5. Sandra Taylor, R.Ph., reviewed Respondent's settlement request and supports the resolution. Ms. Taylor and the Department took the following factors into consideration in the formulation of this Order:

a. Respondent's owner hired Mr. Saab to be the pharmacist-in-charge (PIC) of Respondent. The owner believed the PIC to be a knowledgeable and honest person and now admits that she made a mistake by hiring him. The owner takes responsibility for not being more involved in the day-to-day operation of the pharmacy and for trusting Mr. Saab to handle licensing matters.

b. The owner stated that she did not know about the PIC's fraudulent document submission until she spoke to the Department investigator. The owner also stated that she did not know that the PIC was fired from his other job as a pharmacist over these allegations and actions.

c. Mr. Saab has been fired and a new PIC has been hired. The owner stated that she will be more involved in the pharmacy's operations and the licensing matters of the pharmacy.

6. A Department representative may discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should the Order be rejected.

*** *Signatures on Next Page* ***

AGREED TO BY:

Patrick Cole, Analyst
Regulation Section
Enforcement Division

Dated: 5/26/2023

AGREED TO BY:

American Life Pharmacy LLC
Respondent

By: Sara Alaoail

Its: Owner

Dated: 5-25-23

Pc/jp

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AMERICAN LIFE PHARMACY, LLC
License No. 53-01-012637,

File No. 53-22-002985

Respondent.

---

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Forrest Pasanski, Director, Enforcement Division, Bureau of Professional Licensing, complains against Respondent American Life Pharmacy, LLC, as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* The Board's Disciplinary Subcommittee is empowered to discipline licensees for Code violations.

2. Respondent is a licensed pharmacy that is located in Garden City, Michigan. Respondent also has a controlled substance license. Respondent's pharmacist-in-charge (PIC) and owner is Ali H. Saab, R.Ph.[1]. During relevant portions of this case Mr. Saab also held a pharmacist position at Ascension Hospital (Ascension).

3. Mr. Saab applied on behalf of Respondent to receive sterile compounding approval for Respondent from the Department. As part of the requirements for the approval, Mr. Saab provided a glove fingertip sample and media fill test results for

[1] The Department has also filed an Administrative Complaint against Saab for the conduct alleged here. *Ali Hussein Saab, R.Ph.*, No. 53-22-002986.

both himself and a pharmacy technician that were obtained from Ascension. The test results were signed by DJ[2] and KR. The Department investigator assigned to review the sterile compounding licensing application attempted to verify the authenticity of the tests.

4. The Department investigator spoke to Ascension management, who discovered the tests results submitted by Mr. Saab were fraudulent. Ascension management spoke to DJ and KR, who stated that they did not sign the documents. Ascension management spoke to Mr. Saab, who admitted to falsifying the test results. Ascension management terminated Mr. Saab's employment on or around October 10, 2022.

5. On or about October 24, 2022, the Department investigator spoke to Mr. Saab, who claimed that he was currently employed by Ascension. Mr. Saab also stated that the glove fingertip sample and media fill results that he submitted for his application were legitimate and were signed by DJ and KR. The Department investigator told Mr. Saab that she had confirmed with Ascension management that the test results were fraudulent. Mr. Saab became visibly nervous and stated that he no longer wished to speak to the investigator.

6. The Department investigator spoke to DJ and KR. Both DJ and KR verified that the signatures on the test results submitted by Mr. Saab were not their signatures.

[2] Initials used for privacy.

COUNT I

Respondent's conduct demonstrates Respondent's lack of a "propensity . . . to serve the public in the licensed area in a fair, honest, and open manner," and accordingly a lack of "good moral character," in violation of MCL 333.17768(2)(a).

COUNT II

Respondent's conduct constitutes furnishing false or fraudulent material information in an application under Part 177 of the Code, in violation of MCL 333.17768(2)(c).

RESPONDENT IS NOTIFIED that, consistent with Mich Admin Code, R 338.1607a(3), Respondent has 30 days from the date of receipt of this complaint to answer this complaint in writing and to show compliance with all lawful requirements for retention of the license. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing to BPL-DMS@michigan.gov. If unable to submit a response by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 11/22/2022

Andrew Hudson signing for

By: Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Pc/jp

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: American Life Pharmacy LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1812 Middlebelt Rd

City: Garden City State: MI Zip: 48135

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 734-338-9560 Toll Free # (NAC 639.708, NRS 639.23286): 1-866-632-1777

Fax: _____ Contact Email: americanlifepharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Amy Sandhu Khan

Supervising/Managing Pharmacist NV Pharmacist Registration #: _____

Name of Person with direct knowledge of compounding procedures: Amy Sandhu Khan

Email of Person with direct knowledge of compounding procedures: amy@americanlifepharmacy.com

Telephone of Person with direct knowledge of compounding procedures: 734-730-6118

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Semaglutide / B12 in Sterile water for injection. 2mL vial

Methionine Inositol Choline Levocarnitine in Sterile water for injection 10mL vial

methylcobalamin 1mg/mL 10mL in Sterile water for injection

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

CSP3 BUD Dating 90 days 2-8°C

AET

CCIT

Stability

Particulate Matter testing done once per formulation

Sterility Endotoxin per Batch.

6. What laboratory performs this additional testing?

Name: Pharmetric Laboratory

Address: 11880 28th St #210,

City: St. Petersburg State: FL Zip: 33716

Telephone: 727-209-5778

7. What is your procedure for visual inspection of compounded sterile products?

We have a White and black Box with Light and magnifying glass.

8. How often do you perform glove fingertip and medial fill testing?

Per USP 797 every 3months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Re educate and Retest, employee can not compound if test fails.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Please see attached Check list

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Please see attached

12. Who performs the sterile compounding process at your facility?

Certified Pharmacy Technician Meryem Daki and Pharmacist in Charge

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in Charge Amy Khan

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Ice packs and temperature tags are in the cold Shipping package Fedex overnight.

| Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility? | | |
| 2. Is your BSC or CACI vented 100% to the outside? | ☐ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ☐ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ☐ Yes | ☐ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ☐ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ☐ No |
| 7. If yes, list the name of the device: | | |
| 8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? | | |
| 9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? N/A | | |

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

Semaglutide /B12 in sterile water for injection

Methionine/Inositol/Choline chloride/Levocarinatine in Sterile water for Injection

Methylcobalamin 1mg/ml 10mL vial in sterile water for injection.

2. What sterilization methods are utilized at your facility?

Filter and Terminal Sterilization.

3. Does your facility utilize biological indicators? ☒ Yes ☐ No

4. If yes, describe how they are utilized:

To test the oven and autoclave for accuracy.

Done through Charles River laboratories.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Khan
Name of Person who Completed the Form

Pharmacist in Charge
Title

Amy Khan
Signature (copies or stamps not accepted)

06-12-24
Date

| Board Use Only | Date Received:_____ Date Approved:_____ Approved By:_____ |
|---|---|

**American Life Pharmacy Orientation Checklist**

- ☐ Review of Policy and procedure manual
- ☐ Hand Hygiene
- ☐ Observe Garbing
- ☐ Observe Cleaning and Disinfection, Infection Control prevention
- ☐ Proper use of PECs
- ☐ Gown and Garb competency
- ☐ Aseptic Technique
- ☐ HIPAA compliance ( attach certification ) Due!
- ☐ Hazardous chemical exposure
- ☐ **Quality assurance and Quality Control**
- ☐ Calculations ,measuring and mixing
- ☐ Achieving and/or maintaining sterility and apyrogenicity
- ☐ Use of Equipment
    - ☐ Oven
    - ☐ Autoclave
    - ☐ PH meter
    - ☐ Pump
    - ☐ Bubble Test
    - ☐ Scale
    - ☐ Mixer
- ☐ Principles of Hepa filtered unidirectional airflow within the ISO 5 class area
- ☐ Principles of movement of materials and personnel
- ☐ Post gowning fingertips
- ☐ Media fill (High-Risk)
- ☐ Post compounding finger tips
- ☐ Post compounding surface sample
- ☐ Math Quiz

*Attach: Resume, Job description, applicable certificates, Hazardous chemical acknowledgement*

Employee Name:_____Date:_____

Manager/ Qualified Tester_____ Credentials: _____ Date:_____

| SOP 6V CLEANING PROCEDURES | | |
|---|---|---|
| Written By: ACHC | Orig.Date: | 02082023 |
| Reviewed By: Amy Khan RPh | Version: | 2..0 |
| Signature: | Date reviewed/Revised: | 11/1/23,2/6/24 |

## Responsibility

The Pharmacist in Charge.

## Purpose

Describes the guidelines and procedures to maintain an ongoing system for cleaning and certification of all PEC and designated areas of the pharmacy in accordance with USP Chapter 797. .

## Equipment/Supplies Required

- USP <797>, <71>, and <85>.
- State board of pharmacy laws and regulations on sterile compounding.
- SOP 3A – Compounding Personnel Orientation and Training.
- SOP 3B – Sterile Compounding Personnel Training.
- Sterile Water
- Cleaning, Disinfecting, Sanitizing and Sporicidal agents.
- low shed wipes

## Procedures

1. Only approved agents will be used to clean,sanitize,disinfect critical areas of the pharmacy as required.
   A. Sanitizing/Disinfecting agent: Isopropyl alcohol 70% (IPA) will be used, must have a 1 minute contact time.
   B. Cleaning agent
      - sterile water (irrigation or injection) will be used for cleaning of water-soluble residues (no antimicrobial activity). If irrigation bottles are used, they must be replaced daily . if manufacturer packaged spray bottle products are used, follow label instructions
      - EPA One Step Antimicrobial cleaning agent TexQ for daily cleaning, requires 10 minute contact time.
      - As an alternative to TexQ, CaviCide and CaviWipes can be used with a 3 minute contact time. CaviCide 1 and CaviWipes 1 can be used with a 1 minute contact time or PreEmpt with a 10 minute contact time.
   C. EPA One Step Antimicrobial/Sporicidal agent Peridox RTU will be used at least monthly for sporicidal deep cleaning. The contact time is 3 minutes.
      - As an alternative when Peridox RTU is not available , chlorinated agents such as Dispatch, Dispatch Wipes, Clorox Healthcare Wipes, 2% Bleach solution will be used on at least a monthly basis for deep cleaning. Contact time is product specific, see labeling.


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D. In times of shortage, the Pharmacist in charge will provide alternative products meeting required specifications.

2. Cleaning Schedule and steps: **Buffer room(ISO7) and PECs (ISO5)**

A. Only sterile products and agents are to be used. Any non-sterile products/items should be sanitized with IPA before being placed in pass through or entering ISO 7 environment. .
B. PEC laminar airflow must be left running at all times to create an ISO 5 environment. When it must be switched off, it should be started at least 30 minutes prior to use. PEC not running will be considered part of the Buffer room ISO 7 environment.
C. All cleaning and sanitizing activities will be documented on the tracking sheet.
D. Staff must don sterile garb before entering the area to clean per SOP
E. Cleaning staff will not enter the ISO 5 with exposed skin and should use a mop head to avoid exposure of uncovered skin in hard to reach areas. Do not spray agents directly on the air source. Use dampened low shed sterile wipes, mop or pre-wet wipes, these must be sufficiently moistened as to leave enough reagent behind to ensure appropriate dwell time. (PEC must have been running for at-least 30 min before starting to clean).
F. All cleaning should be conducted from top to bottom and from back to front to ensure cleaning takes place from cleanest to dirtiest areas and avoids bringing contaminants from an area of high contamination to areas of lower contamination.
G. PEC (ISO 5) Cleaning and Sanitizing Schedule.
    a. Sanitizing on days when compounding occurs
        - Before Compounding
        - Every 30 minutes during compounding
        - End of Day
    b. Cleaning on days when compounding occurs
        - before compounding
        - end of day
        - Antimicrobial/sporicidal will take place monthly
H. Pass-through chambers, horizontal work surfaces and items outside PEC
    a. Sanitize on days when compounding occurs
        - before compounding
        - end of day
    b. Cleaning on days when compounding occurs
        - End of day
        - Antimicrobial/sporicidal will take place Weekly
I. Floor
    a. cleaning on days when compounding occurs
        - End of day
        - Sporicidal weekly
J. Cleaning steps
    - Before Compounding
        1. Clean with TexQ. Wipe the inner top of PEC with overlapping side to side motion from back to front. Wipe hanging bar and hooks. Wipe back the hood then side walls, then


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front shield, and lastly clean the countertop and repeater pump using an overlapping side to side motion working from top to bottom and back to front. Allow proper contact time of 10 minutes.

2. following TexQ, Sanitize with 70% sIPA using the same steps. Starting from the inner top of PEC and last, clean the countertop and repeater pump using an overlapping side to side motion working from top to bottom. Allow proper contact time of 1 minute.
3. Sanitize all other areas and items in the Buffer room (outside PEC) with 70% sIPA working in a similar fashion from top to bottom and back to front, cleaning strokes should be long, unidirectional and overlapping.

- During compounding: Spray hands with sIPA everytime you exit and reenter the ISO 5 area. Between batches or every 30 min wipe horizontal working surfaces with sIPA.

- End of Day

1. Wipe down all surfaces within the PEC ISO 5 area with sterile water to remove any residue left over from compounding. Clean and Sanitize in the same order and manner as before compounding
2. Wipe down all surfaces and items in the Iso 7 area with sterile water where needed to remove any residue from compounding. Clean with Tex Q followed by sIPA from top to bottom, front to back allowing sufficient dwell time for each agent.
3. Mop the floor with sterile water if needed in any areas to remove residue.
4. In the final step of cleaning procedures, clean the floor with TexQ using long, unidirectional, overlapping strokes from the back towards the door and exit room.

- Weekly Sporicidal Cleaning

1. Will take place at the end of the week or as needed when the room becomes compromised.

2. Clean as usual in all areas replacing TexQ with Peridox. Allow 3 minute contact time. Sanitize as normal with sIPA.

3. During Weekly clean, clean the PEC's, all equipment inside the PEC, and the Pass through with Peridox, allow sufficient dwell time, then follow up with sterile water to neutralize agent and prevent corrosion.

4. Mop floor with Peridox

Monthly Sporicidal Cleaning

1. Will take place at the beginning of the month or as needed when the room becomes compromised.

2. Clean as usual in all areas replacing TexQ with Peridox. Allow 3 minute contact time. Sanitize as normal with sIPA.


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3. During deep clean, clean outer frame of PEC, Walls,Doors,Door Frame, Ceilings if visibly soiled, Storage Bins , Shelving , Equipment outside of PEC with Peridox, allow sufficient dwell time, then follow up with sterile water to neutralize agent and prevent corrosion.

4. Mop floor with a Peridox

3. Cleaning schedule and steps: **Ante-Room**

A. On compounding days after leaving buffer room at the end of day:
   - Dry sink
   - Wipe all work surfaces (including sink ) with a disinfectant (IPA).
   - Mop floor starting from the back "clean" area towards the front and out the door using long, unidirectional, overlapping strokes. Use a new clean swiffer wipe

B. Weekly on Fridays (or the last working day for that week) at the end of day clean all surfaces with a cleaner (such as preempt or TexQ) allow proper contact time, then follow with disinfectant (IPA).

C. Monthly clean all surfaces including sink with sporicidal. Mop floors with Peridox solution.

4. Cleaning schedule and steps: **Prep-Room**

A. On compounding days
   - Clean pass through with germicidal (TexQ), followed by disinfectant ( IPA) . Allow proper contact time per product.
   - Before compounding clean work areas and wipe equipment with disinfectant ( IPA)
   - In Between batches and at the end of the day wipe down surfaces and ALL equipment with "sterile water for irrigation" and then follow up with disinfectant (IPA) .
   - At the end of the day mop the floor with swiffer wipes.

B. Weekly on Fridays (or the last working day for that week) at the end of day clean surfaces with a cleaner (such as preempt or TexQ) allow proper contact time, then follow with disinfectant (IPA).

C. Once a month use a sporicidal such as Peridox followed by "sterile water for irrigation" and a disinfectant (IPA). Mop floors with a 2% bleach solution.

4. Cleaning schedule and steps: **General Pharmacy**

- Daily while working and at the end of day wipe down counters and surfaces with disinfectant (IPA).
- At the end of day dry sink.
- At the end of day mop floors with swiffer wipes.

## Attachments

1. Cleaning Log
2. PEC (Iso 5) Buffer room cleaning Log


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# UNITED STATES OF AMERICA

# The State of Michigan

## Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

*AMERICAN LIFE PHARMACY LLC*

*was validly authorized on September 21 , 2020, as a Michigan*
*DOMESTIC LIMITED LIABILITY COMPANY*
*and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of December , 2023.*

*Linda Clegg, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 23120462808

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

UNITED STATES OF AMERICA

# The State of Michigan

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LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of October , 2023.*

Linda Clegg

*Linda Clegg, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 23100387810

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

| | | | |
|---|---|---|---|
| **Pharmacy e-Profile ID:** | 1610100 | | **Inspection Information** |
| **Legal Business Name:** | American Life Pharmacy LLC | **Conference Call Date:** | N/A |
| **Doing Business As (DBA):** | N/A | **Start Time: 24-hour format (13:00)** | N/A |
| **Address:** | 1812 Middlebelt Road | **End Time: 24-hour format (13:00)** | N/A |
| **City:** | Garden City | **Onsite Inspection Date:** | 7/20/2023 |
| **State:** | MI | **Start Time: 24-hour format (13:00)** | 9:35 |
| **Zip Code:** | 48135 | **End Time: 24-hour format (13:00)** | 18:00 |
| **Telephone number:** | 734/730-6118 | **Inspector Name:** | Dhafer Almaklani, RPh. |
| **Toll free number:** | N/A | **Inspection Performed by (NABP, State, etc):** | NABP |
| **Fax number:** | N/A | **Observer Name/Affiliation (if applicable):** | N/A |
| **Website:** | N/A | **Observer Name/Affiliation (if applicable):** | N/A |

| **Pharmacy Hours of Operation** | **Check if 24/7** ☐ | | |
|---|---|---|---|
| | **Open** | | **Closed** |
| | **Start Time: (24-hour format)** | **End Time: (24-hour format)** | **(X)** |
| Sunday | | | X |
| Monday | 9:30 | 16:00 | |
| Tuesday | 9:30 | 16:00 | |
| Wednesday | 9:30 | 16:00 | |
| Thursday | 9:30 | 16:00 | |
| Friday | 9:30 | 16:00 | |
| Saturday | | | X |

| **Key Pharmacy Personnel** | **Name** | **Contact (e-mail)** | **e-Profile ID** |
|---|---|---|---|
| Pharmacist in Charge | Amy Sandhu Khan | amy@amerianlifepharmacy.com | 203207 |
| Nonsterile Compounding Supervisor | N/A | N/A | N/A |
| Sterile Compounding Supervisor | Amy Sandhu Khan | amy@amerianlifepharmacy.com | 203207 |
| Hazardous Compounding Supervisor | N/A | N/A | N/A |

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| Personnel Present at Time of Inspection | Name | Title | License or registration available and current (Y/N) |
|---|---|---|---|
| 1 | Amy Sandhu Khan | PIC | Y |
| 2 | Maria Rivera | Pharmacy Technician | Y |
| 3 | Sara Tirgui | Technician in training | N |
| 4 | Meryem Dahi | Technician in training | N |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

**Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)**

| License/Registration Agency | Business Name on License/Registration | License Type/Number | Expiration Date |
|---|---|---|---|
| US DOJ-DEA | American Life Pharmacy | Controlled Substance-Retail Pharmacy-/FA0641806 | 6/30/2024 |
| State of Michigan | American Life Pharmacy | Pharmacy/5301012637 | 6/25/2025 |
| State of Michigan | American Life Pharmacy | Pharmacy-Controlled Substance/5315223472 | 6/25/2025 |
| | | | |
| | | | |
| | | | |
| | | | |

Inspector Notes: Pending TX license, no other nonresident licenses. Non-pharmacist owner, PIC began in January 2023 and pharmacy has been operational since March 2023. Pharmacy conducts high-risk sterile compounding, primarily of nutritional supplements. PIC is currently training two pharmacy personnel as compounding technicians, who do not have an active pharmacy technician license. According to the PIC, their duties involve cleaning, as well as didactic and observational training on USP 797 requirements, and do not prepare any patient specific compounding. It is not clear if technician duties are in line with MCL 333.17739(1).

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**Attachments**
**(NO PHI, including prescription numbers)**

| Attachment Name | Description |
|---|---|
| Doc01_Gen47.10__AmericanLifePharmacyLLC_GardenCity_MI | Transaction documentation |
| Doc02_ST22.01_AmericanLifePharmacyLLC_GardenCity_MI | Copy of COAs |
| | |
| | |
| | |

| | Type(s) of practice<br>Type "X" for all that apply | | Type(s) of practice<br>Type "X" for all that apply |
|---|---|---|---|
| Traditional retail | | Telepharmacy | |
| Open to the Public | | Central Fill/Processing/Shared Services | |
| Closed Door | X | Specialty Pharmacy | |
| Drive-through window | | Handles Medical Marijuana | |
| Mail/Deliver (in state) | X | Nuclear Pharmacy | |
| Mail/Deliver (out-of-state list below) | | Manufacturer | |
| Veterinary Pharmacy | | Wholesale Distributor | |
| Investigational Drugs, Clinical Trials/Research | | Provide products for "Office Use" | |
| Institutional | | Outsourcing Facility | |
| Long-Term Care | | Nonsterile Compounding | |
| HMO/PBM only | | Nonsterile Hazardous Drug Compounding | |
| Internet Pharmacy (New Rx) | | Sterile Compounding | X |
| Internet Pharmacy (Refill Rx) | | Sterile Hazardous Drug Compounding | |

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| Facility Size in Square Feet and Number of PECs | | Personnel | |
|---|---|---|---|
| Total Pharmacy size: | 650 | Total Pharmacists: | 1 |
| Nonsterile Compounding Room size: | N/A | Number of Compounding Pharmacists | 1 |
| Nonsterile Compounding powder hoods number: | N/A | Total Graduate Students or Residents: | 0 |
| Nonsterile Hazardous Drugs (HD) Compounding Room size: | N/A | Total Student Interns: | 0 |
| Nonsterile HD Compounding BSC/CACI hoods number: | N/A | Total Technicians: | 3 |
| Sterile Compounding Ante Room size: | 102 | Number of Compounding Technicians | 1 |
| Sterile Compounding Clean/Buffer Room size: | 222 | Of technicians, how many are certified? | 1 |
| Sterile Compounding Number LAFW hoods/areas: | 3 | Of technicians, how many are techs-in-training? | 2 |
| Sterile Compounding Number BSC hoods: | N/A | Total Other Licensed Personnel: | 0 |
| Sterile Compounding Number CAI/CACI hoods: | N/A | Total Other Unlicensed Personnel: | 0 |
| Negative Pressure Sterile HD Room size: | N/A | Ratio #tech:#RPh present at time of inspection: | 1:1 |
| Sterile HD Compounding Number of BSC hoods: | 0 | Total Pharmacist Hours Per Week: | 32.5 |
| Sterile HD Compounding Number of CACI hoods: | 0 | Total Technician Hours Per Week: | 32.5 |

| Volume Dispensed | | Volume Distributed | |
|---|---|---|---|
| Total Prescriptions Dispensed/day: | 2 | Total Orders Distributed/day: | 0 |
| % Veterinary Prescriptions | 0% | % Veterinary Orders | 0 |
| % Controlled Substance Prescriptions | 0% | % Controlled Substance Orders | 0 |
| % Nonsterile Compounded Prescriptions | 0% | % Nonsterile Compounded Orders | 0 |
| % Sterile Compounded Prescriptions | 100% | % Sterile Compounded Orders | 0 |
| % Hazardous Drugs (HD) Prescriptions | 0% | % Hazardous Drugs (HD) Orders | 0 |

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**Definitions:** DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

**States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):**
Note: if not available, request information be sent to VPP and note that information was requested in grid.

| State | Volume Dispensed | Volume DISTRIBUTED | /day, week, month |
|---|---|---|---|
| Alabama (AL) | | | |
| Alaska (AK) | | | |
| Arizona (AZ) | | | |
| Arkansas (AR) | | | |
| California (CA) | | | |
| Colorado (CO) | | | |
| Connecticut (CT) | | | |
| Delaware (DE) | | | |
| District of Columbia (DC) | | | |
| Florida (FL) | | | |
| Georgia (GA) | | | |
| Hawaii (HI) | | | |
| Idaho (ID) | | | |
| Illinois (IL) | | | |
| Indiana (IN) | | | |
| Iowa (IA) | | | |
| Kansas (KS) | | | |
| Kentucky (KY) | | | |
| Louisiana (LA) | | | |
| Maine (ME) | | | |
| Maryland (MD) | | | |
| Massachusetts (MA) | | | |
| Michigan (MI) | 8 | 0 | last 30 days |
| Minnesota (MN) | | | |
| Mississippi (MS) | | | |
| Missouri (MO) | | | |
| Montana (MT) | | | |

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**States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):**
Note: if not available, request information be sent to VPP and note that information was requested in grid.

| State | Volume Dispensed | Volume DISTRIBUTED | /day, week, month |
|---|---|---|---|
| Nebraska (NE) | | | |
| Nevada (NV) | | | |
| New Hampshire (NH) | | | |
| New Jersey (NJ) | | | |
| New Mexico (NM) | | | |
| New York (NY) | | | |
| North Carolina (NC) | | | |
| North Dakota (ND) | | | |
| Ohio (OH) | | | |
| Oklahoma (OK) | | | |
| Oregon (OR) | | | |
| Pennsylvania (PA) | | | |
| Rhode Island (RI) | | | |
| South Carolina (SC) | | | |
| South Dakota (SD) | | | |
| Tennessee (TN) | | | |
| Texas (TX) | | | |
| Utah (UT) | | | |
| Vermont (VT) | | | |
| Virginia (VA) | | | |
| Washington (WA) | | | |
| West Virginia (WV) | | | |
| Wisconsin (WI) | | | |
| Wyoming (WY) | | | |
| Other: | | | |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## General Pharmacy Inspection

**The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** American Life Pharmacy LLC
**e-Profile ID:** 1610100
**Inspection Date:** 7/20/2023

| | | Finding | Notes |
|---|---|---|---|
| | **General Pharmacy** | | |
| 1.00 | Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.* | Yes | |
| 2.00 | Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.* | Yes | 32.5 |
| 3.00 | Are there any other businesses located at this address? *If yes, note type of business and name.* | Yes | The Healthy Life Company, nutritional supplement company. Per PIC, no affiliation. |
| 4.00 | Does the pharmacy have any other websites? *Provide list of other names/URLs.* | No | |
| 4.01 | Does the pharmacy hold .pharmacy verification? | No | |
| 5.00 | Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.* | N/A | No website |
| 6.00 | Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)? | N/A | |
| 7.00 | Are patients able to order or refill prescriptions through the website? *If yes, describe.* | N/A | |
| 8.00 | Are photographs allowed during the inspection (no PHI)? | Yes | |
| 9.00 | List of additional personnel **interviewed as part of the inspection, including name and title:** | | Maria Rivera-Pharmacy Technician |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## General Pharmacy Inspection

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**Facility Name:** American Life Pharmacy LLC
**e-Profile ID:** 1610100
**Inspection Date:** 7/20/2023

| | | Finding | Notes |
|---|---|---|---|
| | **Types of Practice Additional Questions**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 10.00 | If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.* | No | |
| 11.00 | Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.* | No | |
| 12.00 | Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)? | No | |
| 13.00 | If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescriptian sales.* | N/A | |
| 14.00 | If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription soles.* | N/A | |

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| | **General Operations and Licensure**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 15.00 | Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc.) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.* | Yes | |
| 16.00 | Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.* | N/A | No recent pharmacy inspections. |
| 17.00 | Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.* | N/A | |
| 18.00 | Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.* | No | |
| 19.00 | Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.* | No | |
| 20.00 | Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.* | No | |
| 21.00 | Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.* | No | |
| 22.00 | Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc.)? *If yes, note the agency and additional item.* | No | |
| 23.00 | Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.* | No | |

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| 24.00 | Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.* | No | |
| 25.00 | Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.* | No | |
| 26.00 | Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.* | No | |
| 27.00 | Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc.? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.* | No | |
| 28.00 | Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?* | Yes | Per PIC, current policy is to keep all records onsite for 5 years. |
| 28.01 | Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?* | Yes | |
| 28.02 | Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Electronically |
| 28.03 | Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Electronically |

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| | | Finding | Notes |
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| 28.04 | Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Can deactivate prescription but not delete in the system. |
| 28.05 | If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable? | N/A | None currently stored, but pharmacy has contract with Iron Mountain for future use. |
| 29.00 | Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.* | Yes | Best practice to follow most stringent law and USP 797. PIC contacts state board of pharmacy and PCCA clinical services team for guidance if needed. |
| | **Personnel**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 30.00 | Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.* | No | Posted in the pharmacy and in HR file.<br>Note: PIC is currently training two pharmacy personnel as compounding technicians, who do not have an active pharmacy technician license. According to the PIC, their functions involve cleaning, as well as didactic and observational training on USP 797 requirements, and do not conduct any patient specific compounding. It is not clear if technician duties are in line with MCL 333.17739(1). |
| 31.00 | Is there a process for periodic verification of validity of licenses? *Describe the process.* | Yes | PIC conducts annual audit of licenses. |
| 32.00 | If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?* | N/A | |
| 33.00 | Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.* | N/A | |

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| | | Finding | Notes |
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| | **Facility and Security**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 34.00 | Does the pharmacy have a working security/alarm system in place? *If yes, describe.* | Yes | ADT alarm monitoring, motion sensors, cameras throughout, contact alarms, and pin code access. |
| 35.00 | Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.* | N/A | No controlled substances |
| 36.00 | Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.* | Yes | Pharmacist remains onsite until secure. |
| 37.00 | Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.* | Yes | |
| 37.01 | Is the working area well lit and free of tripping hazards? *If no, document with photo.* | Yes | |
| 37.02 | Is there a sink with hot and cold running water? | Yes | |
| 37.03 | If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc.), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.* | N/A | No destruction onsite |
| 37.04 | Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.* | Yes | Superior Medical Waste |
| 37.05 | Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.* | Yes | Superior Medical Waste, quarterly |
| 38.00 | Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.* | N/A | Closed door |

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| | | Finding | Notes |
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| 39.00 | Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.* | Yes | Thermostatically controlled; General Pharmacy area: 23.4° C; Prep Room: 21.2° C |
| 39.01 | Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process* | No | Sonicu electronic continuous monitoring, PIC receives call and text excursion alerts. Range: 16°C to 24°C (outside of USP). Records maintained indefinitely. |
| 39.02 | Are excursion action plans in place including evaluating excursion effects on drug product integrity? | Yes | Reference stability studies and excursion data. Any questionable product is destroyed. |
| 40.00 | Are the refrigerator and freezer restricted to drug products only (no food)? | Yes | |
| 41.00 | Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?* | Yes | Sonicu electronic continuous monitoring, PIC receives call and text excursion alerts. Range: 2°C to 8°C. Records maintained indefinitely. |
| 41.01 | Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.* | Yes | One cooler: 4.5° C |
| 42.00 | Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?* | N/A | No drug products |
| 42.01 | Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.* | N/A | |
| 43.00 | Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.* | Yes | No onsite generator or redundant refrigerators. According to the PIC excursion data will be closely monitored and any questionable or out of range product is quarantined and destroyed. |

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| 44.00 | Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.* | Yes | Pollard and Trane (vendor) is contacted for repairs. |
| 45.00 | Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised? | Yes | |
| 46.00 | Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc.)? *List numbers and types.* | No | |
| 46.01 | If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products? | N/A | |
| | **Product Receipt and Inventory**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 47.00 | Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.* | N/A | PIC did not have a clear process on how to onboard or establish WD's. Currently, pharmacy only purchases API from repackager. |
| 47.01 | Does the pharmacy purchase all prescription drugs directly from the manufacturer? | No | |
| 47.02 | Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.* | No | |
| 47.03 | Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.* | No | Currently pharmacy does not have WDs. |
| 47.04 | Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?* | N/A | |

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| 47.05 | Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)* | N/A | |
| 47.06 | Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.* | N/A | No process in place |
| 47.07 | Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.* | N/A | No process in place |
| 47.08 | Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.* | N/A | Only API, no finished dosage forms. However, pharmacy reviews COAs of API and inspects labeling, suspect items are quarantined and source/vendor is contacted. |
| 47.09 | Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details; including the drug, circumstances, outcome, and identification of agencies to whom reported.* | No | None to Date |
| 47.10 | Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.* | N/A | Pharmacy only sources API. See Doc01. |
| 47.11 | Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting? | N/A | Only API, no finished dosage forms. |
| 48.00 | Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who hos the authority (Power of Attorney) to sign the DEA-222 forms?* | N/A | No controlled substances |
| 49.00 | Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?* | N/A | |

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| 50.00 | Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.* | N/A | |
| 51.00 | Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in? | N/A | |
| 52.00 | Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.* | Yes | |
| 53.00 | Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).* | No | |
| 54.00 | Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc.).* | No | Per PIC, current system does not track API, but pharmacy conducts manual inventory monthly. |
| 54.01 | Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.* | Yes | Per PIC, reported to FDA, state board of pharmacy, and law enforcement. |
| 55.00 | Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)? | N/A | |
| 56.00 | Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.* | N/A | |
| 57.00 | Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).* | No | According to the PIC, no controlled substances on hand, so no inventory is conducted, including zero inventory. Note: pharmacy has an active DEA registration. |

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| 57.01 | Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc.)? | No | No change in PIC inventory conducted with PIC change in December of 2022. |
| 58.00 | Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook. | No | |
| 58.01 | Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.* | N/A | |
| 59.00 | Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.* | No | |
| 59.01 | Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.* | N/A | |
| 60.00 | Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?* | Yes | Monthly, no OTC items. |
| 60.01 | Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.* | Yes | All checked items within date |
| 60.02 | How often is active-stock examined for drugs past the expiration date? | | Monthly |
| 61.00 | Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?* | No | |

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| 62.00 | Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?* | No | |
| 63.00 | Does the pharmacy return to stock prescription drugs that were filled but never picked up? | N/A | Closed door |
| 63.01 | If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted? | N/A | |
| | **Prescription Processing**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 64.00 | **Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?* | Yes | Per PIC, only pharmacist creates patient profile, updated with each encounter. |
| 64.01 | If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?* | N/A | |
| 65.00 | **Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.* | Yes | |
| 65.01 | Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.* | Yes | Contact prescriber to confirm if prescription is fraudulent then contact state board of pharmacy for further guidance. |

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**Facility Name:** American Life Pharmacy LLC
**e-Profile ID:** 1610100
**Inspection Date:** 7/20/2023

| | | Finding | Notes |
|---|---|---|---|
| 65.02 | Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?* | Yes | Per PIC, process involves comparing addresses and contact prescriber and ask for progress notes from telehealth visit. |
| 65.03 | Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.* | Yes | |
| 65.04 | If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations? | Yes | |
| 66.00 | **Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.* | Yes | Only pharmacist creates patient profile and conducts data entry |
| 67.00 | **DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?* | Yes | After data entry |
| 67.01 | Does the DUR include:<br>• drug-drug interaction (Prescription and OTC),<br>• drug-allergy interaction,<br>• therapeutic duplication,<br>• under- or over-utilization (including clinical abuse/misuse),<br>• disease state or condition contraindication,<br>• Incorrect dosage or duration of therapy, and<br>• gender or age related contraindications.<br>*Indicate if there are other parameters routinely included in the DUR.* | No | Disease state not captured. |
| 67.02 | In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.* | Yes | Weight |
| 67.03 | Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates? | Yes | UpToDate, electronic Facts and Comparison, Clinical Services agreements with PCCA and Fagron, USP-NF subscription, Handbook of Injectable Drugs, Trissels Stability of Compounded Formulations. |

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| 67.04 | Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.* | No | Currently not reporting to PMP, including zero reporting. |
| 67.05 | Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.* | No | |
| 67.06 | Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.* | Yes | Only pharmacist can override, documented electronically using credentials. |
| 67.07 | Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.*** | Yes | Medispan |
| 67.08 | If the DUR is manual, is there a system to document:<br>• How manual DUR is performed<br>• Specific issues that were identified<br>• Pharmacist that considered the identified issues and gave the okay to proceed | Yes | Documented in notes section of patient profile. |
| 67.09 | If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendio used for performing manual DUR.* | N/A | |
| 68.00 | Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.* | Yes | Final verification by pharmacist, documented manually on prescription label and paper log. |
| 69.00 | Are filled prescriptions appropriately labeled? *Describe.* | Yes | Contain required information. |
| 70.00 | **Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.* | Yes | PrimeRx, password protected by job function. |
| 70.01 | Does the pharmacy destroy PHI including labeled prescription vials? | Yes | Superior Medical Waste |

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| 71.00 | **Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport? | Unknown | No internal testing or validated containers used. |
| 72.00 | **Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.*** | No | |
| 72.01 | If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.* | N/A | |
| 72.02 | If yes, is that location in a different state than this facility? *If so, explain.* | N/A | |
| 72.03 | If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing? | N/A | |
| 73.00 | **Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.* | No | |
| 73.01 | Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?* | N/A | |
| 74.00 | **Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc.? *Note types and locations.* | No | |

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| 74.01 | If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.* | N/A | |
| 74.02 | Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?* | N/A | |
| | **Patient Counseling and Communication**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 75.00 | Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")? | N/A | Closed door |
| 75.01 | Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".* | N/A | |
| 76.00 | Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")? | N/A | Closed door |
| 76.01 | Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".* | N/A | |
| 77.00 | Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")? | N/A | Closed door |
| 77.01 | Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".* | N/A | |
| 78.00 | Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc.? Describe how.* | N/A | No delivery |

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| 79.00 | Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc.? Describe how.* | Yes | Patient is contacted prior to shipping as well as printed information provided. |
| 80.00 | Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc.)? *Describe how.* | Yes | Provided with medication if required. |
| 81.00 | Are Med Guides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc.)? *Describe how.* | Yes | Manually printed and provided with medication if required. |
| 82.00 | Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).* | No | |
| 83.00 | Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.* | Yes | Documented manually on prescription log. |
| 84.00 | Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).* | No | Not currently, but PIC plans to expand access via toll free number. |
| 85.00 | Are processes in place to handle a drug recall? | Yes | |
| 86.00 | Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program? | No | |
| 86.01 | Does the take-back program include controlled substances? | N/A | |
| 86.02 | Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.* | N/A | |

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| | | Finding | Notes |
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| | **Quality Assurance/Quality Improvement Program**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 87.00 | Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.* | Yes | Overseen by PIC |
| 87.01 | Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.* | Yes | Both |
| 87.02 | "Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to):<br>1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions;<br>2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse.<br>3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy. | Yes | Includes near misses. |
| 87.03 | There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.* | No | PIC indicated staff is trained upon hire at orientation, but not documented. |
| 88.00 | **Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.* | Yes | Manual incident form. |
| 88.01 | Documentation includes all the pertinent data about the prescription involved including personnel involved at each step. | Yes | |

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| 88.02 | Documentation includes documenting the type of QRE details and how/who discovered the QRE. | Yes | |
| 88.03 | Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time. | Yes | |
| 88.04 | Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient. | Yes | |
| 89.00 | **QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc.).* | Yes | PIC analyzes data quarterly. |
| 89.01 | The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients. | Yes | |
| 89.02 | For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients. | N/A | |
| 90.00 | **Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support. | Yes | Quarterly meetings with staff. |
| 90.01 | The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients. | Yes | |

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| 90.02 | Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program. | Yes | |
| 91.00 | **Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.* | Yes | ISMP |
| 91.01 | Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc.? | Yes | MedWatch |
| 91.02 | Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc.) are documented and reported to the manufacturer or distributor. | N/A | |
| 92.00 | **Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future. | Yes | |
| 93.00 | **Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time. | No | |
| 94.00 | **Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program. | Yes | |

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| | | Finding | Notes |
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| [redacted] | Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. *(NA if no sample)* | | N/A. No sample collected during inspection. |
| [redacted] | Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.* | | Able to make observations from the prep-room. |
| | **General Operations Information** | | |
| 1.00 | Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription? | Yes | |
| 1.01 | Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.* | No | Missing disease state |
| 1.02 | Are sterile compounded prescriptions picked up at the pharmacy? | No | |
| 1.03 | Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities? | Yes | |
| 1.04 | Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility? | No | |
| 2.00 | Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.* | No | |
| 2.01 | Does the pharmacy distribute sterile compounded preparations to practitioners for office use? | N/A | |
| 2.02 | Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers? | N/A | |

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| 2.03 | Is the pharmacy registered with the FDA as an Outsourcing Facility? | N/A | |
| 2.04 | Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.* | N/A | |
| 3.00 | Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing? | No | |
| 3.01 | If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? | N/A | |
| 4.00 | Which of the following sterile compounds are prepared? | | |
| 4.01 | Allergen extracts | No | |
| 4.02 | Parenteral solutions | Yes | |
| 4.03 | Parenteral *suspensions* | No | |
| 4.04 | Preservative-free parenterals | No | |
| 4.05 | Ophthalmic preparations | No | |
| 4.06 | Oral or nasal *inhalation* preparations (not topical sprays) | No | |
| 4.07 | Baths and soaks for live organs and tissues | No | |
| 4.08 | Irrigations for wounds and body cavities | No | |

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| 4.09 | Any other sterile preparations (implants, pellets, etc.). *Provide list.* | No | |
| 5.00 | Does the pharmacy compound investigational drugs? *Provide list.* | No | |
| 6.00 | Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.* | No | |
| 6.01 | If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing. | N/A | |
| 6.02 | If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.* | N/A | |
| 7.00 | Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.* | No | 0% |
| 7.01 | Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)? | N/A | |
| 7.02 | If low risk, are the compounds located in segregated area are BUD 12 hours or less? | N/A | |
| 7.03 | If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes. | | |
| 7.04 | If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc.).* | N/A | |

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| 8.00 | Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.* | No | 0% |
| 8.01 | Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)? | N/A | |
| 8.02 | If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes. | | |
| 8.03 | If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc.).* | N/A | |
| 9.00 | Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.* | Yes | 100% |
| 9.01 | Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)? | Yes | |
| 9.02 | If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes. | | |
| 9.03 | If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc.).* | Yes | Sterility and endotoxin |
| 10.00 | Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump? | No | |
| 11.00 | Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.* | No | 0% |

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| 12.00 | Does the pharmacy perform compounding with **hazardous drugs?** *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.* | No | 0% |
| 12.01 | Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan. | N/A | |
| 12.02 | Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH? | N/A | |
| 12.03 | Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations? | N/A | |
| 13.00 | Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.* | Yes | Electronic |
| 14.00 | Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.* | No | |
| 15.00 | Does the pharmacy compound using any Federally **controlled substances I-V?** *Indicate controlled substances used and percentage of controlled substance sterile compounding.* | No | 0% |
| 16.00 | **APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)? | Yes | |
| 16.01 | Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs* | Yes | |
| 16.02 | Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified* | Yes | Verified by PIC via FDA website |

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## Sterile Compounding Inspection

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**Facility Name:** American Life Pharmacy LLC
**e-Profile ID:** 1610100
**Inspection Date:** 7/20/2023

| | | Finding | Notes |
|---|---|---|---|
| 16.03 | Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.* | No | |
| 16.04 | Does the computer track on-hand quantities of APIs used for compounding? | No | |
| 17.00 | Does the pharmacy use scales/balances for sterile compounding? | Yes | |
| 17.01 | If so, what type of scale/balanced is used? *List manufacturer and model number.* | | One Ohaus Scout SJX1502N-E |
| 17.02 | If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.* | No | Calibrated daily using manual weights |
| 18.00 | Does the pharmacy have a lyophilizer? | No | |
| 18.01 | Where is the lyophilizer located? *Indicate location and ISO class of room.* | | |
| 18.02 | Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer. | | |
| 18.03 | Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures? | N/A | |
| 19.00 | Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?* | Yes | Media fill, gloved fingertip and monthly surface sampling |
| 20.00 | Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed* | Yes | Pharmetric Laboratory: sterility, endotoxin, and on occasion potency. In addition, pharmacy has a stability study for methionine 15mg/ml.inositol 50mg/ml.choline chloride 100mg/cyanocobalamin 0.1mg/ml carnintine 100mg/ml, which includes endotoxin, pH, particulate matter; CCI vacuum decay, and sterility testing. |

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| 21.00 | **Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures?<br>***Note: If the facility indicates "yes", please ask each question below to verify.*** | Yes | |
| 21.01 | Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products? | Yes | |
| 21.02 | Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing? | Yes | |
| 21.03 | Does the pharmacy continuous quality improvement program include viable environmental testing? | Yes | |
| 21.04 | Does the pharmacy continuous quality improvement program include personnel testing and verification? | Yes | |
| 21.05 | Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc.? | Yes | |
| 21.06 | Does the pharmacy continuous quality improvement program include sterilization method testing and validation? | Yes | |
| 21.07 | Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)? | Yes | |
| 21.08 | Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs? | Yes | |

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| 21.09 | Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system? | Yes | |
| 21.10 | Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks? | Yes | |
| 21.11 | Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA. | Yes | |
| 21.12 | Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.* | No | CFUs for monthly surface sampling are not identified to the genus level. |
| | **Component Selection and Use** | | |
| | **Total Non-Compliant (Includes Unknowns):** | **0** | |
| 22.00 | **Active Pharmaceutical Ingredients (APIs), bulk drug substances:**<br>All bulk drug substances (APIs) used are:<br>1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or<br>2) A component of an FDA-approved human drug product; or<br>3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued) | Compliant | |
| 22.01 | Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.*<br>NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding. | Compliant | See Doc02. |
| 22.02 | USP- or NF-grade substances used, if available. | Compliant | |

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| 22.03 | If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities. | N/A | |
| 22.04 | APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels* | Compliant | |
| 22.05 | If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding. | N/A | |
| 22.06 | All substances and components have a complete label including a batch control or lot number, and an expiration date. | Compliant | |
| 22.07 | For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.* | N/A | All have expiration date. |
| 22.08 | All APIs are labeled with the date they were received. | N/A | |
| 22.09 | If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date. | N/A | |

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| | | Finding | Notes |
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| 22.10 | Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones). | N/A | |
| 23.00 | There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine). | Compliant | |
| 24.00 | When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made. | Compliant | |
| 25.00 | For **animal compounding**, does the compounding meet the same standards as compounding for human patients? | N/A | |
| 25.01 | The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used. | N/A | |
| 25.02 | It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet. | N/A | |
| 25.03 | The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals. | N/A | |
| 25.04 | The facility has a list of drugs and components not allowed when compounding for food-producing animals. | N/A | |
| 25.05 | The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs) | N/A | |

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| 26.00 | If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding. | Compliant | Sodium Hydroxide base |
| 26.01 | The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD. | N/A | Per PIC, discarded same day, no BUD assigned. |
| 26.02 | Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements. | Compliant | |
| | **Environment** | | |
| | **Total Non-Compliant (Includes Unknowns)** | **1** | |
| 27.00 | If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct. | N/A | Only sterile compounding |
| 28.00 | If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas. | N/A | |
| 28.01 | Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)? | N/A | |
| 29.00 | Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel). | Compliant | |

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| 30.00 | The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room. | Compliant | |
| 30.01 | Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation. | N/A | |
| 30.02 | Carts used in the clean/buffer room are kept on the clean side of the line of demarcation. | N/A | |
| 31.00 | All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating. | Compliant | |
| 32.00 | Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.* | Compliant | |
| 33.00 | The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.* | Compliant | |
| 34.00 | The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall. | Compliant | |
| 35.00 | The clean/buffer room or anteroom does not have dust collecting overhangs. | Compliant | |
| 36.00 | The exposed surfaces of: | | |

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| | | Finding | Notes |
|---|---|---|---|
| 36.01 | PEC are free of dirt, rust, chips and particulate matter. | Compliant | |
| 36.02 | Light fixtures are smooth, mounted flush, and sealed. | Compliant | |
| 37.00 | A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s). | Compliant | |
| 38.00 | There is no sink or drain in the clean/buffer room. | Compliant | |
| 39.00 | Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer. | Compliant | |
| 39.01 | If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)* | N/A | |
| 40.00 | All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment. | Compliant | |
| 41.00 | Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room. | Compliant | |
| 42.00 | If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc.), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use. | N/A | |

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|---|---|---|---|
| 43.00 | Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom. | Compliant | |
| 44.00 | If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product. | Compliant | |
| 44.01 | Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment. | Compliant | |
| 45.00 | Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure. | Compliant | |
| 45.01 | Anteroom is at least 0.02" wc positive pressure to general pharmacy areas. | Compliant | |
| 45.02 | Clean/buffer room is at least 0.02" wc positive pressure to Anteroom. | Compliant | |
| 45.03 | Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom. | N/A | |
| 45.04 | Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device.<br>*View logs* | Compliant | |
| 45.05 | Written plan in place to detect and react to pressure differentials outside of limits. | Compliant | |
| 46.00 | If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings. | N/A | |

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| 46.01 | The air flow is at least 40 feet per minute across the entire opening. | N/A | |
| 46.02 | Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.* | N/A | |
| 46.03 | Written plan in place to detect and react to air flow measurements outside of limits | N/A | |
| 46.04 | This area is used only for low- and medium-risk compounding (**HD and high-risk not allowed**). | N/A | |
| 47.00 | **Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions. | Compliant | |
| 47.01 | Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.* | Compliant | Observed temperature: 19.9° C |
| 47.02 | If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.* | N/A | No drug storage |
| 47.03 | Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage. | Non-Compliant | Excursion range outside of USP |
| 47.04 | Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.* | Compliant | |

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| 47.05 | Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage. | Compliant | |
| 47.06 | Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.* | Compliant | |
| 47.07 | Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage. | N/A | |
| 47.08 | Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.* | N/A | |
| 47.09 | Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas. | Compliant | |
| 48.00 | **Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*) | N/A | |
| 48.01 | If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained. | N/A | |

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| 48.02 | If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity. | N/A | |
| 48.03 | If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas). | Compliant | Excursion range set to below 70%; Observed humidity: 43.5% and 48.2% |
| 49.00 | Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours. | Compliant | |
| 50.00 | When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces | Compliant | Per PIC, turned on for 60 minutes. |
| 51.00 | The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.* | Compliant | Personnel training |
| 52.00 | The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.* | Compliant | Interlocking |
| 53.00 | **If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:** BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities. | N/A | |
| 53.01 | Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.* | N/A | |
| 53.02 | All garbing requirements are adhered to. | N/A | |
| 53.03 | Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations. | N/A | |

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# National Association of Boards of Pharmacy®
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## Sterile Compounding Inspection

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**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** American Life Pharmacy LLC
**e-Profile ID:** 1610100
**Inspection Date:** 7/20/2023

| | | Finding | Notes |
|---|---|---|---|
| 53.04 | Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas? | N/A | |
| 53.05 | The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent). | N/A | |
| 54.00 | **If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP. | N/A | |
| 54.01 | The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments. | N/A | |
| 54.02 | The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations. | N/A | |
| 54.03 | The sink is separated from the immediate area of the CAI or CACI (not adjacent). | N/A | |
| 54.04 | For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH. | N/A | |

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| | | Finding | Notes |
|---|---|---|---|
| **Cleaning and Disinfection** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | **0** | |
| 55.00 | Are all personnel performing cleaning appropriately garbed? | Compliant | |
| 56.00 | Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies?<br>*All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).* | Compliant | |
| 57.00 | If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area? | N/A | Disposable heads |
| 58.00 | Are reusable tools appropriately labeled to prevent them from being used inappropriately? | Compliant | Handles labeled |
| 59.00 | For cleaning and sanitizing agents that are not "ready-to-use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented? | Compliant | |
| 60.00 | Are cleaning and sanitizing agents appropriately labeled including expiration dates?<br>*Verify no expired agents present.* | Compliant | |
| 61.00 | Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores? | Compliant | |
| 62.00 | Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination? | Compliant | |

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| 62.01 | If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.* | Compliant | Sterile water and sIPA 70% |
| 63.00 | Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe? | Compliant | |
| 64.00 | Does daily cleaning and sanitizing include counters and easily cleanable work surfaces? | Compliant | |
| 65.00 | Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding. | Compliant | |
| 66.00 | If fatigue mats are used, are they cleaned daily and let dry on both sides? | N/A | |
| 67.00 | Is a tacky mat used and if so, is there a procedure in place regarding replacement? | N/A | |
| 68.00 | Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.* | Compliant | |
| 69.00 | Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents? | Compliant | |

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| | **Training** - *Verify records of all compounding personnel (up to 10).* | | |
| | **Total Non-Compliant (Includes Unknowns)** | **2** | |
| 70.00 | There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.* | Compliant | 2 files reviewed |
| 70.01 | All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed. | Compliant | |
| 70.02 | All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed. | Compliant | |
| 71.00 | All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.* | Compliant | |
| 72.00 | There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection. | Compliant | |
| 73.00 | There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting* | Compliant | |

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| 74.00 | If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.* | N/A | |
| 75.00 | There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually* | Compliant | |
| 76.00 | There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.* | Compliant | |
| 77.00 | There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.* | Compliant | |
| 78.00 | There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretotion of results. Indicate frequency, if testing more than annually.* | N/A | Only high-risk |
| 79.00 | There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicoted by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.* | N/A | Only high-risk |

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| | | Finding | Notes |
|---|---|---|---|
| 80.00 | The media-fill testing procedures include: | | |
| 80.01 | Media selection (including obtaining COAs or growth promotion certificates from suppliers) | Compliant | |
| 80.02 | Fill Volume | Compliant | |
| 80.03 | Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.) | Compliant | |
| 80.04 | Inspection of filled units | Compliant | |
| 80.05 | Documentation | Compliant | |
| 80.06 | Interpretation of results | Compliant | |
| 80.07 | Action levels set with the corrective actions required | Compliant | |
| 81.00 | **High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield ony garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperoture and interpretation of results. Indicate frequency, if testing more than every 6 months.* | Unknown | Per PIC, policy is to test annually. Pharmacy has only been operational since, March 2023. |

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| | | Finding | Notes |
|---|---|---|---|
| 82.00 | **High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.* | Unknown | Per PIC, policy is to test annually. Pharmacy has only been operational since, March 2023. |
| 83.00 | **Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully. | Compliant | Per policy |
| 83.01 | Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination. | Compliant | |
| 83.02 | There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded. | Compliant | |
| | **Garbing** | | |
| | **Total Non-Compliant (Includes Unknowns)** | 1 | |
| 84.00 | Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection. | Compliant | |
| 85.00 | Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.* | Compliant | |
| 86.00 | Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room. | Compliant | |

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| 87.00 | Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed. | Compliant | |
| 88.00 | Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe). | Compliant | |
| 89.00 | Garbing includes head and facial hair covers and masks.<br>*Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.* | Non-Compliant | During demonstration of garbing and compounding, pharmacy technician hair was uncovered from the front.<br>Note: This was recognized by the PIC, who communicated to the technician to correct the garbing. |
| 90.00 | Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.* | Compliant | Hands-free sink |
| 91.00 | The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck. | Compliant | |
| 92.00 | All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.). | Compliant | |
| 93.00 | Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.* | Compliant | |
| 94.00 | Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift. | Compliant | |

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| 95.00 | Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.* | Compliant | |
| 96.00 | Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example) | Compliant | |

### Environmental Monitoring

| | | | |
|---|---|---|---|
| | **Total Non-Compliant (Includes Unknowns)** | **5** | |
| 97.00 | The most recent PEC and room certification report is available. | Compliant | |
| 97.01 | All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.* | Compliant | |
| 97.02 | All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.* | Compliant | |
| 97.03 | Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.* | Unknown | Certification report for 02/06/2023 indicated the previous certification was 06/17/2022. PIC indicated pharmacy was not operation at that time, and there was a different PIC. |
| 97.04 | Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report. | Compliant | |

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| 97.05 | If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide. | N/A | |
| 97.06 | The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance. | Compliant | |
| 98.00 | The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due). | Compliant | |
| 98.01 | The equipment used had not exceeded its calibration date at the time of certification. | Compliant | |
| 99.00 | The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms. | Compliant | |
| 99.01 | ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.* | Compliant | |
| 99.02 | ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding cleon/buffer room.* | N/A | ISO 8 anteroom |
| 99.03 | ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.* | N/A | |

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| 99.04 | If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH. | N/A | |
| 100.00 | Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc. | Compliant | |
| 100.01 | Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC). | Compliant | |
| 100.02 | Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs | Compliant | |
| 100.03 | Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow. | Non-Compliant | Per video, repeater pump not in use during smoke pattern testing. |
| 101.00 | Differential air pressure between rooms was measured. | Compliant | |
| 101.01 | The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. | Compliant | |
| 101.02 | The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed. | N/A | |

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| 102.00 | Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways. | N/A | |
| 102.01 | Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.* | N/A | |
| 103.00 | Particle counts of particles 0.5um and larger were measured under dynamic conditions. | Compliant | |
| 103.01 | ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot). | Compliant | |
| 103.02 | ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot). | Compliant | |
| 103.03 | ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot). | Compliant | |
| 104.00 | HEPA filter tests were performed. | Compliant | |
| 104.01 | All room HEPA filters were leak tested and if leaks found, they were fixed | Compliant | |
| 104.02 | All PEC HEPA filters were leak tested and if leaks found, they were fixed | Compliant | |
| 105.00 | PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing. | Compliant | |

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| 106.00 | Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.* | Compliant | Viable air and surface sampling by vendor every 6 months and monthly surface sampling in-house. |
| 106.01 | Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.* | Compliant | |
| 106.02 | Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.* | Compliant | |
| 106.03 | Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.* | Compliant | |
| 106.04 | Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc. | Compliant | |
| 106.05 | Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive).<br>Classification — Air Sample — Surface Sample<br>ISO Class 5 — >1 CFU/m3 — >3 CFU/plate<br>ISO Class 7 — >10 CFU/m3 — >5 CFU/plate<br>ISO Class 8 — >100 CFU/m3 — >100 CFU/plate<br>*CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.* | Non-Compliant | Certification on 02/06/2023 had surface sample exceeding action level in the pass through. Remediation and retesting was conducted per action plan. See submitted action plan with application. |

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# National Association of Boards of Pharmacy®
# Verified Pharmacy Program® Inspection Form

## Sterile Compounding Inspection

**The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** American Life Pharmacy LLC
**e-Profile ID:** 1610100
**Inspection Date:** 7/20/2023

| | | Finding | Notes |
|---|---|---|---|
| 106.06 | CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.* | Non-Compliant | Not for monthly surface sampling. |
| 106.07 | If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination. | Compliant | |
| 106.08 | If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination. | Compliant | Per policy |
| 106.09 | If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination. | Unknown | Per PIC, monthly surface sampling not identified to genus level. |
| 107.00 | Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.* | Compliant | PIC received training during a 30 hour Sterility Assurance Training course through PCCA. |

## Equipment

| | | | |
|---|---|---|---|
| | **Total Non-Compliant (Includes Unknowns)** | **1** | |
| 108.00 | Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodicolly inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.* | Compliant | |
| 109.00 | All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented. | Compliant | |

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| | | Finding | Notes |
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| 110.00 | All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented | Compliant | |
| 111.00 | Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration. | Compliant | One repeater pump |
| 111.01 | There is documentation of the ACD tubing being changed or discarded every 24 hours | Non-Compliant | Not documented |
| 111.02 | The ACD is used when performing media fill testing. | Compliant | |

### Compounding Procedures

| | | | |
|---|---|---|---|
| | **Total Non-Compliant (Includes Unknowns)** | **2** | |
| 112.00 | Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA). | Compliant | |
| 113.00 | Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)? | Compliant | |
| 114.00 | Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area. | Compliant | |
| 115.00 | Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart. | Compliant | |

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| 116.00 | Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). Compounding MUST be observed, if compounding is not being performed at the time of survey mark item as "Non-Compliant".* | Compliant | Observed: methylcobalamin 1mg/ml multi-dose vial. |
| 116.01 | If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization* | | |
| 117.00 | Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use. | Compliant | |
| 118.00 | All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs. | Compliant | |
| 119.00 | Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.* | Compliant | |
| 120.00 | The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.* | Compliant | |
| 121.00 | Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded. | N/A | |

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| | | Finding | Notes |
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| 122.00 | The compounding record is complete.<br>*View several completed compounding records and answer each of the following questions. List records reviewed.* | Compliant | Methionine 15mg/ml.Choline Chloride 50mg.Thiamine HCL 15mg; Methionine 15mg.inositol 50mg.choline chloride 100mg.cyancobalamine 0.1mg/ml levocarnitine 100mg; acetylcysteine 100mg/ml; dexpanthenol 250mg/ml |
| 122.01 | Official or assigned name, strength and dosage of the preparation | Compliant | |
| 122.02 | Names, lot numbers and expiration dates of all components | Compliant | |
| 122.03 | Total quantity or number of units compounded | Compliant | |
| 122.04 | Person compounding the preparation | Compliant | |
| 122.05 | Person performing the quality control procedures | Compliant | |
| 122.06 | Person who approved the preparation | Compliant | |
| 122.07 | Date of compounding | Compliant | |
| 122.08 | Assigned internal identification number or prescription number | Compliant | |
| 122.09 | Assigned BUD and reference if extended beyond USP guidelines | Compliant | |
| 122.10 | Duplicate label | Compliant | |
| 122.11 | Sterilization method (if applicable) | Compliant | |
| 122.12 | Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable | Compliant | |

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| 123.00 | Procedure for in-process checks is followed.<br>*These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.* | Compliant | |
| 124.00 | Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials. | Non-Compliant | Missing preparer and verification pharmacist |
| 125.00 | Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use. | Non-Compliant | Missing preparer |
| 126.00 | Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates?<br>*If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.** | Compliant | |
| 127.00 | Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines.<br>**Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen<br>**Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen<br>**High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen | Compliant | |
| 128.00 | If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.* | Compliant | |

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| 129.00 | If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly motch the preparation tested by the focility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.* | Compliant | Pharmacy is currently conducting stability study for methionine 15mg/ml.inositol 50mg/ml.choline chloride 100mg/cyanocobalamin 0.1mg/ml carnintine 100mg/ml. Study is at the 90 day phase. |
| 130.00 | Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use. | Compliant | |
| 131.00 | **Filter sterilization** in an ISO 5 environment and documentation includes: | | |
| 131.01 | If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter. | Compliant | |
| 131.02 | The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example). | Compliant | |
| 131.03 | Is the appropriate capacity filter being used for the volume being filtered. | Compliant | |
| 131.04 | Filtering is completed rapidly without filter replacement. | Compliant | |
| 131.05 | Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration.<br>View documentation on compounding records of items sterilized by filtration to confirm. | Compliant | |
| 132.00 | **Steam sterilization** documentation includes: | | |

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| | | Finding | Notes |
|---|---|---|---|
| 132.01 | The autoclave has been verified for the exposure time and mass of the items to be sterilized | N/A | |
| 132.02 | Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices | N/A | |
| 132.03 | Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization | N/A | |
| 132.04 | That the CSP will not be adversely affected by the steam and heat | N/A | |
| 132.05 | The description of steam sterilization includes conditions and duration for specific CSPs | N/A | |
| 132.06 | That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices. | N/A | |
| 133.00 | **Dry heat sterilization** documentation includes: | | |
| 133.01 | Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture | N/A | |
| 133.02 | Sufficient space is left between materials to allow for air circulation | N/A | |
| 133.03 | The description of dry heat sterilization includes conditions and duration for specific CSPs | N/A | |
| 133.04 | That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices. | N/A | |

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| | | Finding | Notes |
|---|---|---|---|
| 133.05 | Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period. | N/A | |
| 134.00 | **Depyrogenation by dry heat** documentation includes: | | |
| 134.01 | Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes | Compliant | |
| 134.02 | The description of the cycle and duration for specific load items | Compliant | |
| 134.03 | The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs) | Compliant | |
| 134.04 | Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins | Compliant | Via Pharmetric Laboratory |
| 135.00 | Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.* | N/A | |
| | **Finished Preparation Release Checks and Tests** | | |
| | **Total Non-Compliant (Includes Unknowns)** | **0** | |
| 136.00 | Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release? | Compliant | |
| 137.00 | Are there checks for container, closure integrity and any other apparent visual defects? | Compliant | |
| 138.00 | Is compounding accuracy documented by verification of steps? | Compliant | |

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| | | Finding | Notes |
|---|---|---|---|
| 139.00 | Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?* | Compliant | |
| 140.00 | Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.* | Compliant | |
| 141.00 | **Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.* | | Per PIC, all preparations undergo sterility testing. |
| 141.01 | Sterility testing includes both bacterial and fungal testing. | Compliant | |
| 141.02 | Sterility testing is performed for all CSPs that have extended BUDS. | Compliant | |
| 141.03 | Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers | Compliant | |
| 141.04 | Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized | N/A | |
| 141.05 | The appropriate quantities of units are sterility tested.<br>Parenterals, number of units in the batch is:<br>1. Not more than 100, test 10% or four units, whichever is greater<br>2. More than 100 but more than 500, test 10 units<br>3. More than 500, test 2% or 20 units, whichever is less<br>For large volume parenterals: 2% or 10 containers, whichever is less.<br>For non-parenterals (eye drops, inhalation, etc.):<br>1. Not more than 200 containers, test 5% or 2 containers, whichever is greater<br>2. More than 200, test 10 containers<br>3. If the product is packaged in unit doses, use the parenteral testing above. | Compliant | |
| 141.06 | For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.* | Compliant | |

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| 141.07 | If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.* | N/A | Per PIC, not dispensed prior to test completion. |
| 142.00 | **Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.* | | Per PIC, all preparations undergo endotoxin testing |
| 142.01 | Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials) | Compliant | |
| 142.02 | High-risk CSPs prepared in multiple dose vials for administration to multiple patients | Compliant | |
| 142.03 | High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized | N/A | |
| 142.04 | For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.* | Compliant | Per policy |

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| | | Finding | Notes |
|---|---|---|---|
| **Patient Counseling and Communication** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | **0** | |
| 143.00 | Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications? | N/A | |
| 144.00 | Are the above required printed drug information materials (drug information, PPI, Med Guides, etc.) provided for the compounded products? | N/A | |
| 145.00 | Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy? | Compliant | |
| 146.00 | Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk. | Compliant | |

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| Acronym | Definition |
|---|---|
| ACD | Automated Compounding Device |
| ACOEM | American College of Occupational and Environmental Medicine |
| ACPH | Air Changes Per Hour |
| ADA | Americans with Disabilities Act |
| ADR | Adverse Drug Reaction |
| ALARA | As Low As Reasonably Achievable |
| API | Active Pharmaceutical Ingredient |
| ASHP | American Society of Health-System Pharmacists |
| ASTM | American Society for Testing and Materials |
| AU | Authorized User |
| BOP | Board of Pharmacy |
| BSC | Biological Safety Cabinet |
| BUD | Beyond Use Date |
| CACI | Compounding Aseptic Containment Isolator |
| CAI | Compounding Aseptic Isolator |
| CDC | Center for Disease Control and Prevention |
| CETA | Controlled Environment Testing Association |
| CFR | Code of Federal Regulations |
| CFU | Colony-forming unit |
| CLIA | Clinical Laboratory Improvement Amendment |
| COA | Certificate of Analysis |
| C-PEC | Containment Primary Engineering Control |
| CQI | Continuous Quality Improvement |
| CS | Controlled substance |
| C-SCA | Containment Segregated Compounding Area |
| C-SEC | Containment Secondary Engineering Control |
| CSOS | Controlled Substance Ordering System |
| CSP | Compounded Sterile Preparation |
| CSTD | Closed-System drug-Transfer Device |
| CVE | Containment Ventilated Enclosure |
| DBA | Doing business as |
| DCA | Direct Compounding Area |
| DEA | Drug Enforcement Administration |
| DME | Durable medical equipment |
| DOT | Department of Transportation |
| DUR | Drug Utilization Review |
| EMT | Emergency medical technician |
| EPA | Environmental Protection Agency |
| FCC | Food Chemicals Codex |

| | |
|---|---|
| FDA | Food and Drug Administration |
| GHS | Globally Harmonized System (of classification and labeling of chemicals) |
| HazMat | Hazardous Materials |
| HCS | Hazardous Communication Standard |
| HD | Hazardous Drug |
| HEPA | High Efficiency Particulate Air (filter) |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO | Health maintenance organization |
| IPA | Isopropyl Alcohol |
| IV | Intravenous |
| LAFW | Laminar Air Flow Workbench |
| LOD | Line of Demarcation |
| MSDS | Material Safety Data Sheet |
| MTM | Medication Therapy Management |
| NF | National Formulary |
| NIOSH | National Institute for Occupational Safety and Health |
| NRC | Nuclear Regulatory Commission |
| NSAID | Non-steroidal anti-inflammatory drug |
| NVLAP | National Voluntary Laboratory Accreditation Program |
| OIG | Office of the Inspector General |
| ONS | Oncology Nursing Society |
| OSHA | Occupational Safety and Health Administration |
| OTC | Over-the-Counter |
| P&P | Policies and Procedures |
| PBM | Pharmacy benefits manager |
| PDMP | Prescription drug monitoring program |
| PEC | Primary Engineering Control |
| PHI | Protected Health Information |
| PIC | Pharmacist-in-charge |
| PMP | Prescription Monitoring Program |
| PPE | Personal Protective Equipment |
| PPI | Patient Package Insert |
| QA | Quality Assurance |
| QI | Quality Improvement |
| QRE | Quality Related Event |
| RAM | Radioactive Material |
| RCRA | Resource Conservation and Recovery Act |
| REMS | Risk evaluation mitigation strategy |
| RSO | Radiation Safety Officer |
| Rx | Prescription |

| | |
|---|---|
| SDS | Safety Data Sheet (formerly MSDS – Material Safety Data Sheet) |
| SOP | Standard Operating Procedure |
| ULPA | Ultra Low Particulate Air (filter) |
| USP | United States Pharmacopeia |
| VAERS | Vaccine Adverse Event Reporting System |
| VFC | Vaccines for Children Program |
| WD | Wholesale distributor |

| Term | Definition |
|---|---|
| Dispense/dispensing | Pursuant to a patient specific prescription, labeled with patient name at the pharmacy |
| Distribute/distributing | Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy. |
| Type of Practice: Central Fill/Processing/ Shared Services | Where part of the prescription processing and dispensing process occurs at another location |
| Type of Practice: Closed Door | Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent |
| Type of Practice: HMO/PBM only | Limited to only the beneficiaries of the specific insurance program - no cash patients |
| Type of Practice: Institutional | Such as a hospital or jail |
| Type of Practice: Internet Pharmacy | Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line. |
| Type of Practice: Investigational Drugs, Clinical Trials or Research | Approved to handle investigational drugs |
| Type of Practice: Long Term Care | Nursing Home pharmacy |
| Type of Practice: Manufacturer | Registered with the FDA as a manufacturer |
| Type of Practice: Open to the Public | Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist |
| Type of Practice: Outsourcing Facility | Registered with the FDA as an Outsourcing Facility |
| Type of Practice: Provides Office Use | Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy. |
| Type of Practice: Specialty Pharmacy | Business is primarily with specialty drugs and works with specific disease states |
| Type of Practice: Telepharmacy | Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility. |
| Type of Practice: Traditional retail | Also known as Community Pharmacy. |
| Type of Practice: Veterinary Pharmacy | Pharmacy business is primarily or exclusively for animals. |
| Type of Practice: Wholesale Distributor | Pharmacy is licensed or registered as a wholesale distributor |

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

# VERIFICATION OF LICENSURE
## MICHIGAN BOARD OF PHARMACY
## VERIFICATION OF LICENSURE AS OF 11/01/2023

**NAME:** **American Life Pharmacy LLC**
**ADDRESS:** 1812 Middlebelt Rd
Garden City, MI 48135

**BIRTH YEAR:**
**STATUS:** Active

**LICENSE TYPE:** Pharmacy License

**ORIGINAL DATE:** 06/25/2021
**EXPIRATION DATE:** 06/25/2025
**SPECIALTY:**
None

**LICENSE NUMBER:** 5301012637

| EXAM DATE | EXAM TYPE | EXAM RESULTS |
|---|---|---|
| | None | |

**OPEN FORMAL COMPLAINTS**

No

| DISCIPLINARY ACTION | START DATE | END DATE |
|---|---|---|
| Fine Imposed | 08/25/2023 | 08/25/2023 |
| Reprimanded | 08/25/2023 | |

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: American Life Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): Michigan License # 5301012637

Physical Address: 1812 Middlebelt Rd

City: Garden City State: MI Zip: 48135

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 734-338-9560 Website:

Licensing Company Email: americanlifepharmacy@gmail.com

### Section 2: Personal Information

First: Amy Middle: Sandhu Last: Khan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Canton State: MI Zip: 48187

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Plymouth Canton High School | | | 09/92 - 09/96 | |
| Address | | City | State | Zip |
| 8400 N Beck Rd | | Canton | MI | 48187 |
| Diploma/Degree obtained, if any | | | | |
| Diploma | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Wayne State University College of Pharmacy | | Eugene Applebaum | 09/99 - 05/03 | |
| Address | | City | State | Zip |
| 259 Mack Ave | | Detroit | MI | 48201 |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/12 - Current | [redacted] | Canton | MI | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| American LIfe Pharmacy LLC | | | 01/23 – Current |
| **Business Address** | **City** | **State** | **Zip** |
| 1812 Middlebelt Rd | Garden City | MI | 48135 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 734-338-9560 | Director of Pharmacy | 40/week | |
| **Description of Duties** | Director of Pharmacy | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Select Specialty Hospital Ann Arbor | | | 11/17 - 01/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 5301 E Huron River Dr 7th Floor | Ypsilanti | MI | 48197 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 734-337-1100 | Director of Pharmacy | 40/week | |
| **Description of Duties** | Director of Pharmacy | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Select Specialty Hospital - Detroit | | | 01/06 - 11/17 |
| **Business Address** | **City** | **State** | **Zip** |
| 6071 Outer Dr W 7th Floor | Detroit | MI | 48235 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 313-966-3939 | Director of Pharmacy | 40 /week | |
| **Description of Duties** | Director of Pharmacy | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

I, Amy Sandhu Khan, **certify that as the designated representative for**

American Life Pharmacy LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amy Sandhu Khan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-25-24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Amy Sandhu Khan

Print Name (First, Last)

Amy Khan — 6-13-24

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Michigan, ss. County of Wayne

I, Amy Khan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amy Khan — 6-14-24

**Original Signature** — **Date**

Subscribed and Sworn to before me this 13th day of June 2024.

Alexis Orick

**Notary Public Signature**

ALEXIS ORICK
Notary Public - State of Michigan
County of Wayne
My Commission Expires Apr 17, 2030
Acting in the County of Wayne

ALEXIS ORICK
Notary Public - State of Michigan
County of Wayne
My Commission Expires Apr 17, 2030
Acting in the County of _____

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: American Life Pharmacy LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1812 Middlebelt Rd

City: Garden City State: MI Zip: 48135

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 734-338-9560 Website:

Licensing Company Email: americanlifepharmacy@gmail.com

**Section 2: Personal Information**

First: Sara Middle: Last: Alaouie

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: West Bloomfield State: MI Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | Address | City | State | Zip | From - To (MM/YY – MM/YY) | Diploma/Degree obtained, if any |
|---|---|---|---|---|---|---|
| Crestwood Highschool | | | | | 09/98 - 06/2001 | Degree |
| Univ. of Michigan | | | | | 09/2001 - 06/2004 | None. |
| Baker College. | | | | | 09/2006 - 06/2008 | Associates |
| Harvard Business School | | | | | 05/2022 - 06/2024 | Cert. |
| | | | | | From - To (MM/YY – MM/YY) | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2022-Present | [redacted] | Bloomfield Hills | MI | [redacted] |
| 2015-2022 | | West Bloomfield | MI | |
| 2014-2015 | | White Lake | MI | |
| 2008-2014 | | Canton | MI | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: The Healthy Life Company USA LLC. | | | From - To (MM/YY – MM/YY): 08/2013 - Present |
| Business Address: 5600 Tennyson Pkwy Suite 220 | City: Plano | State: Texas | Zip: 75024 |
| Phone: (248)675-8089 | Title: CEO | | |
| Description of Duties: Management | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 11-22-22 | 11-22-22 | MI | Garden City | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| FileNO 53-22-002985 | | LARA michigan | | |
| **Reason/Charge** | | | | |
| Violating Public Health Code MCL 333. 1101 | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| American Life Pharmacy | | | NIA | |
| **Name of Business/Industry/Entity** | | | | |
| American Life Pharmacy | | | | |

**Provide explanation below:** Please see attached Consent order and Self explanation for Discipline History

Original Signature (electronic, copies or stamps not accepted)

6-12-24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sara Alaouie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/8/24

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Michigan, ss. County of Wayne

I, Sara Khan Alaouie, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/8/24

**Date**

Subscribed and sworn to before me this 8th day of June.

**Notary Public Signature**

**DAREEN BAZZI**
**NOTARY PUBLIC - STATE OF MICHIGAN**
**COUNTY OF WAYNE**
**My Commission Expires Dec. 10, 2029**
**Acting in the County of Wayne**

(Seal)

LARA Corporations Online Filing System
Department of Licensing and Regulatory Affairs

**ID Number: 802527325** Request certificate Return to Results New search

**Summary for: AMERICAN LIFE PHARMACY LLC**

**The name of the DOMESTIC LIMITED LIABILITY COMPANY:** AMERICAN LIFE PHARMACY LLC

**Entity type:** DOMESTIC LIMITED LIABILITY COMPANY

**Identification Number:** 802527325

**Date of Organization in Michigan:** 09/21/2020

**Purpose:** All Purpose Clause

**Term:** Perpetual

**The name and address of the Resident Agent:**

Resident Agent Name: SARA ALAOUIE
Street Address: [redacted]
Apt/Suite/Other:
City: GARDEN CITY State: MI Zip Code: [redacted]

**Registered Office Mailing address:**

P.O. Box or Street Address: [redacted]
Apt/Suite/Other:
City: GARDEN CITY State: MI Zip Code: [redacted]

**Act Formed Under:** 023-1993 Michigan Limited Liability Company Act
**Acts Subject To:** 023-1993 Michigan Limited Liability Company Act

**Managed By:**

Members

**View filings for this business entity:**

ALL FILINGS
ANNUAL REPORT/ANNUAL STATEMENTS
CERTIFICATE OF CORRECTION
CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT
RESIGNATION OF RESIDENT AGENT
CERTIFICATE OF ASSUMED NAME

View filings

**Comments or notes associated with this business entity:**

LARA FOIA Process Transparency Office of Regulatory Reinvention State Web Sites

Michigan.gov Home ADA Michigan News Policies

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# 10B

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (6/11/2024)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-Nevada | ☐ New Pharmacy<br>☒ Ownership Change*<br>☐ Location Change *<br>☐ Service Modification*<br>☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)<br><br>* Current license #:<br>PH PH04179 | ☐ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☒ Other:<br>Closed Door/Mail Order | ☐ Retail/Community<br>☐ Dangerous drugs<br>☐ Controlled substances<br>DEA #: _____<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Catalent Pharmacy Services (PHL)

Physical Address: 3031 Red Lion Road, RM 4043

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as physical address

City: N/A State: N/A Zip: N/A

Telephone: 215-613-3056 Toll Free # (NAC 639.708, NRS 639.23286): 855-573-2144

Fax: 215-201-4305 Contact Email: PHL.pharmacy@catalent.com

Website: N/A

Nevada Business License # (if applicable) NV20201920650

Supervising/Managing Pharmacist Name (NRS 639.220): Michelle S. Giovannucci

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23241

**Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Michelle S. Giovannucci | NV Pharmacist Registration #: 23241 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: Delaware

Parent Company (if any): Creek Parent, Inc.

Corporation Name: Catalent, Inc. (Current Ultimate Parent Company of Applicant)

Mailing Address: 14 Schoolhouse Road

City: Somerset State: NJ Zip: 08873

Telephone: 732-537-6200 Email: joseph.ferraro@catalent.com

Contact Person Name: Joseph Ferraro

| Date of SEC Registration: 07/31/2014 | SEC Registration Number: 333-193542 | Stock Exchange Symbol: CTLT |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: N/A

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the SVP, General Counsel, & Sec (title) for Catalent Pharmacy Services (PHL) (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Joseph Ferraro

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

18 NOV 24

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Michelle S. Giovannucci hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director/Pharmacist-in-Charge (title) for Catalent Pharmacy Services (PHL) (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Michelle Giovannucci
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of October, 2024

S. Rink
Notary Public

Commonwealth of Pennsylvania - Notary Seal
SAMANTHA RAE RINK - Notary Public
Philadelphia County
My Commission Expires October 17, 2026
Commission Number 1429182

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Ferraro

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Joseph Ferraro

Original signature of Authorized Person (copies or stamps not accepted)

18 NOV 24

Date

| Board Use Only | Date Received: 11/26/24 | Amount: $500 cc |
|---|---|---|

Catalent

14 Schoolhouse Road
Somerset, NJ 08873
catalent.com

+ 1 888 SOLUTION (76588466)

Catalent Pharma Solutions, LLC (and its affiliates/subsidiaries) are currently licensed as a Manufacturer or Wholesale Distributor in those states into which those entities ship drug products/substances and/or clinical supply products. Catalent Pharma Solutions, LLC and two of its affiliated companies, namely, Catalent CTS, LLC and Catalent Micron Technologies, Inc., have been disciplined **solely in their capacity as an out of state manufacturer or wholesale distributor as described, below.** Each of those matters relate to the failure to have obtained the requisite manufacturer or wholesale distributor license from the referenced states (or, in the case of Alabama, in another state).

1. Florida Department of Business & Professional Regulation – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

2. Alabama Board of Pharmacy – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a $6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

3. Alabama Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

4. Alabama Board of Pharmacy – KANSAS CITY
   Catalent CTS, LLC – Kansas City, MO

   On July 25, 2017, the Catalent CTS, LLC site located in Kansas City, MO paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

Catalent

5. South Carolina Board of Pharmacy – PHILADELPHIA
Catalent Pharma Solutions, LLC, Philadelphia, PA

On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

6. South Carolina Board of Pharmacy – KANSAS CITY
Catalent CTS, LLC – Kansas City, MO

On April 25, 2017, the Catalent CTS, LLC site located in Kansas City, MO paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

7. South Carolina Board of Pharmacy – MALVERN
Catalent Micron Technologies, Inc.

On September 27, 2018, Catalent Micron Technologies, Inc. paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of drugs into South Carolina without a license.

8. New Hampshire Board of Pharmacy – MALVERN
Catalent Micron Technologies, Inc.

On May 30, 2019, Catalent Micron Technologies, Inc. received a Notice of Violation from the New Hampshire Board of Pharmacy concerning the failure to timely report the action taken by the South Carolina Board of Pharmacy described in the prior section. The failure to timely notify the New Hampshire Board about the South Carolina action was an administrative oversight. Catalent Micron Technologies, Inc. paid an administrative fine of $150.00 for the oversight.

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-08609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

## FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

## NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: Brenda M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v.

Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

## SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

**Sampson, Senior Legal Assistant**. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

## STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

**final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.**

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

| CATALENT PHARMA SOLUTIONS, LLC | FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION |
|---|---|
| By: | By: |
| Name: ARIS GENNADIOS | Name: REGINALD D. DIXON |
| Title: PRESIDENT, SOFTGEL TECHNOLOGIES | Title: DIVISION DIRECTOR |
| Date: 19AUG2014 | Date: AUGUST 29, 2014 |

| | | |
|---|---|---|
| IN THE MATTER OF: | ) | BEFORE THE ALABAMA STATE BOARD OF PHARMACY |
| CATALENT PHARMA SOLUTIONS, LLC | ) | CASE NO: 17-L-0011 |
| Manufacturer/Wholesaler/ Distributor Applicant | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Catalent, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out in the Statement; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 2725 Scherer Drive North, St. Petersburg, Florida 33716 expressly contingent upon the payment of a fine in the amount of Six Thousand and NO/100 Dollars ($6,000.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject

to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

3. That Catalent agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Catalent acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 5 day of JUNE, 2017

Catalent Pharma Solutions, LLC

BY: Scott Gunther
ITS SR. VP Quality + Regulatory
SCOTT GUNTHER

Michael Whisonant, Attorney for
Catalent Pharma Solutions, LLC

DONE this the 27th day of June, 2017

ALABAMA STATE BOARD OF PHARMACY

By _____
Buddy Bunch, R.Ph., President

James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

**OF COUNSEL:**
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

# EXHIBIT "A"

| | | |
|---|---|---|
| IN THE MATTER OF: | ) | BEFORE THE ALABAMA STATE BOARD OF PHARMACY |
| CATALENT PHARMA SOLUTIONS, LLC | ) | CASE NO: 17-L-0011 |
| Manufacturer/Wholesaler/ Distributor Applicant | ) | |

## STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: **Catalent Pharmacy Solutions, LLC**
**2725 Scherer Drive North**
**St. Petersburg, Florida 33716**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1 and § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 27th, 2017 at 1:00 p.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the 2015/2016 Manufacturer/Wholesaler/Distributor Application for New Permit should be granted based upon any or all of the following:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(I)(3) mandates the Board to consider, at a minimum, certain factors to include.

(a) The applicant's past experience in the manufacturing or distribution of drugs, including controlled substances (Board Rule 680-X-2.23(I)(3)(iii)).

(b) Compliance with licensing requirements under previously granted

licenses (680-X-2.23(3)(vi)).

(c) Any other factors or qualifications the Board considers relevant to and consistent with public health and safety (680-X-2.23(3)(vii)).

3. Board Rule 680-X-2.23(I)(4) provides the Board reserves the right to deny a license to an applicant if it determines that the granting of such would not be in the public interest.

4. Board Rule 680-X-2.23(k)(1) provides it shall be a violation of the Rule to operate in such a manner as to endanger the public health.

5. Board Rule 680-X-2.253(k)(2) provides that a violation of the Rule may be grounds for a refusal to issue the applicable permit and/or allows the imposition of a fine not to exceed One Thousand Dollars ($1,000.00) for each such violation.

6. Board Rule 680-X-2.23(k)(3) provides wholesale drug distributors shall operate in compliance with applicable State laws or regulations.

**COUNT ONE**

The Board alleges you have violated the above referenced provisions and/or it would not be in the public interest to grant you the referenced permit based upon the Final Order, Settlement Agreement and Notice of Violation attached hereto as Exhibit "A", or the purchase of an API, i.e. Tipranavir-BI from an unauthorized source located in Germany, that is a person not authorized under Florida law to distribute prescription drugs and/or including the same into a finished manufactured drug which was then shipped for distribution.

The Board alleges that each occurrence described herein is a separate and distinct violation or deficiency.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 22nd day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT A

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

## NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 30th day of September, 2014.

By: Brenda M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

## SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

**STANDARD PROVISIONS**

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008408. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

| CATALENT PHARMA SOLUTIONS, LLC | FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION |
|---|---|
| By: | By: |
| Name: ARIS GENNADIOS | Name: REGINALD D DIXON |
| Title: PRESIDENT, SOFTGEL TECHNOLOGIES | Title: DIVISION DIRECTOR |
| Date: 19AUG2014 | Date: AUGUST 29, 2014 |

Florida Department of
Business & Professional Regulation

Drugs, Devices and Cosmetics
1940 North Monroe Street
Tallahassee, Florida 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Ken Lawson, Secretary

Rick Scott, Governor

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

**NOTICE OF VIOLATION**
**Case No.: 2014-008409**

July 10, 2014

Corporation Service Company, Registered Agent for
Catalent Pharma Solutions, LLC
1201 Hays Street
Tallahassee, FL 32301-2525

Ms. Linda Vick, Senior Quality/ Regulatory Affairs Specialist
Catalent Pharma Solutions, LLC
2725 Scherer Drive North
St. Petersburg, FL 33716

Re: Department of Business & Professional Regulation v. Catalent Pharma Solutions, LLC, Case Number 2014-008409

Dear Sir/Madam:

On or about March 17, 2014 through March 19, 2014, the Department of Business & Business Professional Regulation, Drugs, Devices, and Cosmetics Division (hereafter "Department"), conducted an on-site inspection of Catalent Pharma Solutions, LLC (hereafter "Catalent") located 2725 Scherer Drive, St. Petersburg, Florida 33716. Catalent is permitted by the Department to operate as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723, all of which expire on November 30, 2014, and as a diethyl ether purchaser, permit number 10:1300003, which expires on September 30, 2014.

During the on-site inspection, the Department determined that Catalent is a contract manufacturer for Boehringer Ingelheim, Binger Strabe 173, 55216 Ingelheim am, Rhein Germany (hereafter "BI-Germany"). Catalent received prescription drugs from BI-Germany for the manufacturing of finished dosage forms of the prescription drugs. BI-Germany is not permitted by the Department, and does not qualify for an exemption from licensure.

The Department determined that Catalent, received, shipped, manufactured and/or distributed prescription drug active pharmaceutical ingredient (API) from an

unauthorized source and failed to register and report the distribution of controlled substances.

The Department is authorized by Rule 61N-1.024(8), Florida Administrative Code, to issue a Notice of Violation for any alleged violations of Chapter 499, Florida Statutes, in order to facilitate the uncontested settlement of all issues related to a complaint or investigation. The Notice of Violation is to be done at the completion of the investigation and prior to filing of any Administrative Complaint. The Notice of Violation will advise the alleged violator of the statutory violation and provide a proposed penalty for settlement of the disciplinary matter related to a complaint.

The Department believes Catalent committed the following violations of Chapter 499, Florida Statutes and the administrative Rules promulgated pursuant thereto:

1. Section 499.005(14), Florida Statutes (2013), provides that the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that purchaser or recipient is unlawful.

During the on-site inspection, the Department obtained purchasing and receiving specification sheets for prescription drugs, and/or active pharmaceutical ingredients (API); Catalent received that identify the distributor as BI-Germany. Records show Catalent was in receipt of four shipments from BI-Germany as follows:

1. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648849, supplier/manufacturer lot number 1044065, 200kg.

2. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648845, supplier/manufacturer lot number 1043891, 20kg.

3. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648848, supplier/manufacturer lot number 1043888, 60kg.

4. Item number OET 00309819-Tipranavir-BI, dated 9/12/13; lot number 7490105, supplier/manufacturer lot number 1043891, 280kg.

Because BI-Germany manufactured the prescription drug API Tipranavir, in Germany, and distributed it to Catalent, located in Florida, without having a permit to do so, Catalent received prescription drugs from an unauthorized source in violation of Section 499.005(14), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: $6,000**

2. Section 499.006(10), Florida Statutes, (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(1), Florida Statute (2013), provides that the manufacture, repackaging, sale, delivery or holding or offering for sale of any drug that is adulterated or misbranded is unlawful.

Catalent informed the Department it receives the prescription drug API, Tipranavir, manufactured by the unauthorized source BI-Germany. Catalent manufactures the commercial prescription drug into a finished dosage form and ships it to Roxane Laboratories, Inc., located at 1809 Wilson Road, Columbus, Ohio 43228. Because BI-Germany, located in Germany, is not authorized to distribute prescription drugs into Florida, and Catalent manufactured the unauthorized prescription drugs, Catalent caused them to become adulterated.

Catalent violated Section 499.005(1), Florida Statutes (2013), by manufacturing the adulterated prescription drug Tipranavir, on at least four occasions, received from BI-Germany, within the meaning of Section 499.006(10), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $3,000**

3. Section 499.006(10), Florida Statutes (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(4), Florida Statutes (2013), provides that the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful.

Catalent distributed the adulterated prescription drug API Tipranavir, on at least four occasions, to Roxane Laboratories, in violation of Section 499.005(4), Florida Statutes (2013), within the meaning of Section 499.006(10), Florida Statutes (2013.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: $3,000**

4. Section 499.0121(14), Florida Statutes (2013), provides:

(14) DISTRIBUTION REPORTING.—Each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy

drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distribution of controlled substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

(a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.

(b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.

(c) The transaction code that indicates the type of transaction.

(d) The National Drug Code identifier of the product and the quantity distributed or received.

(e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System identifier on all Schedule II transactions.

(f) The date of the transaction.

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Catalent advised the Department they had registered to report controlled substances but failed to report in a timely matter since August of 2012.

Catalent violated Section 499.0121(14), Florida Statutes (2013), by failing to register and report the distribution of control substances monthly to the Department as required, from August 2012 through July 2013.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $3,000**

5. Section 499.0121, Florida Statutes (2013), provides:

> (4) EXAMINATION OF MATERIALS AND RECORDS.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.
>
> (c) The recordkeeping requirements in subsection (6) must be followed for all incoming and outgoing prescription drugs.
>
> (6) RECORDKEEPING.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.
>
> (a) Wholesale distributors must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records must provide a complete audit trail from receipt to sale or other disposition, be readily retrievable for inspection, and include, at a minimum, the following information:
>
> 2. The name, principal address, and state license, permit or registration number of the person authorized to purchase prescription drugs; [Emphasis supplied].

Rule 61N-1.012 provides:

> (1)(a) Records to document the movement of drugs, devices or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component. A complete audit trail includes records which document each transaction or step in the receipt, manufacture, shipping, transfer, or other steps in the channel of trade of that person, whether or not physical possession or handling of the product or component occurs. At a minimum, records shall consist of invoices from the supplier or source which document acquisition of each product by the person and invoices of sale or other transfer by the person to the recipient. Retail sales transactions to the consumer of over-the-counter drugs, non-restricted devices, or cosmetics are exempt from the requirements of this rule. Additional recordkeeping is required for persons permitted by the department as further stated in this rule.
>
> (b) A person engaged in the distribution of drugs, devices, or cosmetics is not required to maintain documentation from a common carrier that the designated recipient received the product shipped; however, the person must obtain such documentation from the common

carrier and make it available to the department upon specific request of the department.

(2) Any person engaged in the manufacture of prescription drugs, the wholesale distribution of prescription drugs, or otherwise receiving or distributing prescription drugs must maintain records as follows:

(a) For each step in the channel of trade, records containing the information required by Section 499.0121(6)(a), F.S., and the Florida permit or license number which authorizes the source to possess and transfer prescription drugs in or into Florida must appear on one document. If delivery of prescription drugs is made to a person other than the purchaser, the name, address or location where the prescription drugs are delivered, and the state license, permit or registration number for that location must be included also. [Emphasis supplied].

Invoices and packlists for the prescription drug API Tipranavir provided to Catalent from BI-Germany failed to contain Catalent's Florida permit number, in violation of Section 499.0121(4)(c), Florida Statutes (2013), within the meaning of Section 499.0121(6)(a)2., Florida Statutes (2013), and Rule 61N-1.012, Florida Administrative Code.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $1,000**

In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within twenty-one (21) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, the Department and Catalent Pharma Solutions, LLC may resolve this matter. If you agree to a resolution, please sign and date the enclosed Settlement. Return the following items to my attention, at the address on this letterhead:

(a) The original signed Stipulation,

(b) A corporate check, cashier's check, or money order for SIXTEEN THOUSAND DOLLARS. **($16,000.00)** made payable to the **Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Drugs, Devices and Cosmetics Division, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant.**

Upon receipt of the above-mentioned items, a final order incorporating the terms of the Stipulation will be entered.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within twenty-one (21) days of receipt of this letter.

If the Department does not concur, or we are unable to reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced 21-day time period given. Appropriate legal action may include:

(a) Filing and serving an administrative complaint for a hearing pursuant to Chapter 120, Florida Statutes (2011). This may result in the imposition of an administrative fine up to five thousand dollars ($5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record.
(b) Revocation or suspension of the company permit.
(c) Seizure for destruction of adulterated or misbranded products.
(d) Seeking an injunction in Circuit Court to obtain compliance.
(e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at (850) 717-1803.

Sincerely,

Bart O. Moore
Senior Attorney

Enclosure: Stipulation

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| IN THE MATTER OF: | ) | BEFORE THE ALABAMA |
| | ) | |
| CATALENT PHARMACY SOLUTIONS | ) | STATE BOARD OF PHARMACY |
| | ) | |
| Manufacturer/Wholesaler/ Distributor Applicant | ) | CASE NO: 17-L-0071 |
| | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

By: _____
Its: VP & Deputy GC

_____
Michael Whisonant, Attorney for Catalent Pharma Solutions, LLC

DONE this the _____ day of 8/8/2017, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA** |
| | ) | |
| **CATALENT CTS, LLC** | ) | **STATE BOARD OF PHARMACY** |
| | ) | |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | **CASE NO: 17-L-0072** |
| | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent CTS, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 10245 Hickman Mills Drive, Kansas City, MO 64137 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-

20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

Catalent CTS, LLC

By: _____
Its: VP & Deputy GC

Michael Whisonant, Attorney for Catalent CTS, LLC

DONE this the _____ day of 8/8/2017, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION**
**BEFORE THE STATE BOARD OF PHARMACY**

| | |
|---|---|
| **In the Matter of:** | |
| **Catalent Pharma Solutions, LLC,** | **ORDER** |
| **Applicant.** | |

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

## FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Philadelphia, PA.

2. Applicant manufactures clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

## CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**

Carole Small Russell

**CAROLE SMALL RUSSELL, R.Ph.**
**Board Chair**

June 16, 2017

## South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC
PY . 17234

**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION RD
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY

| | |
|---|---|
| **In the Matter of:**<br><br>**Catalent CTS, LLC,**<br><br>**Applicant.** | **ORDER** |

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

## FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Kansas City, Missouri.

2. Applicant is a manufacturer of clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

## CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**

Carole Small Russell

**CAROLE SMALL RUSSELL, R.Ph.**
**Board Chair**

June 16, 2017

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT CTS, LLC
PY . 17233

**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT CTS, LLC
10245 HICKMAN MILLS DR
KANSAS CITY MO 64137

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

Henry D. McMaster
Governor

Emily H. Farr
Director

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

www.llronline.com/POL/Pharmacy

September 27, 2018

Catalent Micron Technologies, Inc.
333 Phoenixville Pike
Malvern PA 19355

Dear Steven Fasman:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its September 26, 2018, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its 11/15/2018, board meeting.

The Committee is recommending your permit application for approval pending the following:

**Upon payment of fine $5000 for shipments into SC in 2017 and 2018.**

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier

Traci Collier, PharmD
Administrator and Chief Drug Inspector
SC Board of Pharmacy

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
**BOARD OF PHARMACY**
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

*OPLC*
*Peter Danles*
*Executive Director*
*Sheri Walsh Esq.*
*Director, Health Professions*

*Board of Pharmacy*
*Michael D. Bullek, R.Ph.*
*Administrator / Chief of Compliance*
*Jason R. Richard*
*Licensing Supervisor*

May 30th, 2019

Catalent Micron Technologies Inc.
C/O Steven Fasman
333 Phoenixville Pike
Malvern PA. 19355

CERTIFIED MAIL and FIRST CLASS MAIL

## NOTICE OF VIOLATION

Dear Mr. Fasman;

The Board has received information concerning discipline on Catalent Micron Technologies Inc.(respondent) Manufacturer/Distributor/Wholesaler license #6382 from the South Carolina Board of Pharmacy dated September 26th, 2018 and not reported to the New Hampshire Board of Pharmacy until May 9th, 2019.

All changes to a New Hampshire license shall be reported to the Board pursuant to Ph 1002.12;

***Ph 1002.12 Reporting Changes.***
***(a) It shall be the responsibility of the manufacturer/wholesaler to immediately notify the board of any changes of information submitted in the application for licensure.***
***(b) Failure to provide the board with notification of changes in the application contents, within 30 days of such changes, shall subject the licensee, after notice and opportunity to be heard pursuant to Ph 200, to a fine of $150.00.***

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above you may have violated RSA 318:29, I (b) and Ph 904.01.

The Board sees fit to use its discretion to propose an administrative fine of **$150.00.** You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay the fine within thirty (30) days of receipt of this Notice and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within thirty (30) days of receipt of this Notice. The Board will thereafter schedule a hearing.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: May 30th, 2019

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

Date:_____

Signature:_____

Catalent Miron Technologies Inc.

Title:_____

*/ Board Member recused

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

Henry D. McMaster
Governor

Emily H. Farr
Director

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

www.llronline.com/POL/Pharmacy

September 27, 2018

Notified of relicensure 5/9/19

Catalent Micron Technologies, Inc.
333 Phoenixville Pike
Malvern PA 19355

Dear Steven Fasman:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its September 26, 2018, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its 11/15/2018, board meeting.

The Committee is recommending your permit application for approval pending the following:

**Upon payment of fine $5000 for shipments into SC in 2017 and 2018.**

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier

Traci Collier, PharmD
Administrator and Chief Drug Inspector
SC Board of Pharmacy

Catalent Micron Technologies located in Malvern PA has been diligent in obtaining licenses in all states into which the site ships material. There was one instance last year, however, where the site, had overlooked that it had made a total of 5 shipments of API into the state of South Carolina during 2017 and 2018. Once those shipments were identified, the site immediately applied for its manufacturers license in South Carolina. Within that application, the site self-identified these shipments. The South Carolina Board of Pharmacy considered that and agreed to issue the site its manufacturer license subject to payment of $5,000 relating to those shipments. The attached letter received from the South Carolina Board of Pharmacy documents these events.

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

**FACILITY**

CATALENT PHARMACY SERVICES (PHL)

3031 RED LION ROAD
ROOM 4043
Philadelphia, Pennsylvania, 19114

Phone:
Owner: CATALENT PHARMACY SERVICES (PHL)

**LICENSE**

License No: PP482896
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 02/02/2024
Inspection Result: Passed

**Remarks:**

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

| ALLEN SOLOMON | 2/2/2024 2:23:56 PM | Nicole Trainor - RP453934 |
|---|---|---|
| Signature of Inspector | Date/Time | Signature of Owner/Representative |

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

**FACILITY**

CATALENT PHARMACY SERVICES (PHL)

3031 RED LION ROAD
ROOM 4043
Philadelphia, Pennsylvania, 19114

Phone:
Owner: CATALENT PHARMACY SERVICES (PHL)

**LICENSE**

License No: PP482896
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 02/02/2024
Inspection Result: Passed

**Remarks:**

| Question | Answer |
|---|---|
| Are all licenses current and posted? | YES |
| Is a "No Smoking" sign prominently posted? | YES |
| Is the generic equivalent sign and list of commonly used equivalents properly posted? | YES |
| Is there a refrigerator with temperature monitoring for drug storage only? | YES |
| Is hot and cold water available in the prescription area? | YES |
| Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable) | YES |
| Are outdated drugs appropriately removed from active stock? | YES |
| Does the pharmacy meet all security requirements? | YES |
| Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice? | YES |
| Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements? | YES |
| Do labels have all the required information and match the license record? | YES |
| Are all prescriptions verified by registered pharmacists? | YES |
| Is the name or initials of the dispensing pharmacist noted on the prescriptions? | YES |
| Are prescription files properly maintained? (electronic files are acceptable) | YES |
| Are transferred prescriptions properly recorded? | YES |
| Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock? | YES |
| Are there signed and dated protocols for each pharmacy technician? | YES |
| Does the pharmacy have an automated medication system? | NO |
| Does the pharmacy administer injectable medications, biologicals, or immunizations? | NO |

# Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

| | | | |
|---|---|---|---|
| **Regarding:** | CATALENT PHARMA SOLUTIONS, LLC | | |
| **Request Type:** | Certificate of Registration | **Issuance Date:** | October 22, 2024 |
| **Request No.:** | 044908533 | **File No:** | 0003185918 |
| **Receipt No.:** | 1267453 | | |
| **Filing Type:** | Foreign Limited Liability Company | | |
| **Filing Subtype:** | Limited Liability Company | | |
| **Initial Filing Date:** | December 05, 2003 | | |
| **Status:** | Active | | |

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

CATALENT PHARMA SOLUTIONS, LLC

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

**Albert Schmidt**
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482896

Expiration Date
08/31/2025

Active

CATALENT PHARMACY SERVICES (PHL)
MICHELLE S GIOVAN
3031 RED LION ROAD
ROOM 4043
PHILADELPHIA, PA 19114

# OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

**Pennsylvania Licensing System (PALS)**

**Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.**

CATALENT PHARMACY SERVICES (PHL)
MICHELLE S GIOVAN
3031 RED LION ROAD
ROOM 4043
PHILADELPHIA, PA 19114

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

23 0056514

**Commonwealth of Pennsylvania**
**Department of State**
**Bureau of Professional and Occupational Affairs**
**PO BOX 2649 Harrisburg PA 17105-2649**

**License Type**
**Pharmacy**

**CATALENT PHARMACY SERVICES (PHL)**
**MICHELLE S GIOVANNUCCI**
**3031 RED LION ROAD**
**ROOM 4043**
**PHILADELPHIA, PA 19114**

**License Status**
**Active**

**Initial License Date**
**06/03/2019**

**Expiration Date**
**08/31/2025**

**License Number**
**PP482896**

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Michelle Giovannucci

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**10/22/2024**

## License Information

CATALENT PHARMACY SERVICES (PHL)

3031 RED LION ROAD ROOM 4043
Philadelphia, Pennsylvania 19114

| | | | |
|---|---|---|---|
| Board/Commission: | State Board of Pharmacy | Status Effective Date: | 06/03/2019 |
| LicenseType: | Pharmacy | Issue Date: | 06/03/2019 |
| Specialty Type: | | Expiration Date: | 08/31/2025 |
| License Number: | PP482896 | Last Renewal: | 07/13/2023 |
| Status: | Active | | |

## Prerequisite Information

| Licensee | Relationship | License Type | License Number | License Status | Associated Date | License Expiration Date |
|---|---|---|---|---|---|---|
| MICHELLE S GIOVANNUCCI | Pharmacist Manager | Pharmacist | RP440876 | Active | 06/03/2019 | 09/30/2026 |

## Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State

FEIN 13-4268760

## Corporate Officers

| Name | Title | Home Address | Business Address | Phone Number | DOB | SS# |
|---|---|---|---|---|---|---|
| Alessandro Maselli | President & CEO | 12 Williams Road<br>Chatham, NJ 07928 | [redacted] | [redacted] | [redacted] | |
| Joseph Ferraro | Senior VP, General Counsel, Secretary | 56 Emily Road<br>Far Hills, NJ 07931 | | | | |
| Ramon J. Ceron | VP & Treasurer | 5064 Eagles VW<br>Cincinnati, OH 45244 | | | | |

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Catalent Pharmacy Services (PHL)

Pharmacy/Wholesaler License # (if applicable): PH04179

Physical Address: 3031 Red Lion Road, RM 4043

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 215-613-3056 Website: N/A

Licensing Company Email: PHL.pharmacy@catalent.com

**Section 2: Personal Information**

First: Michelle Middle: Sophia Last: Giovannucci

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Philadelphia State: PA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| The Arnold & Marie Schwartz College of Pharmacy and Health Sciences - LIU | | 09/86 - 06/91 | |
| **Address** | **City** | **State** | **Zip** |
| 75 Dekalb Avenue | Brooklyn | NY | 11201 |
| **Diploma/Degree obtained, if any** | | | |
| BS Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| O.L.P.H. High School | | 09/83 - 06/86 | |
| **Address** | **City** | **State** | **Zip** |
| 5902 6th Avenue | Brooklyn | NY | 11220 |
| **Diploma/Degree obtained, if any** | | | |
| HS Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/01 - Present | [redacted] | Shamong | NJ | [redacted] |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Pharmacy Services (PHL) | | | 01/19 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3031 Red Lion Road, RM 4043 | | Philadelphia | PA | 19114 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 215-613-3056 | Director/Pharmacist-in-Charge | | 11,000 | |
| **Description of Duties** | | | | |
| Oversee the overall operations of the pharmacy, ensuring compliance with regulatory standards and company policies. Manage prescription filling process and medication dispensing, coordinate shipping and delivery of medication to patients | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

I, Michelle S. Giovannucci, **certify that as the designated representative for**

Caalent Pharmacy Services (PHL),

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michelle S. Giovannucci

Print Name (First, Last)

Michelle Giovannucci

Original Signature (electronic, copies or stamps not accepted)

23 OCT 24

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michelle S. Giovannucci

Print Name (First, Last)

Michelle Giovannucci

Original Signature (electronic, copies or stamps not accepted)

22OCT24

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Philadelphia

I, Michelle S. Giovannucci, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Michelle Giovannucci

**Original Signature**

22OCT24

**Date**

Subscribed and Sworn to before me this 22 day of October, 2024

S. Rink

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
SAMANTHA RAE RINK - Notary Public
Philadelphia County
My Commission Expires October 17, 2026
Commission Number 1429182

**(Seal)**

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FC8417594 | 08-31-2025 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 07-05-2022 |

CATALENT PHARMACY SERVICES (PHL)
3031 RED LION RD RM 4043
PHILADELPHIA, PA 191141123

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
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Form DEA-223 (9/2016)

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**Washington, D.C. 20549**

# FORM 10-K/A
**(Amendment No. 1)**

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the Fiscal Year Ended June 30, 2024**

**or**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from _____ to _____**

**Commission File Number: 001-36587**

Catalent

# CATALENT, INC.
**(Exact name of registrant as specified in its charter)**

| **Delaware** | **20-8737688** |
|---|---|
| **(State or other jurisdiction of incorporation or organization)** | **(I.R.S. Employer Identification Number)** |
| **14 Schoolhouse Road**<br>**Somerset, New Jersey** | **08873** |
| **(Address of principal executive offices)** | **(Zip Code)** |

**(732) 537-6200**
**(Registrant's telephone number, including area code)**

**Securities registered pursuant to section 12(b) of the Act:**

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| **Common stock, $0.01 par value per share** | **CTLT** | **New York Stock Exchange** |

**Securities registered pursuant to Section 12(g) of the Act: None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

| | | | |
|---|---|---|---|
| Large accelerated filer | ☒ | Accelerated filer | ☐ |
| Non-accelerated filer | ☐ | Smaller reporting company | ☐ |
| | | Emerging growth company | ☐ |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

As of December 31, 2023, the aggregate market value of the registrant's voting and non-voting common equity held by non-affiliates was $8.10 billion.

As of October 23, 2024, Catalent, Inc. had 181,511,586 shares of the common stock, par value $0.01 per share, outstanding.

## EXPLANATORY NOTE

Catalent, Inc. (the "Company") is filing this Amendment No. 1 ("Amendment No. 1") to its Annual Report on Form 10-K for the fiscal year ended June 30, 2024 as filed with the Securities Exchange Commission (the "SEC") on September 6, 2024 (the "Original Form 10-K"), to provide the information required by Part III of Form 10-K. This information was previously omitted from the Original Form 10-K in reliance on the General Instructions to Form 10-K, which permits the information in Part III to be incorporated in Form 10-K by reference from the registrant's definitive proxy statement or included in an amendment to Form 10-K, in either case filed with the SEC no later than 120 days after the end of the fiscal year.

Pursuant to Rule 12b-15 under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), this Amendment No. 1 also contains new certifications pursuant to Sections 302 and 906 of the Sarbanes-Oxley Act of 2002, which are being filed and furnished, respectively, as exhibits to this Amendment No. 1 under Item 15 of Part IV. Because this Amendment No. 1 does not contain or amend any disclosure with respect to Items 307 and 308 of Regulation S-K under the Exchange Act, paragraphs 4 and 5 of the Section 302 certifications have been omitted. As a result, Item 15 of Part IV has been amended to reflect the filing and furnishing of these new certifications, and to reflect the filing of compensatory agreements relating to individuals who became a named executive officer for the first time.

Except as otherwise expressly noted herein, this Amendment No. 1 does not modify or update in any way the financial position, results of operations, cash flows, or other information contained or incorporated in, including the exhibits thereto, the Original Form 10-K, nor does it reflect events occurring after the filing of the Original Form 10-K. Accordingly, this Amendment No. 1 should be read in conjunction with the Original Form 10-K and with our other filings made with the SEC subsequent to the filing of the Original Annual Report.

In this Amendment No. 1, we provide our website address, www.catalent.com, to disclose that certain information is available on our website. Information contained on, or that can be accessed through, our website is not incorporated by reference into this Amendment No. 1, and references to our website address in this Amendment No. 1 are inactive textual references only.

CATALENT, INC.

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For the Fiscal Year Ended June 30, 2024


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## PART III

### ITEM 10. DIRECTORS, EXECUTIVE OFFICERS AND CORPORATE GOVERNANCE

**Information Regarding Directors**

Set forth below is certain information with respect to our current directors as of October 21, 2024.

**Michael J. Barber**
**Director since 2021**
**Age: 64**
**Committees:**
- Compensation and Leadership
- Nominating and Corporate Governance

Michael J. Barber has been a member of the Board since April 2021. He retired as the Chief Diversity Officer for General Electric Company in January 2022. During his forty-year career at GE, Mr. Barber held a variety of progressively senior roles in engineering, operations, and product management, including service as President and CEO of GE Molecular Imaging and Computed Tomography from 2016 until 2020; as Chief Engineer, GE Healthcare and Chief Operating Officer, GE Healthcare Systems from 2013 until 2015; as VP and General Manager, Molecular Imaging, GE Healthcare in 2012; as Vice President, healthymagination (GE Corporate) from 2009 until 2011; and as Vice President and CTO, GE Healthcare from 2007 until 2008. Among other prestigious awards, he was named a "Master of Innovation" by Black Enterprise in 2009 and elected a Fellow of the American Institute of Medical and Biological Engineering in 2014. He served as a director of Talix, Inc. from 2017 until it was acquired by Edifecs in 2021, and served as a director of Healthline, Inc. from 2009 until its acquisition by Summit Partners in 2016. He also served as a board member of the National Action Council for Minorities in Engineering (NACME) from 2009 until 2022. He also serves on the Board of the Green Bay Packers Football Club and Chairs the Foundation Committee. Mr. Barber received a B.S. in electrical engineering and an honorary doctorate in engineering from the Milwaukee School of Engineering, where he also serves as a Regent.

**Steven K. Barg**
**Director since 2023**
**Age: 62**
**Committees:**
- Quality & Regulatory Compliance
- Strategic and Operational Review

Steven Barg has been a member of the Board since September 2023. Mr. Barg is Global Head of Engagement at Elliott. Prior to joining Elliott in February 2020, Mr. Barg spent 30 years in investment banking, most recently as a Participating Managing Director at Goldman Sachs. During his time at Goldman Sachs, Mr. Barg established and led what became the firm's Global Activism and Shareholder Advisory practice; founded and led the M&A Capital Markets practice; and ran Asian Equity Capital Markets in Hong Kong. In addition, Mr. Barg served on both the Asian and Global Equity Commitments Committees and was Global Head of Diversity for the Investment Banking Division. Prior to joining Goldman Sachs, Mr. Barg served as a Managing Director in Equity Capital Markets at UBS and Credit Suisse, with postings in New York, Hong Kong, and London. Mr. Barg has served on the Board of Directors of Cardinal Health since September 2022. Mr. Barg holds an M.B.A. from the Stanford University Graduate School of Business and a B.A. from Wesleyan University. In addition, Mr. Barg was a Henry Luce Scholar in Hong Kong and a Coro Fellow in Public Affairs in New York.

**J. Martin Carroll**
**Director since 2015**
**Age: 75**
**Committees:**
- Compensation and Leadership
- Nominating and Corporate Governance
- Quality and Regulatory Compliance (chair

J. Martin Carroll has been a member of the Board since July 2015 and served as our lead independent director from October 2021 to June 2023 and our non-executive Chair from July 2023 to August 2023. He served as President and Chief Executive Officer of Boehringer Ingelheim Corporation and of Boehringer Pharmaceuticals, Inc. from 2003 until 2011 and as Head, Corporate Strategy and Development of Boehringer Ingelheim GmbH from 2012 until his retirement in 2013. He served as a director of Boehringer Ingelheim Corporation from 2003 until December 2012. Mr. Carroll joined the Boehringer Ingelheim organization in 2002 as President of Boehringer Pharmaceuticals, Inc. Mr. Carroll worked at Merck & Company, Inc. from 1976 to 2001. From 1972 to 1976, he served in the United States Air Force where he attained the rank of Captain. Mr. Carroll has been chairperson of the board of directors of Esperion Therapeutics since June 2022. He served as a director of Durata Therapeutics, Inc. from August 2014 until November 2014 when it was acquired by Actavis, as a director of Vivus, Inc. from May 2013 until September 2014, as a director of Therapeutics MD from March 2015 until December 2021, and as a director of Mallinckrodt plc from June 2013 until May 2022. He also served as a director of Inotek from April 2016 to June 2016 and as Chairman of its Board from June 2016 until January 2018 when Inotek was sold to Rocket Pharmaceutical. Mr. Carroll received a B.A. in accounting and economics from the College of the Holy Cross and an M.B.A. from Babson College. Mr. Carroll was granted a waiver, which will end at our 2025 Annual Meeting of Shareholders, from the resignation obligation imposed by our Corporate Governance Guidelines on directors over the age of 75.

**Rolf Classon**
**Director since 2014**
**Age: 79**
**Committees:**
- Audit
- Compensation and Leadership
- Nominating and Corporate Governance (chair)

Rolf Classon has been a member of the Board since August 2014. From October 2002 until his retirement in July 2004, Mr. Classon was Chairman of the Executive Committee of Bayer HealthCare AG, a subsidiary of Bayer AG. He served as President of Bayer Diagnostics from 1995 to 2002 and as Executive Vice President of Bayer Diagnostics from 1991 to 1995. Prior to 1991, Mr. Classon held various management positions with Pharmacia Corporation. Mr. Classon currently serves as the Chairman of Bico AB. Mr. Classon served as Vice Chairman of the Supervisory Board of Fresenius Medical Care AG & Co. KGaA through December 2023. He was previously Chairman of the Board of Directors of Perrigo Company plc from 2018 to 2022, having joined that board as a director in 2017, and Chairman of the Board of Directors of Tecan Group Ltd., serving from 2009 until April 2018. Mr. Classon served as Chairman of the Board of Directors of Hill-Rom Corporation from 2006 until March 2018, also serving as Vice Chairman of the Board from 2003 through May 2005 and as interim chief executive officer from May 2005 until March 2006. From 2005 to 2015, Mr. Classon served as Chairman of the Board of Directors of Auxilium Pharmaceuticals, Inc., and as Vice Chairman from March 2005 to April 2005. He also previously served as a director of Sequanna Medical AG from 2016 to 2017; of Aerocrine AB, Stockholm from 2013 to 2015; of Millipore Corporation from 2005 to 2010; of Prometheus Lahoratories Inc. from 2004 to 2010; and of Enzon Pharmaceuticals Inc. from 1997 to 2011. Mr. Classon received his Chemical Engineering Certificate from the Gothenburg School of Engineering and a Business Degree from the Gothenburg University. Mr. Classon was granted a waiver, which will end at our 2025 Annual Meeting of Shareholders, from the resignation obligation imposed by our Corporate Governance Guidelines on directors over the age of 75.

**Frank D'Amelio**
**Director since 2023**
**Age: 66**
**Committees:**
- Compensation & Leadership
- Quality & Regulatory Compliance

Frank D'Amelio has been a member of the Board since August 2023. Mr. D'Amelio is the former Chief Financial Officer and Executive Vice President, Global Supply, of Pfizer Inc. where he was responsible for all corporate finance functions including audit, controllers, tax, and treasury, as well as global supply. Prior to joining Pfizer, Mr. D'Amelio served as Senior Executive Vice President of Integration and Chief Administrative Officer of Alcatel-Lucent, responsible for the 2006 Alcatel-Lucent merger as well as procurement, real estate, IT, and supply chain. Prior to that, Mr. D'Amelio was the Chief Operating Officer of Lucent Technologies, responsible for leading business operations, including sales, the product groups, the services business, the supply chain, information technology operations, human resources, and labor relations. In 2001, he was appointed Executive Vice President and Chief Financial Officer of Lucent. In addition, Mr. D'Amelio held a number of roles while at Lucent Technologies, and before that, served in a variety of positions while at AT&T, including CFO, Transmission Systems and Controller, Network Systems. Mr. D'Amelio has served on the Board of Directors of Humana since September 2003, where he currently serves as Chair of the Audit Committee, on the Board of Directors of Zoetis, Inc. since July 2012, and on the Board of Directors of Hewlett Packard Enterprise since January 2023. He currently serves as a CFO in residence at the Deloitte CFO Academy. Mr. D'Amelio holds an M.B.A. in Finance from St. John's University and a bachelor's degree in Accounting from St. Peter's College.

**John J. Greisch**
**Director since 2018**
**Executive Chair since August 2023**
**Age: 69**
Committees:
- Strategic and Operational Review (chair)

John Greisch has been a member of the Board since February 2018 and was appointed as Executive Chair on August 28, 2023. Mr. Greisch retired in May 2018 from his position as President and Chief Executive Officer of Hill-Rom Holdings, Inc., a position that he had held since 2010. Prior to that, Mr. Greisch was President International Operations for Baxter International, Inc., a position he held beginning in 2006. During his seven-year tenure with Baxter, he also served as Baxter's Chief Financial Officer and as President of Baxter's BioScience division. Before his time with Baxter, Mr. Greisch was President and Chief Executive Officer for FleetPride Corporation in Deerfield, Illinois, an independent after-market distribution company serving the transportation industry. Prior to his tenure at FleetPride, he held various positions at The Interlake Corporation, including serving as President of its Materials Handling Group. Mr. Greisch currently serves as chairman of the board of Viant Medical LLC, as chairman of the board of Discovery Life Sciences, and as lead independent director on the board of Carrier Corporation. He previously served on the boards of Cerner Corporation, Idorsia Pharmaceuticals Ltd., Hill-Rom Holdings, Inc., Actelion Ltd, and TomoTherapy, Inc. Additionally, he serves as a senior advisor to TPG Capital and is on the board of directors for Ann & Robert H. Lurie Children's Hospital of Chicago. He received a Masters in Management from the Kellogg School of Management at Northwestern University and a B.S. degree from Miami University.

**Gregory T. Lucier**
**Director since 2015**
**Age: 60**
**Committees:**
- Audit
- Compensation and Leadership (chair)
- Strategic and Operational Review

Gregory T. Lucier has been a member of the Board since April 2015. Mr. Lucier is the chief executive officer of Corza Health, Inc. a company focused on acquiring healthcare companies and assets since April 2019. Prior to that, he served as Chairman and Chief Executive Officer of NuVasive, Inc., a medical device company, from 2015 to 2018. Before joining NuVasive, Mr. Lucier was Chairman and Chief Executive Officer of Life Technologies Corporation, a global biotechnology company, from May 2003 until it was acquired by Thermo Fisher Scientific Inc. in February 2014. Prior to that, Mr. Lucier was a corporate officer at General Electric Company, where he served in a variety of leadership roles. Mr. Lucier is chairman of Dentsply Sirona and a director at Maravai LifeSciences. He previously served as a director of Life Technologies Corporation from May 2003 to February 2014, of Carefusion Corporation from August 2009 until its sale to Becton Dickinson in March 2015, of Invuity, Inc. from October 2014 until its sale to Stryker in October 2018, and of Nuvasive from December 2013 to May 2021. Mr. Lucier received an M.B.A. from Harvard Business School and a B.S. in industrial engineering from Pennsylvania State University.

**Alessandro Maselli**
**Director since 2022**
**Age: 52**

Alessandro Maselli was appointed Catalent's President and Chief Executive Officer and joined the Board of Directors in July 2022. He previously served as the company's President & Chief Operating Officer from February 2019 until July 2022. Mr. Maselli joined Catalent in 2010 as Director of Operations at Catalent's pharmaceutical, nutritional and cosmetics plant in Aprilia, Italy. In 2013, he was appointed General Manager of Zydis® operations at Catalent's facility in Swindon, U.K., in 2015 he became Vice President of Operations, Europe, for Catalent's Drug Delivery Solutions business unit, and in 2016 he was named Catalent's Senior Vice President, Global Operations. Prior to Catalent, Mr. Maselli held operational and business leadership roles at Alstom and SGS. From 1998 to 2006, he held roles of increasing responsibility from process engineer to operations director at ABB. Mr. Maselli began his career as an automation systems engineer in the food industry. A native of Italy, Mr. Maselli earned bachelor and master degrees in electronic engineering from La Sapienza University of Rome.

**Donald E. Morel, Jr., Ph.D.**
**Director since 2015**
**Age: 67**
**Committees:**
• Quality & Regulatory Compliance

Dr. Donald E. Morel has been a member of the Board since November 2015. Dr. Morel retired in June 2015 as Chairman of West Pharmaceutical Services, Inc., a leading manufacturer of packaging components and delivery systems for injectable drugs and healthcare products, a position he had held since March 2003. He also served as West's Chief Executive Officer from April 2002 until April 2015 and as its President from April 2002 until June 2005. Currently, Dr. Morel serves as Chairman of the Board of Directors of the American Oncologic Hospital of the Fox Chase Cancer Center. He also serves as Chairman of the Board of Trustees of the Franklin Institute, a trustee of the University of Virginia Darden School Foundation, and an Emeritus Trustee of Lafayette College. Additionally, Dr. Morel has been a Director of Stevanato Group since September 2018 and of Integra LifeSciences Holdings Corporation from August 2013 through May 2023. Prior to that, he served as a Director of Kensey Nash Corporation from 2010 until 2012. Dr. Morel obtained a Master of Science degree and a Ph.D. in Materials Science from Cornell University and a Bachelor of Science degree in Engineering from Lafayette College.

**Stephanie Okey**
**Director since 2023**
**Age: 65**
**Committees:**
• Compensation & Leadership
• Nominating & Corporate Governance

Stephanie Okey has been a member of the Board since August 2023. Ms. Okey is the former Senior Vice President, Head of North America, Rare Diseases, and U.S. General Manager, Rare Diseases at Genzyme, a Sanofi company, where she worked for 19 years in various executive management roles. By the time of her retirement in July 2015, Ms. Okey had acquired launch and commercialization experience with nine rare disease therapeutics and 4 large market therapeutics during her career. Prior to joining Genzyme, Ms. Okey served in various positions of increasing responsibility in the biopharmaceutical industry, having held roles in field sales and marketing at Bristol Myers Squibb and later Genentech, Inc. Ms. Okey is currently a member of the board of directors of PTC Therapeutics, Inc. and Crinetics Pharmaceuticals, Inc., both publicly traded biopharmaceutical companies. In addition, Ms. Okey previously served as a member of the board of directors of the California Life Sciences Association from October 2014 to January 2016, and on the board of directors of Albireo Pharma, Inc. from 2018 until its acquisition by Ipsen in March 2023. Ms. Okey holds a B.S. in Zoology from The Ohio State University and an M.S. in Immunology and Medical Microbiology from Wright State University. She has also completed executive training and education in manufacturing resource planning and organizational leadership.

**Michelle R. Ryan**
**Director since 2023**
**Age: 58**
**Committees:**
• Audit
• Strategic and Operational Review

Michelle Ryan has been a member of the Board since August 2023. Ms. Ryan is the former Treasurer of Johnson & Johnson, where she worked for almost 30 years. As Treasurer, Ms. Ryan was responsible for providing financial oversight and insights to Johnson & Johnson's M&A activities. Additionally, she was responsible for managing Johnson & Johnson's global retirement assets, capital market transactions, and risk management activities. Prior to her role as Treasurer, Ms. Ryan worked in various financial leadership roles across Johnson & Johnson's businesses, including as Chief Financial Officer of its Global Consumer Business and Chief Financial Officer of its Pharmaceutical Business of the Americas. Ms. Ryan has served on the board of directors of Aledade, Inc., a public benefit corporation helping independent practices, health centers, and clinics deliver better care to their patients and thrive in value-based care, since December 2021. Ms. Ryan received a B.S. in Accounting and an M.B.A. in Finance from the Wharton School of the University of Pennsylvania and is a Certified Public Accountant (inactive) and Certified Management Accountant (inactive).

**Jack Stahl**
**Director since 2014**
**Lead Independent Director since August 2023**
**Age: 71**
Committees:
• Audit (chair)
• Strategic and Operational Review

Jack Stahl has been a member of the Board since August 2014 and was appointed as Lead Independent Director on August 28, 2023. Mr. Stahl was the President and Chief Executive Officer of Revlon Inc. from 2002 until his retirement in 2006. Prior to joining Revlon, Mr. Stahl served as President and Chief Operating Officer of The Coca-Cola Company from 2000 to 2001, having previously served in various management positions at that company, including Executive Vice President of The Americas Group and earlier as Chief Financial Officer, since joining it in 1979. Mr. Stahl is the chair of the board of directors of United Natural Food, Inc. and serves on the U.S. board of advisors of CVC Capital Partners. Additionally, he formerly served on the boards of Schering-Plough Corporation, Dr Pepper Snapple Group, Saks, Inc., Coty Inc., Ahold Delhaize, and Advantage Solutions LLC, Coca-Cola Enterprises, Coca-Cola Amatil Limited, and was chairman of the board of managers of New Avon LLC. Mr. Stahl holds a bachelor's degree in economics from Emory University and a master's degree from the Wharton School of Business at the University of Pennsylvania.

**Information Regarding Executive Officers**

Set forth below is certain information with respect to our current executive officers as of October 21, 2024.

**Alessandro Maselli**
**President and Chief Executive Officer**
**Age: 52**

Mr. Maselli's biography is set forth above.

**John J. Greisch**
**Executive Chair**
**Age: 69**

Mr. Greisch's biography is set forth above.

**Matti Masanovich**
**Senior Vice President and Chief Financial Officer**
**Age: 52**

Matti Masanovich was named Senior Vice President & Chief Financial Officer in July 2023. Prior to joining Catalent, Mr. Masanovich served as Executive Vice President & Chief Financial Officer of Tenneco Automotive from August 2020 until it was acquired by Apollo in November 2023. Previously he was Chief Financial Officer at Superior Industries International from September 2018 until August 2020 and General Cable Corporation from November 2016 until July 2018. Earlier in his career, Mr. Masanovich held finance leadership roles of increasing responsibility in a number of companies in the automotive industry, where he demonstrated a strong history of improvement and profitability and operating efficiency. Mr. Masanovich began his career with PricewaterhouseCoopers LLP. He has Bachelor of Commerce, Finance & Accounting and M.B.A. degrees from the University of Windsor and is a Chartered Accountant in Canada.

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| **Lisa Evoli**<br>**Senior Vice President and Chief Human Resources Officer**<br>**Age: 55** | Lisa Evoli was named Senior Vice President and Chief Human Resources Officer in August 2023. Prior to joining Catalent, Ms. Evoli served as Executive Vice President and Chief Human Resources Officer of Integra LifeSciences Holdings Corporation from January 2016 until July 2023. Prior to that, she served for over two decades in a number of senior HR leadership roles, including at TE Connectivity Ltd., Johnson & Johnson and Motorola. Ms. Evoli holds a bachelor's degree in business administration from the California University of Pennsylvania and a master's degree in human resources development from Villanova University. |
| **Joseph A. Ferraro**<br>**Senior Vice President, General Counsel, Chief Compliance Officer, and Secretary**<br>**Age: 47** | Joseph A. Ferraro was named Senior Vice President, General Counsel, Chief Compliance Officer, and Secretary in February 2023 and is responsible for managing Catalent's global legal and compliance operations. Prior to joining Catalent, Mr. Ferraro served as Chief Legal Officer and Secretary for Innovate Corp. from September 2017 until October 2022, where he managed global legal and compliance operations. Prior to Innovate, Mr. Ferraro served as General Counsel and Deputy Chief Compliance Officer at Prospect Capital from October 2008 until August 2017, having previously spent his early career at two leading law firms, Sullivan & Cromwell and Boies, Schiller & Flexner, where he focused on corporate and securities law. Mr. Ferraro holds a Juris Doctor degree with honors from The Law School at the University of Chicago, where he was a managing editor of The University of Chicago Law Review, and a Bachelor of Arts cum laude in public and international affairs from Princeton University. He is NACD Directorship Certified®. |
| **Aristippos Gennadios, Ph.D.**<br>**Group President, Pharma & Consumer Health**<br>**Age: 59** | Aris Gennadios was named Group President, Pharma and Consumer Health in July 2022. Prior to that, he served as President of our Softgel & Oral Technologies business since September 2013 and, earlier, as Vice President and General Manager of Softgel Technologies. Dr. Gennadios has worked in the pharmaceutical industry since 1996 in roles including R&D, field sales, business development, operations, and leadership. He joined Catalent's predecessor company, Cardinal Health, in 2002 and held several leadership posts within the softgel technologies business, including Global Vice President of Business Development for Softgel Technologies, General Manager of the Oral Development Center in Somerset, NJ, and Vice President and General Manager for Rx Softgel and Consumer Health products. Dr. Gennadios earned his bachelor's degree in chemical engineering from the National Technical University of Athens, Greece and his master's degree in agricultural engineering from Clemson University. Dr. Gennadios holds a doctorate in engineering from the University of Nebraska and an MBA from Wake Forest University. |
| **Scott Gunther**<br>**Senior Vice President, Quality & Regulatory Affairs**<br>**Age: 57** | Scott Gunther was named Senior Vice President of Quality & Regulatory Affairs in May 2017. Mr. Gunther joined Catalent in 2012 as Vice President, Quality and was responsible for overseeing the quality function for the United States and other countries with sites in the Drug Delivery Solutions business unit. He previously also concurrently served as an interim Vice President of Product Development for the DDS business unit. Prior to joining Catalent, Scott spent 22 years with Bristol-Myers-Squibb in various roles of increasing responsibility. In his last role at BMS, he held the position of Executive Director Quality Operations Americas, where he was responsible for quality operations at its manufacturing sites in the U.S., Puerto Rico, and Latin America. Scott holds a Bachelor of Science degree from the State University of New York at Buffalo and an MBA from Canisius College. |
| **Michael Hatzfeld**<br>**Vice President & Chief Accounting Officer**<br>**Age: 52** | Michael Hatzfeld was named Vice President & Chief Accounting Officer in January 2024. Prior to joining Catalent, Mr. Hatzfeld most recently served as Vice President of Finance and Corporate Controller of Superior Industries International, Inc. (NYSE: SUP) from December 2018 through January 2024. Prior to that, Mr. Hatzfeld held various accounting and finance positions with General Motors Company since 2011, including Controller, US Sales and Marketing Unit. Mr. Hatzfeld began his career in public accounting at Ernst & Young LLP. Mr. Hatzfeld holds a Bachelor of Science degree from Duquesne University and is a Certified Public Accountant. |

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| **Ricky Hopson**<br>**President, Division Head for BioProduct Delivery, and Chief of Staff**<br>**Age: 49** | Ricky Hopson was named President, Division Head for BioProduct Delivery and Chief of Staff in August 2023. From July 2022 until August 2023, he was President, Division Head for Clinical Development and Supply. Concurrently, from April 2023 through July 2023, he served as Interim Chief Financial Officer. Prior to that, he served as Vice President & Chief Accounting Officer since June 2021. Mr. Hopson has been with Catalent for more than 20 years, serving in a variety of finance roles, including Vice President & Corporate Controller, Global Vice President, Operational Finance, and Vice President of Finance for two different business units. Mr. Hopson graduated from the University of Portsmouth and is a chartered management accountant in the U.K. |
| **David McErlane**<br>**Group President, Biologics**<br>**Age: 51** | David McErlane joined Catalent as Group President of Biologics in September 2023. Prior to joining Catalent, Mr. McErlane served as senior vice president and business unit head for Lonza's Bioscience business from July 2021 to September 2023 - where he led strategy, sales, marketing, innovation, digital, and operations functions for this division while developing transformational business strategies, executing major investments to digitize the customer journey, and acquiring and integrating new technologies. Earlier in his career, Mr. McErlane held several leadership positions at MilliporeSigma from 2016 to 2021 and BioReliance from 2006 to 2016 after beginning his career as an engineering manager at Zeneca from 1990 to 1999. Mr. McErlane holds a bachelor's degree in electronic systems engineering from Glasgow Caledonian University. |

**Delinquent Section 16(a) Reports**

Section 16(a) of the Exchange Act requires our directors, executive officers, and beneficial owners of 10% or more of our shares of common stock to file reports with the SEC about their ownership of and transactions in our common stock. Based solely on our review of reports filed with the SEC and written representations from our executive officers and directors, we believe that all reports required to be filed under Section 16(a) during fiscal 2024 were timely filed, except for one Form 4 filed on July 7, 2023 for director J. Martin Carroll to report the grant of restricted stock units on July 1, 2023.

**Insider Trading Arrangements and Policies**

We have adopted an Insider Trading Policy governing the purchase, sale, and/or other dispositions of our securities by our directors, officers and employees, as well as by Catalent itself, that we believe is reasonably designed to promote compliance with insider trading laws, rules and regulations, and NYSE listing standards. The foregoing summary of the Insider Trading Policy does not purport to be complete and is qualified in its entirety by reference to the full text of the Insider Trading Policy attached to the Company's Annual Report on Form 10-K for the fiscal year ended June 30, 2024 (the "2024 Annual Report") as Exhibit 19.1 and incorporated herein by reference.

**Standards of Business Conduct**

Our Board and all of our employees, including our CEO, principal financial officer, principal accounting officer, and all other executive officers are required to abide by our Standards of Business Conduct to ensure that our business is conducted in a consistently legal and ethical manner. A copy of our Standards of Business Conduct can be found on our website at investor.catalent.com/corporate-governance. We will disclose on our website any future amendment to, or waiver from, provisions of our Standards of Business Conduct affecting our directors or executive officers as and to the extent required under applicable SEC and NYSE rules.

**Director Nomination Process**

The Nominating and Corporate Governance Committee (the "Nominating Committee") considers and recommends the annual slate of director nominees for approval by our Board. The Nominating Committee considers a number of factors and principles in making its recommendations, including the following:

- individual qualifications, including strength of character, mature judgment, familiarity with our business and industry, independence of thought, an ability to work collegially, and all other factors it considers appropriate, which may include age, gender, and ethnic and racial background

- existing commitments to other businesses or any other board of directors (or similar body)
- potential conflicts of interest with other pursuits
- legal considerations, such as antitrust issues
- corporate governance background
- varied and relevant career experience
- relevant technical skills and education
- relevant business or government acumen
- financial and accounting background
- executive compensation background
- the size, composition, and combined expertise of the existing Board

Although our Board and Nominating Committee consider diversity of viewpoints, background, and experiences when identifying and reviewing candidates for our Board, our Board does not have a separate diversity policy. In identifying and evaluating prospective director candidates, the Nominating Committee may seek referrals and assistance from other members of our Board, management, shareholders, and other sources, including third-party search consultants. The Nominating Committee uses the same criteria for evaluating candidates regardless of the source of the referral. When considering director candidates, the Nominating Committee seeks individuals with backgrounds and qualities that, when combined with those of our incumbent directors, provide a blend of skills and experiences to further enhance our Board's effectiveness.

Shareholders may nominate directors for election by following the provisions set forth in our bylaws concerning such matters. The Nominating Committee, in accordance with our Governance Guidelines, will consider the qualifications of any nominee proposed by one or more shareholders in the same manner in which it evaluates any other candidate.

**Audit Committee and Audit Committee Financial Expert**

The members of the Audit Committee are Jack Stahl (Chair), Rolf Classon, Gregory T. Lucier and Michelle R. Ryan. All members of the Audit Committee are "independent" in accordance with the NYSE listing standards and SEC rules applicable to boards of directors in general and audit committee members in particular. Our Board has determined that each member of the Audit Committee qualifies as an "audit committee financial expert" as defined in SEC rules.

## ITEM 11. EXECUTIVE COMPENSATION

### Executive Summary

Our executive compensation program is intended to attract, motivate, retain, and reward our leadership in a manner that will align their interests with those of our shareholders on an annual and long-term basis and promote sustainable shareholder value creation. We believe attracting, motivating, retaining, and rewarding superior talent is needed to maintain and improve our performance and shareholder returns. We therefore seek to maintain a competitive program that ties a significant portion of executive pay to our financial and stock price performance.

The following is a summary of important aspects of our executive compensation program.

**Balanced mix of pay components and incentives.** Our compensation program targets a market-based mix of cash and equity compensation, and of short- and long-term incentives. The principal elements of our program are base salary; performance-based annual bonus; and long-term equity awards, split 67/33 between performance-contingent (PSUs and stock options) and time-vested (RSUs).

**Pay for Performance.** We emphasize pay-for-performance to align executive compensation with our business strategy. Approximately 90% of the target total direct compensation of our CEO in 2024 was variable or performance-based.

**Share Retention.** Our Compensation and Leadership Committee (the "Compensation Committee") has established stock ownership guidelines directing our executive officers to hold a multiple of annual salary in the form of shares of common stock in order to align management and shareholder interests.

**Pledging and Hedging.** Our executives are prohibited from pledging our shares (absent our General Counsel's permission, which has never been granted) or hedging against the economic risk of such ownership.

**Use of Independent Consultant.** The Compensation Committee has engaged an independent, third-party consultant, Frederic W. Cook & Co., Inc. ("FW Cook"), to assist it in designing our compensation program and making compensation decisions.

**Clawback/Forfeiture Provisions.** The terms of our long-term, equity-based awards and our short-term, cash-based award plan allow us in certain circumstances to "claw back" shares and cash received pursuant to such awards or, in the case of the equity-based awards, to require the repayment of all gains realized on the vesting or exercise of such awards.

**Compensation Peer Group.** The Compensation Committee uses a group of peer companies, selected with the assistance of FW Cook to be aligned with corporate governance best practices, to benchmark target total direct compensation levels, other executive compensation-related programs and policies, and benefit packages.

**Shareholder Say-on-Pay.** At the 2023 Annual Meeting of Shareholders held in January 2024, our shareholders voted 97.31% in favor of our say-on-pay proposal, demonstrating their concurrence that our executive compensation program reflects a strong pay-for-performance orientation. In fiscal 2024, the Compensation Committee considered the outcome of the shareholder advisory vote when making decisions relating to the compensation of our named executive officers ("NEOs") and our executive compensation program and policies.

## 2024 COMPENSATION CONSIDERATIONS

In fiscal 2024, we remained steadfast in our commitment to attract, motivate, retain, and reward our leadership team, and implemented strategic adjustments to our compensation programs to further enhance the flexibility and accountability of our leadership team. We revised the fiscal 2024 management incentive plan ("MIP") for our executive leadership team ("ELT"), including our NEOs, by (1) eliminating the 30% individual performance factor, (2) increasing the business performance factor weighting to 100%, and (3) introducing an individual performance modifier for MIP payment adjustments (i) for the ELT, based on our CEO's recommendations, and (ii) for each of the CEO and Executive Chair, based on the Compensation Committee's evaluation of his contributions. Additionally, we introduced Free Cash Flow, as defined below, as a third performance metric for determining the business performance factor of the MIP for NEOs and certain employees with the business performance factor based on our consolidated financial results.

For fiscal 2024, the business performance factor payout percentage was initially determined to be 69% of target. With respect to the three performance metrics used to determine such business performance factor, our fiscal 2024 financial performance resulted in Budget-Based Revenue being up by 1.4%, Budget-Based EBITDA missing target at 9.4%, and Free Cash Flow below target resulting in a 0% payout (all three terms as defined below). As a result, the business performance-based compensation determined for and paid out in fiscal 2024 was below the target.

However, in light of certain qualitative and quantitative considerations presented by management, the Compensation Committee adjusted the business performance factor payout percentage from 69% to 93% of target for the entire Company. These qualitative and quantitative considerations included management:

1. Successfully delivering the signing of a transformational deal with Novo Holdings, adding significant value to shareholders and setting up Catalent for a stronger, more secure future;
2. Remediating regulatory inspection deficiencies, correcting operations at our Bloomington and BWI sites, and exiting the year returning toward normalized margins;
3. Improving financial reporting and controls, including on-time filing of financials, remediating material weaknesses, increasing control robustness, and navigating a mid-year change in audit firm;
4. Successfully delivering Free Cash Flow objectives;
5. Making significant progress on difficult restructuring initiatives; and
6. Upgrading critical leadership roles for retention purposes across the executive and senior leadership teams.

Additionally, our financial performance in fiscal 2024 resulted in materially lower payouts under the long-term incentive program compared to fiscal 2023 payouts. Our Relative Return PSUs, as described below, for the fiscal 2022-2024 performance period had a 0% payout, and our Adjusted EPS PSUs, as described below, for the same period vested at 0%. Similarly, the values of time-vested RSUs at their vesting in early fiscal 2025 were materially lower than their values at the time of their grant due to the decline in our stock price compared to early fiscal 2022 when they were awarded. As of the end of fiscal 2024, outstanding PSUs aligned to the fiscal 2023-2025 performance period are tracking meaningfully below target, while the fiscal 2024-2026 performance period PSUs are tracking above target.

## EXECUTIVE PAY MIX FOR 2024

The majority of target total direct compensation for our NEOs during fiscal 2024 consisted of variable pay elements. The Compensation Committee believes this allocation aligns with our pay-for-performance compensation philosophy of motivating our NEOs to achieve our performance objectives in the short-term and to grow the business to create sustainable value for our shareholders in the long term.

CEO Direct Compensation Pay Mix[1]




Other NEOs Direct Compensation Pay Mix[1][2]




(1) Does not include other compensation, pension values and nonqualified deferred compensation earnings, which are shown in the Summary Compensation Table below. Mr. Maselli's LTIP target remained at $5,500,000; however, he received a one-time increase in his long-term incentives which resulted in an LTIP target value of $6,875,000 for fiscal 2024, which is represented in the chart above.

(2) Per the terms of Mr. Masanovich's offer letter, his initial LTIP target is $5,000,000, which is represented in the chart above. In fiscal 2025, Mr. Masanovich's LTIP target will be $2,500,000. Mr. Hopson's LTIP target is $450,000; however, he received a one-time increase in his long-term incentives to recognize his role as Interim CFO resulting in an LTIP target value of $650,000 for fiscal 2024, which is represented in the chart above.

**CEO 2024 TARGET DIRECT COMPENSATION OVERVIEW**

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|---|---|
| **BASE SALARY** | • $925,000 |
| **MANAGEMENT INCENTIVE PLAN (MIP)** | • $1,110,000 at target, equal to 120% of base salary |
| **LONG-TERM INCENTIVE AWARD** | • $6,875,000 in grant date fair market value awarded under our long-term incentive plan |

**Our Executive Compensation Program**

**OUR COMPENSATION PHILOSOPHY AND PRINCIPLES**

Our executive compensation program ties pay delivery to the successful execution of our overall business goals and adherence to our core values, which we believe best serves the interests of our shareholders. We believe that attracting, motivating, retaining, and rewarding superior executive talent is a key to delivering attractive shareholder returns, and that an appropriately structured executive compensation program is critical to that end, with each element supporting the achievement of our compensation philosophy.

Our executives must be of a caliber and level of experience necessary to manage our complex, global business effectively. Given the long-cycle nature of most of our businesses, the complexity and highly regulated nature of our operations, and the competitive nature of our industry, it is especially important for us to retain our executive talent to ensure continuity of management. We seek to implement this philosophy by following three key principles:

• ***Competitive compensation.*** Providing a competitive compensation opportunity that enables us to attract, motivate, retain, and reward superior executive talent.

• ***Alignment with shareholder interests.*** Aligning our executives' interests with our shareholders' through equity compensation, short- and long-term absolute and relative performance metrics and share retention guidelines.

• ***Linking compensation to performance.*** Fostering a pay-for-performance philosophy by tying a significant portion of pay to financial and stock-price performance as well as other goals that support the creation of sustainable long-term shareholder value.

## EXECUTIVE COMPENSATION PROGRAM ELEMENTS

| COMPONENT | DESCRIPTION | OBJECTIVES AND COMMENTS |
|---|---|---|
| **Cash Compensation**<br>**Base Salary** | Fixed cash compensation that is based on scope of responsibilities, experience, prior performance, and the pay practices of key competitors for executive-level talent. | • Attract, motivate, and retain superior talent.<br>• Provide a fixed, baseline level of compensation.<br>• Annual increase, if any, based on market positioning and individual performance. |
| **Annnal Bonus Opportunity: Management Incentive Plan (MIP)** | Annual cash payment tied to our financial results. | • Variable pay for short-term achievement of financial results and individual goals.<br>• For fiscal 2024, 100% based on business performance: 60% based on Budget-Based EBITDA, 30% based on Budget-Based Revenue, and 10% based on Free Cash Flow (each as defined below)(1) |

(1) Note that "Budget-Based Revenue" and "Budget-Based EBITDA" are non-GAAP financial measures and subject to important limitations. For a discussion of these measures and how they reconcile to our results reported under U.S. GAAP, please see the heading "Non-GAAP Metrics" under Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations (solely with respect to "Budget-Based Revenue", "Budget-Based EBITDA") and the heading "Non-GAAP Financial Measures" at the end of Item 11. Executive Compensation of this Annual Report. For the purposes of the MIP, "Free Cash Flow" is defined as the budget-based net cash provided by operating activities less cash flow due to acquisition of property, equipment, and other productive assets, as such terms are used in the Company's audited consolidated statement of cash flows.

| COMPONENT | DESCRIPTION | OBJECTIVES AND COMMENTS |
|---|---|---|
| **Long-Term Incentive**<br>**Awards nnder our Long-Term Incentive Plan ("LTIP")** | Annual grants of equity-based awards under our 2018 Omnibus Incentive Plan (the "2018 Omnibus Plan") intended to drive (1) absolute and relative long-term performance relative to pre-established objectives and (2) robust, continuous executive retention. Includes grants of Nonqualified Stock Options, RSUs, and PSUs. | • Align compensation with the creation of shareholder value and achievement of long-term performance objectives.<br>• Increase equity ownership by executives.<br>• Promote executive retention.<br>• Reward absolute and relative stock price performance over a multi-year period. |

| COMPONENT | DESCRIPTION | OBJECTIVES AND COMMENTS |
|---|---|---|
| **Retirement Benefits**<br>**U.S Savings Plan** | A tax-qualified 401(k) defined contribution plan that allows U.S. participants to defer a portion of their compensation, subject to Internal Revenue Code limits, and receive a partial employer matching contribution. | • Attract, motivate, and retain superior talent. |

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| **Deferred Compensation Plan** | A nonqualified deferred compensation plan for qualifying U.S. and U.K. employees that provides opportunities to defer income taxation of a portion of compensation beyond what is permitted under our Savings Plan.<br>The plan allows NEOs and certain other executives to defer up to 80% of total cash compensation, to receive matching contributions equal to 50% of the first 6% of compensation deferred, and to invest cash amounts deferred in a variety of investment options. In addition, the plan allows for U.S.-based executives to defer certain grants received under our 2018 Omnibus Plan. | • Attract, motivate, and retain superior talent. |
| **Severance Benefits**<br>**Executive Severance and Change-in-Control Benefits** | Severance benefits provided to NEOs and certain other senior executives upon company-initiated involuntary termination of employment without cause, or upon a "good reason" termination by the executive.<br>Equity grants provide for vesting if employment is terminated involuntarily without cause following a change in control. | • Attract, motivate, and retain superior talent.<br>• Facilitate recruitment and retention of executives by providing income security in the event of involuntary job loss. |

**The Compensation Process**

**THE ROLE OF THE COMPENSATION COMMITTEE, ITS CONSULTANT, AND MANAGEMENT**

The Compensation Committee oversees the compensation program for our CEO and our other executive officers, including our other NEOs. Management typically formulates new proposals concerning executive compensation, including, but not limited to salary levels, the form and content of various incentive or other compensation programs, and benefits such as healthcare and retirement programs (though management does not propose or otherwise participate in the setting of our CEO's compensation). All management proposals as they relate to our NEOs are subject to Compensation Committee review and approval. The Compensation Committee has retained an independent consultant, FW Cook, to help it fulfill its responsibilities, including its review of management proposals. Among other things, FW Cook benchmarks compensation levels using available market data and trends and the Comparison Group approved by the Compensation Committee (see discussion of Comparison Group below). In compliance with the NYSE's listing standards and SEC rules, the Compensation Committee in April 2024 conducted its annual independence assessment of FW Cook and concluded that it remains independent of management and that its work did not raise any conflict of interest.

**THE COMPENSATION COMMITTEE'S PROCESS**

In accordance with its charter, the Compensation Committee is responsible for, among other duties:

- reviewing and approving our overall executive compensation philosophy;
- overseeing the administration of compensation and benefit programs, policies, and practices;

- reviewing and approving the identification of our peer companies with respect to various benchmarking activities and data sources used in evaluating our compensation competitiveness;
- evaluating the performance of the CEO against performance goals and objectives approved by our Board; and
- approving the performance metric and corresponding goals, evaluating the performance, and approving the compensation of our executive officers.

## THE USE OF MARKET DATA IN DETERMINING COMPENSATION

The Compensation Committee considers numerous factors as it formulates, reviews, and approves pay components and the overall structure of our executive compensation program. Among these factors are survey data, scoped to focus on companies with revenue comparable to ours, and the compensation practices of select peer companies, which we refer to as the "Comparison Group." In January 2023, the Compensation Committee reviewed the Comparison Group that would be used to inform pay decisions for fiscal 2024. After reviewing the fifteen companies in the Comparison Group, the Compensation Committee determined not to make any changes because it concluded that the group continued be appropriate from a size and industry perspective, which included the observation that Catalent's $4.8 billion trailing four-quarter revenue at the time was above the $3.9 billion peer median trailing four-quarter revenue at the time.

The fifteen companies in the Comparison Group that informed compensation decisions for fiscal 2024 were:

- Agilent Tech
- Align Tech
- Boston Scientific
- Biogen
- Bio-Rad Labs
- Cooper Cos
- Hologic
- Horizon plc
- Incyte
- Jazz Pharma plc
- Mettler-Toledo
- Perrigo plc
- STERIS plc
- West Pharma Services
- Vertex Pharma

The Compensation Committee also considers other factors in addition to the market benchmarks, including individual executives' tenure, proficiency in role, and criticality to our performance. The Compensation Committee concluded that our pay strategy is appropriate to assure the attraction and retention of top talent in a competitive market. While the Compensation Committee considers peer and market data, it does not target a specific market position when determining executive target compensation levels. In addition to referencing market data, as described above, the Compensation Committee considered prior year compensation history and compensation levels of other Company executives to provide context for fiscal 2024 executive compensation.

**Details of Total Direct Compensation Elements**

For fiscal 2024, compensation paid to our NEOs consisted of base salary; short-term incentive pay in the form of participation in the MIP; equity-based, long-term incentive awards subject to multi-year time- and performance-vesting criteria; and the opportunity to participate in certain benefit programs and other perquisites.

We generally review the base salary and other incentive compensation target amounts of our executive officers, including our NEOs, annually, consistent with the process for our employees generally.

**BASE SALARY**

Base salary is the principal fixed component of target total direct compensation for NEOs, and is determined by considering the executive's job responsibilities, market data, and the individual's performance and contributions.

**MANAGEMENT INCENTIVE PLAN**

**SUMMARY**

The MIP is an annual cash incentive program that rewards performance against annual individual and overall business goals. We extend MIP participation to a broad group of our executives, including our NEOs. The Compensation Committee selects the overall business goals applicable to the NEOs participating in the MIP from among the corporate financial and strategic growth objectives set each year by our Board.

In previous fiscal years, each participant's target payout under the MIP was structured such that 70% of the payout was based on business goals applicable to that participant and 30% was based on the participant's individual goals.

For fiscal 2024, we reassessed the MIP to determine whether adjustments were necessary to enhance the flexibility and accountability for our ELT. We updated the MIP, eliminating the formulaic application of individual performance factors and introducing a discretionary modifier based on the CEO's evaluation of each executive officer's contribution towards the Company's financial results and qualitative performance.

Specifically:

(a) The previous 30% individual performance factor was removed, and the business factor weighting was increased from 70% to 100%;

(b) For members of the ELT, excluding the CEO and Executive Chair, a discretionary performance modifier ranging from 0-125% of each participant's target was introduced, allowing adjustments to the MIP payment based on the CEO's recommendations regarding each member's individual contribution; and

(c) For the CEO and Executive Chair, the discretionary performance modifier was determined by the Compensation Committee's evaluation of their contributions.

In all cases set forth above, the MIP payouts, after applying the discretionary performance modifier, cannot exceed a maximum of 200% of the target amount.

Additionally, since fiscal 2022, the Compensation Committee has structured the business goals portion of our MIP around the achievement of two key metrics: the Budget-Based EBITDA goal and the Budget-Based Revenue goal, both defined under "Non-GAAP Financial Measures" at the end of Item 11. Executive Compensation of this Annual Report. In fiscal 2024, the Committee expanded this framework by introducing a third performance metric, namely Free Cash Flow. This new metric, only applicable to participants with a business factor based on the Company's consolidated financial results, is now included in the determination of the business goals portion of our MIP.

**2024 PERFORMANCE TARGETS**

To ensure alignment with our strategic financial objectives, the Compensation Committee refined the structure of our MIP for fiscal 2024 and based the business goals portion of our MIP on achievement of our Budget-Based EBITDA goal, our Budget-Based Revenue goal, and Free Cash Flow. The Compensation Committee uses the aforementioned performance metrics because:

(a) it believes that they are important indicators of our increasing value and growth, as well as the overall financial health of the Company to pay down debt,

(b) they are the primary measures by which we set and measure performance for the fiscal year,

(c) they exclude certain items that would normally be part of a calculation of net earnings but that we believe are not representative of our core business, and

(d) they are widely used measures of overall financial performance.

The Compensation Committee concluded for fiscal 2024 that (1) using a combination of these three measures would provide a balanced set of business performance targets that focus on growth, profitability, financial health, and the most efficient conversion of revenue to profit, (2) at the time the goals are set, the performance targets provide a reasonably achievable, but challenging, set of goals for our NEOs and other MIP participants, and (3) linking our NEOs' bonuses to company-wide performance goals encourages collaboration across the executive leadership team. These goals are intended to incentivize all participants to maximize their performance for the benefit of our shareholders.

**CALCULATING 2024 MIP AWARDS**

As stated above, for fiscal 2024, the MIP awards for the ELT, including NEOs, are entirely based on business factor metrics, with a potential modifier to reward individual performance. The business performance factor comprises three key metrics: Budget-Based EBITDA, Budget-Based Revenue, and Free Cash Flow, with a weighting of 60% towards the Budget-Based EBITDA, 30% towards Budget-Based Revenue, and 10% towards Free Cash Flow.

For NEOs other than the CEO and Executive Chair, the performance modifier (if used) can adjust the calculated business factor up (cannot exceed 200% of target maximum) or down to a zero payout, reflecting CEO evaluation of each top executive's contribution toward Catalent's financial results and qualitative performance. For the CEO and Executive Chair, the performance modifier (if used) can adjust the calculated business factor up (cannot breach 200% of target maximum) or down to a zero payout, reflecting the Compensation Committee's evaluation of the contribution of the CEO and Executive Chair toward Catalent's financial results and qualitative performance. For fiscal 2024, the CEO recommended to apply the modifier for Mr. Masanovich in the amount of $140,000 and for Mr. Hopson in the amount of $42,000, and the Compensation Committee approved.

When determining MIP awards, with respect to Budget-Based EBITDA and Budget-Based Revenue, the Compensation Committee used a matrix approach that simultaneously evaluates performance of the Budget-Based EBITDA and Budget-Based Revenue components comprising 90% of the business-goal portion of the MIP, as described above. With respect to Free Cash Flow, this factor is not linear and has no proration between thresholds, producing one of three results: 0%, 100% or 200%.

Performance at target for each of the metrics results in achievement of the business-goal portion of the MIP award at 100% of a participant's target amount. With respect to the Budget-Based EBITDA and Budget-Based Revenue, performance below or above the targets, subject to a range of 80% to 125% and a minimum 80% achievement of Budget-Based EBITDA target, results in an achievement of 90% of the business-goal portion of the MIP award in the manner set forth in the following table (at 0-200% of target), with linear interpolation applied for results that fall between two consecutive revenue or EBITDA achievement levels:

| EBITDA Goal Achievement (as a percentage of budget) | Revenue Goal Achievement (as a percentage of budget) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | <80% | 80% | 85% | 90% | 95% | 100% | 105% | 110% | 115% | 120% | 125% |
| <80% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 80% | 32% | 32% | 39% | 46% | 53% | 60% | 62% | 64% | 66% | 68% | 70% |
| 85% | 49% | 49% | 49% | 56% | 63% | 70% | 72% | 74% | 76% | 78% | 80% |
| 90% | 66% | 66% | 66% | 66% | 73% | 80% | 80% | 80% | 80% | 80% | 80% |
| 95% | 75% | 75% | 75% | 78% | 85% | 85% | 85% | 85% | 85% | 85% | 85% |
| 100% | 90% | 95% | 95% | 95% | 96% | 100% | 105% | 110% | 115% | 115% | 115% |
| 105% | 95% | 98% | 100% | 104% | 109% | 113% | 120% | 125% | 125% | 125% | 125% |
| 110% | 100% | 109% | 113% | 117% | 122% | 126% | 133% | 140% | 140% | 140% | 140% |
| 115% | 104% | 122% | 126% | 130% | 135% | 139% | 146% | 153% | 160% | 160% | 160% |
| 120% | 117% | 135% | 139% | 143% | 148% | 152% | 159% | 166% | 173% | 175% | 175% |
| 125% | 130% | 148% | 152% | 156% | 161% | 165% | 172% | 179% | 186% | 193% | 200% |

Achievement by each participant, including each of our NEOs, against Catalent's financial performance and for non-NEOs, including financial and individual performance, can result in payment of the MIP award between 0% and 200% of the target amount. The target amount for each participant in our MIP, including each of our NEOs, is a fixed sum and is reviewed annually by the Compensation Committee, consistent with the process for our employees generally.

**CLAWBACK/FORFEITURE**

Participation in the MIP may be cancelled or forfeited and repaid to us if the participant engages in any "Detrimental Activity," including but not limited to fraud, breaches of restrictive covenants, and disparagement of the company, as defined in the 2018 Omnibus Plan. In addition, if a participant receives any amount in excess of what the participant should have received for any reason (including by reason of a financial restatement, mistake in calculation, or other administrative error), the participant must repay the excess. Without limiting the foregoing, all MIP awards are subject to reduction, cancellation, forfeiture, or recoupment to the extent necessary to comply with applicable law.

In October 2023, the Company adopted a Clawback Policy in accordance with Section 10D of the Exchange Act and Rule 10D-1 promulgated thereunder and the NYSE listing standards.

**2024 MIP AWARDS**

The business performance goals and achievement levels for fiscal 2024, which collectively represented 100% of each NEO's overall target MIP award, are as follows (in millions of U.S. dollars, using our internal budget-based currency exchange rates, or percentages):

| Performance Measure | Threshold / Target / Maximum Performance[1] | Actual Performance | Business Performance Factor Payout Percentage | Adjusted Business Performance Factor Payout Percentage |
|---|---|---|---|---|
| Budget-Based Revenue | $3,467 / $4,334 / $5,418 | $ 4,395 | | |
| Budget-Based EBITDA | $ 630 / $788 / $985 | $ 714 | 69% | 93% |
| Free Cash Flow | $ 65 / $65 / $212 | $ (59) | | |

(1) When calculating Budget-Based EBITDA, Budget-Based Revenue and Free Cash Flow performance, the target, threshold, and maximum are adjusted by the Compensation Committee for the projected performance from completed acquisitions over the measurement period.

The CEO, together with the Senior Vice President and Chief Human Resources Officer during fiscal 2024, evaluated the individual performance of each of our executive officers, including the NEOs other than the CEO, based on each individual's fiscal 2024 goals and objectives. After considering the individual's performance as well as their contribution to the financial results of the Company, management determined a recommended MIP award for each such executive officer, which they presented to the Compensation Committee. In approving MIP awards for the NEOs other than the CEO, the Compensation Committee considered our financial performance in fiscal 2024 and the individual assessment of performance and accomplishments relative to their respective goals and objectives.

The CEO also presented to the Compensation Committee an assessment of his own individual performance, which the Compensation Committee evaluated in determining the CEO's MIP award. The CEO's MIP award was based on his fiscal 2024 goals and objectives in the areas of: (1) delivering on financial commitments in net revenue, EBITDA, working capital improvements, cost savings and capex; (2) improving operating performance while continuing to strengthen Catalent's foundation; (3) optimizing Catalent's portfolio's potential and unlocking each division's contribution to the collective whole; (4) maintaining organizational vitality and culture; and (5) restoring investor confidence. The Compensation Committee did not assign weights in considering these areas, but took account of the differing levels of focus in each area as the year progressed. After consideration of all of these factors, the Compensation Committee decided to award the CEO a MIP bonus for fiscal 2024.

The Executive Chair presented to the Compensation Committee an assessment of his own personal performance, which the Compensation Committee evaluated in determining the Executive Chair's MIP award. The Executive Chair's 2024 goals and objectives included the following: (1).coaching and mentoring the CEO and ELT; (2) effectively leading the Board and Strategic and Operational Review Committee in the evaluation of operational improvement opportunities and strategic options for the future; (3) on-boarding the CFO; (4) leading, along with the CEO, an effective succession planning process for Catalent's leadership team; (5) guiding the Catalent's M&A strategy and portfolio transformation strategy; and (6) leading the Board by working with the CEO and Lead Independent Director to set effective Board meeting agendas and effectively manage Board meetings. After consideration of all of these factors, the Compensation Committee decided to award the Executive Chair a MIP bonus for fiscal 2024.

## LONG-TERM INCENTIVE AWARDS

Our long-term incentive compensation program is potentially available to all our employees, including our NEOs, and includes one or some combination of three types of equity-based awards:

- time-based stock options, in which there is a fixed grant to the recipient subject only to a time- and service-based vesting requirement;
- time-based RSUs, in which there is a fixed grant to the recipient subject only to a time- and service-based vesting requirement; and
- performance-based PSUs, in which vesting is based on the achievement of pre-established performance criteria over a multi-year performance period, subject to continuing service through the date of certification of final performance by the Compensation Committee.

By awarding grants with multi-year performance or vesting periods, we appropriately align program participants with the long-term best interests of our shareholders. Those interests are also protected by restrictive covenants that are imposed on our participants, including a confidentiality obligation, a limitation on competing with us for the greater of one-year post-departure and the final vesting of outstanding equity-based awards, and an agreement not to solicit our employees for one year after leaving our employ.

With the exception of Mr. Greisch, awards to our NEOs for the fiscal 2024-2026 performance period, awarded in early fiscal 2024, were divided into PSUs (with the target number of shares providing 34% of the target value awarded), stock options (33% of the target value awarded), and RSUs (33% of the target value awarded). The change in the mix of LTIP awards from fiscal 2023 was the result of an inability to set meaningful long-term financial goals in early fiscal 2024 due to the business challenges at the time, and the Compensation Committee's desire to maintain a strong focus on performance by up-weighting both the relative TSR PSUs and the options such that a total of two-thirds of the LTIP mix of awards is in an "at-risk" award type.

Per the terms of Mr. Greisch's employment agreement, his fiscal 2024-2026 LTIP award composed of 75% stock options and 25% PSUs. In turn, the target value awarded as PSUs was granted in the form of relative total shareholder return ("Relative Return"), as described below in this section. The target size for our NEOs' LTIP awards was set by the Compensation Committee using a market-based determination of LTIP grant value, individual performance, and other factors.

Awards to our NEOs for the fiscal 2024-2026 performance period, awarded in early fiscal 2024 under our LTIP were generally determined and approved by the Compensation Committee on a dollar-value basis, which is then translated into a fixed or target number of options, RSUs, or PSUs by dividing the award by the per-instrument price, using a Black-Scholes valuation for options, grant date share price for RSUs, and the value derived from a Monte Carlo pricing model for Relative Return PSUs, and then rounding up to the nearest whole number of shares. Subject to the recipient's continued service with us through each applicable vesting date, options vest in equal installments over the first four anniversaries of the grant date, RSUs vest one-third on the first, second, and third anniversaries of the grant date, and PSUs vest when and if we determine that the performance criteria are met at the end of the three-year performance period. The continued service requirement is waived in the event of a participant's disability or retirement in accordance with the "Rule of 65," which applies if a participant retires on or after the date on which the sum of the participant's age and period of service with us equals sixty-five (65) years, so long as they are at least the age of fifty-five (55) and give at least six-months' notice and, beginning with grants awarded in fiscal 2021, have completed at least five years of service with us.

The performance criteria for the PSUs granted during fiscal 2024 are as follows:

- Relative Return is the percentile rank of our total shareholder return during the 3-year performance period relative to the total shareholder return of each of the companies comprising the S&P 500 Healthcare Index (with total shareholder return being the change in the price per share over the performance period, assuming reinvestment of dividends, if any, paid during the performance period). There were 66 other companies, including Catalent, in the comparison group at the start of the fiscal year 2024-2026 three-year performance period.
- Achievement of the median Relative Return will earn the participant the number of shares equal to 100% of the target number of Relative Return PSUs. At the 25$^{th}$ percentile, 50% of target will be earned, with no shares earned for achievement below that threshold. At the maximum achievement level of the 75$^{th}$ percentile, the resulting earnout is at 150% of target. Earnouts are interpolated for levels of achievement between threshold and target, and between target and maximum. In addition, earnouts on our Relative Return PSUs are subject to an additional cap so that the total value of the shares earned at payout cannot exceed 300% of the grant date value of such incentive awards.

The Compensation Committee believes that the performance targets for the Relative Return PSUs represent reasonably achievable but challenging goals and are intended to incentivize all participants to maximize their performance for the long-term benefit of our shareholders.

* Note that Adjusted Net Income is a non-GAAP financial measure, is not a measure of operating income, operating performance, or liquidity presented in accordance with U.S. GAAP and is subject to important limitations. For a discussion of these measures and how they reconcile to our results reported under U.S. GAAP, please see the heading "Non-GAAP Metrics" under Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations of the 2024 Annual Report and the heading "Non-GAAP Financial Measures" at the end of Item 11. Executive Compensation of this Annual Report.

**FISCAL 2022-2024 PSU PERFORMANCE**

In fiscal 2022, the Compensation Committee granted PSUs representing 50% of the total long-term incentives to executives for the fiscal 2022-2024 performance period, awarded one-half as Adjusted EPS PSUs and one-half as Relative Return PSUs. These PSUs issued in respect of the fiscal 2022-2024 performance period vested in fiscal 2025 at a performance level of 0% of target for the Adjusted EPS PSUs and 0% of target for the Relative Return PSUs earned by our NEOs.

**Fiscal 2022-2024 Performance Targets**

| | Performance Schedule | | | Corresponding Earnout Range (% of Target) | | |
|---|---|---|---|---|---|---|
| | Threshold | Goal | Maximum | Thresh. | Goal | Max. |
| Adjusted EPS PSUs and Performance Shares | $ 8.16 | $ 10.88 | $ 16.32 | 50% | 100% | 200% |
| Relative Return PSUs and Performance Shares | 25th Percentile | 50th Percentile | 75th Percentile | 50% | 100% | 150% |

**Fiscal 2022-2024 Performance Achievement**

| | Actual Performance | | |
|---|---|---|---|
| | Achievement Level | % of Goal | Earnout as % of Target |
| Adjusted EPS PSUs | $ 4.99 | N/A | 0% |
| Relative Return PSUs | 8th Percentile | N/A | 0% |

## EQUITY GRANT PRACTICES

Effective in 2021 for the fiscal 2022-2024 LTIP performance period, the Compensation Committee approved a fixed grant date of July 26th for purposes of awarding the annual LTIP to executives, which includes options and RSUs. The Compensation Committee generally meets at their scheduled July meeting or by written consent (if needed), which is typically scheduled prior to the July 26th fixed date. In the event the grant date falls on a weekend, the fair market value will be based on the previous Friday's closing stock price. For newly hired executives beginning employment after the annual July 26th fixed date, the Compensation Committee will be presented with the executive's LTIP award for approval, with the grant date typically coinciding with the executive's date of hire. Throughout the year on a quarterly basis, LTIP-based equity awards are occasionally made to new hires and promoted employees. The Compensation Committee may delegate the authority to grant equity awards to eligible employees who are not Section 16 officers.

The Compensation Committee does not take material non-public information into account when determining the timing and terms of option awards, and the Company does not time the disclosure of such material non-public information for purposes of affecting the exercise price of the options or the value of executive compensation. In addition, the Company does not grant options during the four business days prior to or the one business day following the filing of a periodic report on Form 10-Q or Form 10-K, or the filing or furnishing of a Form 8-K that discloses material non-public information.

**Other Benefits Under Our Executive Compensation Program**

## BENEFITS AND PERQUISITES

We provide to all our employees, including our NEOs, broad-based benefits that are intended to attract and retain employees while providing them with retirement and health and welfare security. Broad-based employee benefits available to our NEOs include:

- a 401(k) savings plan for U.S. NEOs, and an equivalent plan under U.K. law for our U.K.-domiciled NEO, both of which provide for a partial employer match of employee contributions;
- an employee stock purchase plan, allowing the purchase of shares of our common stock at a 10% discount;
- medical, dental, vision, life and accident insurance, disability coverage, and health savings, dependent care, and healthcare flexible spending accounts; and
- employee assistance program benefits.

Under our 401(k) savings plan and the equivalent U.K. plan, we match a portion of the funds set aside by the employee. In the U.S., we match 100% of up to 4% of eligible annual compensation contributed, up to federal tax law limits on both eligible compensation that may be considered for contribution and the amount employees may contribute. In the U.K., the plan provides for an employer matching contribution of 5.5-8% of eligible base salary compensation dependent on the participant contributing 3.5-6% of eligible base salary compensation.

Our employee stock purchase plan (the "Employee Stock Purchase Plan") is designed to allow our eligible employees to purchase shares of our common stock at designated intervals at a discounted price of 10% through their accumulated payroll deductions or other contributions. Employees who are United States tax residents may benefit from favorable tax treatment as the Employee Stock Purchase Plan is intended to qualify as an employee stock purchase plan under Section 423 of the Internal Revenue Code. In fiscal 2024, the employee stock purchase plan was offered to eligible employees from July 1, 2023 through March 31, 2024. As a result of the announced transaction with Novo Holdings, the employee stock purchase plan was suspended after the third quarter offering period ended on March 31, 2024.

We provide basic life and accident insurance coverage valued at two times the employee's annual base salary at no cost to our employees. The employee may also select supplemental life and accident insurance, for a premium to be paid by the employee.

We also provide our NEOs with limited perquisites and personal benefits that are not generally available to all employees, such as financial counseling services. We provide these limited perquisites and personal benefits in order to further our goal of attracting and retaining our executive talent and to avoid unnecessary personal distractions that may impede maximum personal performance. These benefits and perquisites are reflected in the "All Other Compensation" column of the Summary Compensation Table and the accompanying footnotes in accordance with SEC rules.

**DEFERRED COMPENSATION PLAN**

Our deferred compensation programs (collectively, the "Deferred Compensation Plan") permit a broad group of U.S.- and U.K.-based executives, including all of our NEOs, to defer up to 80% of base salary, commissions (not applicable to NEOs), and MIP bonus. We credit the first 6% of cash compensation deferred with a matching contribution equal to 50% of the amount deferred. Participants are immediately vested in all amounts they contribute and the related investment gains, but matching contributions and their related investment gains vest ratably over the participant's first four years of service. Participants may choose from a variety of investment options for the cash amounts deferred.

Under the Deferred Compensation Plan, we also credit each participant's deferral account with notional earnings and/or losses based on the deemed investment of the accounts in one or more of a variety of investment alternatives selected by such participant. Participants may elect from a variety of forms of payout, including lump-sum payment and various types of annual installments, with the timing depending on the form selected.

In addition, our Deferred Compensation Plan permits U.S. participants to defer unvested incentive compensation grants (other than options) in order to delay recognition of income on these awards upon vesting; however, in June 2023, with the exception of the non-employee Directors, the Company decided to suspend equity deferrals from the Deferred Compensation Plan for eligible U.S. participants.

Cash and equity deferrals, company contributions, and applicable gains are held in a "rabbi" trust. "Rabbi" trust assets are ultimately controlled by us. Operating the Deferred Compensation Plan this way permits participants to defer recognition of income for tax purposes on the amounts deferred until they are paid to the participants.

Our U.S.- and U.K.-based directors can also participate in the Deferred Compensation Plan on the same terms as our executives, though they are not provided a matching contribution on their cash deferrals.

We believe that providing the NEOs and other eligible participants with deferred compensation opportunities is a market-based benefit plan necessary for us to deliver competitive benefit packages. Additional details of the Deferred Compensation Plan follow the table entitled "Fiscal 2024 Nonqualified Deferred Compensation Table," following this Compensation Discussion & Analysis ("CD&A") section.

## SEVERANCE AND PAYMENTS ON A CHANGE OF CONTROL

Our NEOs are eligible for severance benefits in connection with a termination of employment and/or a change of control in certain circumstances. The amounts of such benefits and the conditions for their payment are described in the Fiscal 2024 Potential Payments upon Employment Termination or Change of Control Tables, including the accompanying notes.

### Compensation Determinations for Fiscal 2024

We generally review the base salary and other incentive compensation target amounts of our executive officers, including our NEOs, annually, consistent with the process for our employees generally. For fiscal 2024, compensation paid to our NEOs consisted of base salary, short-term incentive pay in the form of participation in the MIP, equity-based, long-term incentive awards subject to multi-year time- and performance-vesting criteria, and the opportunity to participate in certain benefit programs and other perquisites.

The Compensation Committee observed at the beginning of fiscal 2022 that executive compensation opportunities were meaningfully low versus peer and market data overall and the Compensation Committee determined to move targeted pay levels over a multi-year period which resulted in larger pay increases than in the past for certain individuals, particularly in their long-term incentive award grant values. It continued with this strategy when setting fiscal 2024 target pay opportunities in July 2023 and the need to stabilize the business and retain key members of the team during a challenging time. Despite the target total direct compensation increases, and due to continued market movement, Catalent's fiscal 2024 target total direct compensation levels for all NEOs collectively were generally at market.

| | |
|---|---|
| **Alessandro Maselli** | • *Base Salary*: $925,000 (unchanged from fiscal 2023)<br>• *MIP*: $1,800,000 bonus, equal to 162% of target opportunity of $1,110,000, or 195% of salary<br>• *LTIP*: Award with a grant date fair market value of $6,875,024, which represents an annual grant of $5,500,000 and a one-time increase to award in the amount of $1,375,024 |
| **Matti Masanovich** | • *Base Salary*: Annual rate of $800,000 as of the hire date during fiscal 2024<br>• *MIP*: $728,695 bonus, equal to 115% of target opportunity of $633,005, or 91% of base salary<br>• *LTIP:* Award with a grant date fair market value of $5,000,085 with $2,500,000 annual LTIP and $2,500,085 in conjunction with his hiring |
| **Ricky Hopson** | • *Base Salary:* Increased to $425,000 from $380,000 in fiscal 2024<br>• *MIP*: $367,500 bonus, equal to 105% of target opportunity of $350,000, or 86% of base salary (target increased from $310,000 to $350,000 in fiscal 2024)<br>• *LTIP*: Award with a grant date fair market value of $675,062 (increased from $350,182 in fiscal 2023). Target increased from $350,000 to $450,000 to recognize his promotion to President Division Head BioProduct Delivery & Chief of Staff, with a one-time increase to award in the amount of $225,000 to recognize interim CFO role |
| **John Greisch** | • *Base Salary:* Annual rate of $700,000 as of the hire date during fiscal 2024<br>• *MIP:* $840,000 bonus, equal to 178% of target opportunity of $471,257, or 120% of base salary<br>• *LTIP*: Award with a grant date fair market value of $3,740,035 |

| | |
|---|---|
| **Lisa Evoli** | • *Base Salary:* Annual rate of $500,000 as of the hire date during fiscal 2024<br>• *MIP*: $297,931 bonus, equal to 93% of target opportunity of $320,355, or 60% of base salary<br>• *LTIP*: Award with a grant date fair market value of $900,032<br>• Award of RSUs with a grant date fair market value of $1,000,012 granted in August 2023 in connection with her hiring<br>• Cash sign-on bonus: $110,000 in connection with hiring |
| **David McErlane** | • *Base Salary:* Annual rate of $525,000 as of his hire date during fiscal 2024<br>• *MIP*: $298,820 bonus, equal to 93% of target opportunity of $321,311, or 57% of base salary<br>• *LTIP*: Award with a grant date fair market value of $925,053<br>• Award of RSUs with a grant date fair market value of $590,004 granted in September 2023 in connection with his hiring<br>• Cash sign-on bonus: $300,000 in connection with hiring |

**Other Compensation Practices and Policies**

**EXECUTIVE AGREEMENTS**

The following is a description of the provisions of employment agreements and offer letters with our NEOs, as in effect during fiscal 2024. In addition, our NEOs have entered into agreements with respect to the long-term incentive grants they have received, the terms of which are described elsewhere in this Annual Report. Severance agreements and arrangements affecting our NEOs are further described in the table entitled "Fiscal 2024 Potential Payments upon Employment Termination or Change of Control Tables" and accompanying notes.

**EMPLOYMENT AGREEMENT FOR ALESSANDRO MASELLI**

On January 4, 2022, we entered into an employment agreement with Mr. Maselli in connection with his transition to his current position as President and Chief Executive Officer. Effective July 1, 2022, his base salary increased to $925,000. Effective July 1, 2023, his target cash incentive opportunity under the MIP for fiscal 2024 increased to $1,110,000, and his LTIP grant in respect of fiscal 2024 remained at $5,500,000, however he received a one-time increase to the award in the amount of $1,375,000. The terms also include (a) a one-year employment term commencing July 1, 2022, which automatically extends for successive one-year periods unless either party gives notice of non-renewal at least 60 days before the end of the then-current term, and (b) participation in all group health, life, disability, and other employee benefit and perquisite plans and programs in which our other senior executives generally participate.

Mr. Maselli is subject to a covenant not to (x) compete with us or solicit the business of any client or prospective client while employed and for one year following his termination of employment for any reason or (y) solicit our employees or consultants while employed and for two years following his termination of employment for any reason, in each case subject to certain specified exclusions. The agreement also contains customary confidential information, assignment of intellectual property rights, and indemnification provisions, as well as the severance terms described below under "Fiscal 2024 Potential Payments upon Employment Termination or Change of Control Tables—Severance and Payments on a Change of Control."

## OFFER LETTER FOR MATTI MASANOVICH

On June 15, 2023, we provided a letter to Mr. Masanovich, with an effective date of July 5, 2023, in connection with his appointment as our Senior Vice President and Chief Financial Officer. The letter set his base salary and MIP target at $800,000 and $640,000, respectively, and provided that he be recommended to receive an LTIP grant for fiscal 2024 of $5,000,000.

## OFFER LETTER FOR RICKY HOPSON

On July 1, 2022, we provided a letter to Mr. Hopson in connection with his promotion to President, Division Head for Clinical Development & Supply. The letter set his base salary and MIP target at $380,000 and $310,000, respectively, and provided that he be recommended to receive an LTIP grant for fiscal 2023 of $350,000. On May 1, 2023, we provided a letter to Mr. Hopson, with an effective date of April 14, 2023, in connection with his appointment as our Interim Chief Financial Officer. The letter provided that he would be entitled to receive an additional cash stipend of $20,000 per month for the duration of his assignment until such time as the Company hired a permanent Chief Financial Officer, and that all other elements of his existing compensation would remain unchanged.

Mr. Hopson ceased serving as Interim Chief Financial Officer effective July 5, 2023 and, after supporting Mr. Masanovich with his transition, returned to a business leadership role at the Company as President, Division Head for Bioproduct Delivery, and Chief of Staff.

## EMPLOYMENT AGREEMENT OF JOHN GREISCH

On August 28, 2023, we entered into an employment agreement with John Greisch in connection with his transition to his current role of Executive Chair, providing for a term commencing immediately and continuing through the date of the regularly scheduled annual shareholders' meeting in the fall of 2026. The terms include (1) an annual base salary of $700,000, subject to discretionary increases from time to time, (2) participation in our MIP, with a minimum annual target amount of $560,000, (3) participation in our annual LTIP with a minimum annual target grant value of $3,740,000, and (4) participation in all group health, life, disability, and other employee benefit and perquisite plans and programs in which our other senior executives generally participate. He also is entitled to receive annual reimbursements for the reasonable cost of financial services/planning (not to exceed $17,000).

Mr. Greisch is subject to a covenant not to (x) compete with us or solicit the business of any client or prospective client while employed and for one year following his termination of employment for any reason or (y) solicit our employees or consultants while employed and for one year following his termination of employment for any reason, in each case subject to certain specified exclusions. The agreement also contains customary confidential information, assignment of intellectual property rights, and indemnification provisions.

## OFFER LETTER FOR LISA EVOLI

On June 8, 2023, we provided a letter to Ms. Evoli, with an effective date of August 1, 2023, in connection with her appointment as our Senior Vice President and Chief Human Resources Officer. The letter set her base salary and MIP target at $500,000 and $350,000, respectively, and provided that she be recommended to receive an LTIP grant for fiscal 2024 of $900,000.

## OFFER LETTER FOR DAVID MCERLANE

On August 25, 2023, we provided a letter to Mr. McErlane, with an effective date of September 25, 2023, in connection with his appointment as our Group President, Biologics. The letter set his base salary and MIP target at $525,000 and $420,000, respectively, and provided that he be recommended to receive an LTIP grant for fiscal 2024 of $925,000.

## EXECUTIVE STOCK OWNERSHIP GUIDELINES

Our executive stock ownership guidelines for our CEO and certain of our executives, including the other NEOs, set a multiple of each executive's base salary as the amount of qualifying equity to be acquired and held by each executive. In assessing compliance with the guidelines, we count shares held outright, 50% of the value of unvested RSUs (or restricted stock issued in lieu thereof), and 100% of shares held in benefit plans, if any. Shares underlying stock options (vested or unvested) or unearned PSUs do not count toward achievement of the guidelines. Our guidelines by executive level are as follows:

| Class of Executive | Multiple of Base Salary |
|---|---|
| CEO | 5X |
| Other NEOs | 2.5X |

If, on the date of any exercise of an option to purchase our common stock or the delivery of our common stock underlying any vested RSU or PSU, an executive has not reached the minimum ownership level under the guidelines, then the executive should retain and not sell that portion of the delivered shares whose market value is equal to at least 50% of the after-tax market value of all shares delivered on that date. For purposes of complying with this provision of the guidelines, the market value is equal to the average closing price per share of our common stock as reported on the NYSE for all trading days in the last month of the prior fiscal year.

All of our NEOs complied with these guidelines during fiscal 2024 and have remained in compliance through the date of this Annual Report.

## HEDGING AND PLEDGING

Our Insider Trading Policy prohibits directors and all of our employees, including our executive officers, from engaging in any transactions that are designed to hedge or offset any decrease in the market value of our securities, including, but not limited to, through the use of financial instruments such as exchange funds, variable forward contracts, equity swaps, puts, calls, and other derivative instruments, or through the establishment of a short position in our securities. Though our Insider Trading Policy allows the pledging by our directors and employees, including our executive officers, of our securities in situations approved by our General Counsel, our current policy and practice is that no such pledging is allowed.

## RISK ASSESSMENT OF COMPENSATION PRACTICES AND POLICIES

With the assistance of its independent consultant, the Compensation Committee annually reviews our compensation program from a risk perspective. Based on that review, the Compensation Committee believes that our program is not reasonably likely to have a material adverse effect on us and our shareholders. Our compensation program achieves this by striking an appropriate balance between short-term and long-term incentives, using a diversity of metrics to assess performance and payout under our incentive programs, placing caps on our incentive award payout opportunities, and having stock ownership and retention requirements. For example, our current long-term equity incentive program incorporates our financial performance and stock price into its performance measures and generally magnifies the impact of changes in our stock price as well as Relative Return performance.

**Compensation Committee Report**

The Compensation Committee has reviewed and discussed with management the Compensation Discussion and Analysis contained in this Annual Report on Form 10-K. Based on its review and discussions, the Compensation Committee recommended to our Board that the Compensation Discussion and Analysis be included in this Annual Report on Form 10-K as filed with the SEC.

**Submitted by the Compensation Committee:**

Gregory T. Lucier, Chair
Michael J. Barber
J. Martin Carroll
Rolf Classon
Frank D'Amelio
Stephanie Okey

## Executive Compensation Tables

### Fiscal 2024 Summary Compensation Table

| Name and Principal position[1] | Year | Salary ($)[2] | Bonus ($)[3] | Stock Awards ($)[4] | Option Awards ($)[5] | Non-Equity Incentive Plan Compensation ($)[6] | All Other Compensation ($)[7] | Total ($)[8] |
|---|---|---|---|---|---|---|---|---|
| **Alessandro Maselli** | 2024 | 925,000 | — | 4,606,272 | 2,268,752 | 1,800,000 | 385,339 | 9,985,363 |
| President and Chief Executive Officer | 2023 | 925,000 | — | 3,850,216 | 1,650,019 | — | 158,437 | 6,583,672 |
| | 2022 | 654,183 | — | 1,190,169 | 510,008 | 711,752 | 146,670 | 3,212,782 |
| **Matti Masanovich[9]** | 2024 | 763,077 | — | 3,350,066 | 1,650,019 | 728,695 | 153,780 | 6,645,637 |
| Senior Vice President and Chief Financial Officer | | | | | | | | |
| **Ricky Hopson[9]** | 2024 | 419,808 | — | 452,293 | 222,769 | 367,500 | 89,020 | 1,551,390 |
| President, Division Head for BioProduct Delivery, and Chief and Staff and Former Interim Chief Financial Officer | 2023 | 380,000 | — | 245,150 | 105,032 | 139,500 | 102,625 | 972,307 |
| **John Greisch[9]** | 2024 | 565,385 | — | 935,026 | 2,805,009 | 840,000 | 16,531 | 5,161,951 |
| Executive Chair | | | | | | | | |
| **Lisa Evoli[9]** | 2024 | 440,385 | 110,000 | 1,603,026 | 297,018 | 297,931 | 90,687 | 2,839,047 |
| Senior Vice President & Chief Human Resources Officer | | | | | | | | |
| **David McErlane** | 2024 | 383,654 | 300,000 | 1,209,792 | 305,265 | 298,820 | 25,032 | 2,522,563 |
| Group President, Biologics | | | | | | | | |

(1) Mr. Hopson assumed the additional role of Interim Chief Financial Officer effective as of April 14, 2023 until Mr. Masanovich was appointed as Senior Vice President and Chief Financial Officer effective as of July 5, 2023. Following Mr. Masanovich's appointment, Mr. Hopson returned to his previous role as President, Division Head of Clinical Development and Supply. Effective August 28, 2023, Mr. Hopson assumed the role of President, BioProduct Delivery and Chief of Staff. Compensation changes related to these transitions are described in the CD&A in the section entitled "Executive Agreements," beginning on page 27.

(2) Values reflect the amounts paid to the NEOs for each fiscal year reported. Amounts reported include the portion, if any, of base salary each NEO elected to defer under the Deferred Compensation Plan, as applicable. Please see the section entitled "Compensation Determinations for 2024" in the CD&A for additional details of changes to the salaries of the NEOs during fiscal year 2024, as applicable.

(3) The amount reported for Ms. Evoli in this column for fiscal 2024 represents a cash sign-on bonus paid in August 2023 pursuant to the terms of her offer letter dated June 8, 2023. The amount reported for Mr. McErlane in this column for fiscal 2024 represents a cash sign-on bonus paid in October 2023 pursuant to the terms of his offer letter dated August 25, 2023.

(4) Represents the aggregate grant date fair market value of stock awards for fiscal years 2024, 2023, and 2022 computed in accordance with FASB ASC Topic 718, using the assumptions discussed in Note 14, "Stock-Based Compensation," to the consolidated financial statements included in our 2024 Annual Report. The amounts reported in this column assume, in accordance with FASB ASC Topic 718, that the NEOs will receive or retain the target number of PSUs awarded to them in each such fiscal year. All of our NEOs received PSUs during fiscal year 2024. If, instead, the performance during the 2024-2026 performance period is such that the NEOs receive or retain the maximum number capable of being awarded (150% of target for Relative Return PSUs), the value of the PSU grants for 2024 would be as follows:

| Name | ASC Topic 718 Value at Maximum ($) |
|---|---|
| Alessandro Maselli | 3,506,262 |
| Matti Masanovich | 2,550,049 |
| Ricky Hopson | 344,266 |
| John Greisch | 1,402,560 |
| Lisa Evoli | 459,021 |
| David McErlane | 471,780 |

Relative Return PSUs are subject to market conditions, as opposed to performance conditions, and therefore do not have maximum grant date fair market values that differ from the grant date fair market values under FASB ASC Topic 718. The actual value of the PSUs, if any, that ultimately convert to shares of our common stock or are no longer subject to forfeiture, respectively, on the vesting dates will depend on (x) our share price on such dates and (y) our performance according to the applicable performance criteria.

The amount reported for Ms. Evoli for fiscal 2024 includes RSUs with a grant date fair market value of $1,000,012 granted on August 1, 2023 in connection with her offer letter. The amount reported for Mr. McErlane for fiscal 2024 represents RSUs with a grant date fair market value of $590,004 granted on September 25, 2023 in connection with his offer letter.

(5) Reflects nonqualified stock options to acquire shares of our common stock. Amounts reported reflect the aggregate grant date fair market value computed in accordance with FASB ASC Topic 718 using the assumptions discussed in Note 14, "Stock-Based Compensation," to the consolidated financial statements included in our 2024 Annual Report.

(6) Amounts reported reflect the MIP awards earned by our NEOs, which includes the portion of the MIP award, if any, each NEO elected to defer under the Deferred Compensation Plan, as applicable. The amount reported for Mr. Maselli in fiscal 2022 reflects a reduction to his MIP award in connection with the revisions to our audited consolidated financial statements for fiscal 2022 which impacted all NEOs who received a MIP payment for such fiscal year. The amount of the clawback was equal to approximately 3% of the value of the original fiscal 2022 MIP payout to each NEO for fiscal 2022 performance. Amounts reported for Mr. Maselli in fiscal 2021 and 2022 were denominated in U.K. pounds sterling and converted to U.S. dollars (as well as paid in U.S. dollars for fiscal 2021 and 2022) based on the average monthly currency exchange rates applicable to annual bonus payments in each period.

(7) The amounts set forth as "All Other Compensation" for fiscal 2024 are further detailed below:

| Name | Employer 401(k) Matching Contributions ($)(A) | Employer Non-Qualified Deferred Compensation Matching Contributions ($)(B) | Assignment-Related Allowances & Benefits ($)(C) | Financial Services Reimbursement/Fees Paid by Employer ($)(D) | Other ($)(E) | Total ($) |
|---|---|---|---|---|---|---|
| **Alessandro Maselli** | 13,800 | — | 351,276 | 20,263 | | 385,339 |
| **Matti Masanovich** | 26,408 | 12,000 | — | 17,372 | 98,000 | 153,780 |
| **Ricky Hopson** | 14,100 | 16,438 | — | 17,559 | 40,923 | 89,020 |
| **John Greisch** | 16,531 | — | — | — | — | 16,531 |
| **Lisa Evoli** | 13,250 | 7,500 | — | 14,737 | 55,200 | 90,687 |
| **David McErlane** | 12,923 | — | — | 12,109 | — | 25,032 |

(A) Under our 401(k) Savings Plan, we match up to a maximum 4% of annual compensation contributed by participants, up to federal tax law limits on both eligible compensation and individual contributions.

(B) Represents company contributions under our Deferred Compensation Plans, representing 50% of each participant's contribution up to the first 6% of eligible pay that such participant contributes to the plan, up to any applicable limit.

(C) Mr. Maselli received certain tax equalization benefits during fiscal 2024 in connection with his relocation from the United Kingdom and long-term assignment in the United States prior to fiscal 2023, resulting primarily from timing differences between the determination and payment of U.S. and U.K. taxes across multiple tax years. Such benefits are consistent with our standard policies and practices applicable, by location, to employees on long-term assignments.

(D) Each of the NEOs, pursuant to the terms of an employment agreement or otherwise, is entitled to services, which may be submitted in the form of a reimbursement, for the reasonable cost of financial services/planning, subject to an aggregate cap of $17,000 during each calendar year. The amounts reported in each fiscal year may differ from this cap due to timing differences between each fiscal year and calendar year. During fiscal 2024, Messrs. Maselli, Masanovich, Hopson, McErlane and Ms. Evoli received financial services/planning services in the amounts of $17,559, $17,372, $17,559, $12,109 and $14,737, respectively, applicable to calendar years 2023 and 2024. The amount reported in this column for Mr. Maselli includes $2,704 for tax preparation services paid in connection with his long-term assignment in the U.S. prior to fiscal 2023.

(E) The amount reported for Mr. Masanovich includes an aggregate stipend of $98,000 paid to offset travel costs from Florida to New Jersey from September 2023 through June 2024. The amount reported for Mr. Hopson includes (1) an aggregate stipend of $40,000 paid in connection with Mr. Hopson's services as Interim Chief Financial Officer in supporting the fiscal 2023 compensation year-end planning process and facilitating the transition to the newly hired CFO from July 2023 through August 2023 and (2) $923 in connection with his cash-out from Catalent's employee recognition platform, of which $575 included the gross-up amount for taxes. The amount reported for Ms. Evoli represents (1) contributions we made under our Catalent Cares matching gift program in the amount of $200 and (2) an aggregate stipend of $55,000 to offset commuting costs from Pennsylvania to New Jersey from August 2023 through June 2024. From time to time, family members of executives may accompany them on a business-related flight aboard a private aircraft. There is no incremental cost to the Company, and therefore no incremental costs are reflected in the amounts above, for the use of such flights by family members of executives.

(8) We have not included columns reporting any amount as "Change in Pension Value and Nonqualified Deferred Compensation Earnings" because none of our NEOs received or earned any above-market or preferential earnings during fiscal 2022 to 2024.

(9) Ms. Evoli and Messrs. Masanovich, Hopson, Greisch and McErlane did not qualify as NEOs in one or more previous years. Accordingly, disclosure of their compensation for such prior years is not required.

**Fiscal 2024 Grants of Plan-Based Awards Table**

| Name | Grant Date | Estimated Possible Payouts Under Non-Equity Incentive Plan Awards (1) Threshold ($) | Target ($) | Max ($) | Estimated Future Payments Under Non-Equity Incentive Plan Awards (2) Threshold (#) | Target (#) | Max (#) | All Other Stock Awards: Number of Shares of Stock or Units (3) (#) | All Other Option Awards: Number of Securities Underlying Options (4) (#) | Exercise or Base Price of Option Awards ($/Sh) | Grant Date Fair Value of Stock and Option Awards (5) ($) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Alessandro Maselli** | | 111,000 | 1,110,000 | 2,220,000 | | | | | | | |
| | 7/26/2023 | | | | | | | | 103,360 | 48.90 | 2,268,752 |
| | 7/26/2023 | | | | | | | 46,396 | | | 2,268,764 |
| | 7/26/2023 | | | | 28,851 | 57,702 | 86,553 | | | | 2,337,508 |
| **Matti Masanovich** | | 63,301 | 633,005 | 1,266,010 | | | | | | | |
| | 7/5/2023 | | | | | | | | 81,082 | 44.76 | 1,650,019 |
| | 7/5/2023 | | | | | | | 36,864 | | | 1,650,033 |
| | 7/5/2023 | | | | 23,897 | 47,794 | 71,691 | | | | 1,700,033 |
| **Ricky Hopson** | | 35,000 | 350,000 | 700,000 | | | | | | | |
| | 8/1/2023 | | | | | | | | 10,669 | 46.51 | 222,769 |
| | 8/1/2023 | | | | | | | 4,790 | | | 222,783 |
| | 8/1/2023 | | | | 3,008 | 6,016 | 9,024 | | | | 229,510 |
| **John Greisch** | | 47,126 | 471,257 | 942,514 | | | | | | | |
| | 8/30/2023 | | | | | | | | 127,096 | 48.98 | 2,805,009 |
| | 8/30/2023 | | | | 11,177 | 22,353 | 33,530 | | | | 935,026 |
| **Lisa Evoli** | | 32,036 | 320,355 | 640,710 | | | | | | | |
| | 8/1/2023 | | | | | | | | 14,225 | 46.51 | 297,018 |
| | 8/1/2023 | | | | | | | 6,386 | | | 297,013 |
| | 8/1/2023 | | | | 4,011 | 8,021 | 12,032 | | | | 306,001 |
| | 8/1/2023 | | | | | | | 21,501 | | | 1,000,012 |
| **David McErlane** | | 32,131 | 321,311 | 642,622 | | | | | | | |
| | 9/25/2023 | | | | | | | | 14,740 | 45.79 | 305,265 |
| | 9/25/2023 | | | | | | | 6,667 | | | 305,282 |
| | 9/25/2023 | | | | 3,809 | 7,617 | 11,426 | | | | 314,506 |
| | 9/25/2023 | | | | | | | 12,885 | | | 590,004 |

(1) For each NEO, represents potential cash payments for fiscal 2024 under our MIP. See the section in our CD&A entitled "Details of Total Direct Compensation Elements—Management Incentive Plan" for a further description of our MIP.

(2) The amounts shown reflect PSUs granted to the NEOs during fiscal 2024. In fiscal 2024, the Compensation Committee set the performance metrics for the PSUs awarded under our LTIP using Relative Return. The final number of PSUs can range from 0-150% of the target number of Relative Return PSUs, depending on our achievement against the relevant performance metric established by the Compensation Committee at the beginning of the performance period. See the section in our CD&A entitled "Details of Total Direct Compensation Elements—Long-Term Incentive Awards" for a further description of our long-term incentive compensation program.

(3) Represents RSUs granted to the NEOs during fiscal 2024. Mr. Maselli received RSUs on July 26, 2023, Mr. Masanovich received RSUs on July 5, 2023, Messrs. Hopson and Ms. Evoli received RSUs on August 1, 2023, Mr. Greisch received RSUs on August 30, 2023 and Mr. McErlane received RSUs on September 25, 2023 under our LTIP as their fiscal 2024 annual grant. Ms. Evoli and Mr. McErlane each received an additional RSU award on August 1, 2023 and September 25, 2023, respectively, as a sign-on in connection with their offer letter. The vesting and settlement terms of the RSUs are described in more detail in the section in our CD&A entitled "Details of Total Direct Compensation Elements—Long-Term Incentive Awards."

(4) Represents nonqualified stock options granted during fiscal 2024 under our LTIP. Stock options have an exercise price based on the closing price per share of our common stock on the date of grant, as reported on the NYSE. Mr. Maselli was granted stock options on July 26, 2023, Mr. Masanovich was granted stock options on July 5, 2023, Mr. Hopson and Ms. Evoli were granted stock options on August 1, 2023, Mr. Greisch was granted stock options on August 30, 2023 and Mr. McErlane was granted stock options on September 25, 2023 under our LTIP as their fiscal 2024 annual grant. See the section in our CD&A entitled "Details of Total Direct Compensation Elements—Long-Term Incentive Awards" for a further description of our stock option grants.

(5) The values of equity-based grants presented in this table were calculated in accordance with FASB ASC Topic 718 using the assumptions discussed in Note 14, "Stock-Based Compensation," to the consolidated financial statements included in our 2024 Annual Report. The stock price used in each calculation is the closing price per share of our common stock on each respective grant date, as reported on the NYSE. The values of the Relative Return PSU grants reported in this column assume that the awards will vest at their target amounts.

## Fiscal 2024 Outstanding Equity Awards at Year-End Table

| | | Option Awards (1) | | | | Stock Awards | | | |
|---|---|---|---|---|---|---|---|---|---|
| Name | Grant Date | Number of Securities Underlying Unexercised Options (#) Exercisable (b) | Number of Securities Underlying Unexercised Options (#) Unexercisable (c) | Option Exercise Price ($) (e) | Option Expiration Date (2) (f) | Number of Shares or Units of Stock That Have Not Vested (#)(3) (g) | Market Value of Shares or Units of Stock That Have Not Vested ($)(4) (h) | Equity Incentive Plan Awards: Number of Unearned Shares, Units or Other Rights That Have Not Vested (#)(5) (i) | Equity Incentive Plan Awards: Market or Payout Value of Unearned Shares, Units or Other Rights That Have Not Vested ($)(4) (5) (J) |
| **Alessandro Maselli** | 7/26/2023 | — | 103,360 | 48.90 | 7/26/2033 | — | — | — | — |
| | 7/26/2023 | — | — | — | — | 46,396 | 2,608,847 | — | — |
| | 7/26/2023 | — | — | — | — | — | — | 86,553 | 4,866,875 |
| | 7/26/2022 | 11,106 | 33,321 | 107.63 | 7/26/2032 | — | — | — | — |
| | 7/26/2022 | — | — | — | — | 10,221 | 574,727 | — | — |
| | 7/26/2022 | — | — | — | — | — | — | 6,388 | 359,197 |
| | 7/26/2022 | — | — | — | — | — | — | 6,948 | 390,686 |
| | 7/26/2021 | 7,784 | 7,784 | 113.00 | 7/26/2031 | — | — | — | — |
| | 7/26/2021 | — | — | — | — | 3,009 | 169,196 | — | — |
| | 7/30/2020 | 11,544 | 3,851 | 88.10 | 7/30/2030 | — | — | — | — |
| | 7/22/2019 | 13,735 | — | 54.94 | 7/22/2029 | — | — | — | — |
| | 7/23/2018 | 10,523 | — | 43.88 | 7/23/2028 | — | — | — | — |
| | 7/24/2017 | 10,375 | — | 36.02 | 7/24/2027 | — | — | — | — |
| | 9/08/2016 | 11,093 | — | 23.89 | 9/8/2026 | — | — | — | — |
| **Matti Masanovich** | 7/5/2023 | — | 81,082 | 44.76 | 7/26/2033 | — | — | — | — |
| | 7/5/2023 | — | — | — | — | 36,864 | 2,072,863 | — | — |
| | 7/5/2023 | — | — | — | — | — | — | 71,691 | 4,031,185 |
| **Ricky Hopson** | 8/1/2023 | — | 10,669 | 46.51 | 8/1/2033 | — | — | — | — |
| | 8/1/2023 | — | — | — | — | 4,790 | 269,342 | — | — |
| | 8/1/2023 | — | — | — | — | — | — | 9,024 | 507,420 |
| | 7/26/2022 | 707 | 2,121 | 107.63 | 7/26/2032 | — | — | — | — |
| | 7/26/2022 | — | — | — | — | 651 | 36,606 | — | — |
| | 7/26/2022 | — | — | — | — | — | — | 407 | 22,886 |
| | 7/26/2022 | — | — | — | — | — | — | 443 | 24,910 |
| | 7/26/2021 | 1,282 | 1,283 | 113.00 | 7/26/2031 | — | — | — | — |
| | 7/26/2021 | — | — | — | — | 496 | 27,890 | — | — |
| | 7/30/2020 | 2,289 | 766 | 88.10 | 7/30/2030 | — | — | — | — |
| | 7/22/2019 | 3,650 | — | 54.94 | 7/22/2029 | — | — | — | — |
| | 7/23/2018 | 2,622 | — | 43.88 | 7/23/2028 | — | — | — | — |
| | 7/24/2017 | 1,550 | — | 36.02 | 7/24/2027 | — | — | — | — |
| **John Greisch** | 8/30/2023 | — | 127,096 | 48.98 | 8/30/2033 | — | — | — | — |
| | 8/30/2023 | — | — | — | — | — | — | 33,530 | 1,885,392 |
| | 10/27/2022 | — | — | — | — | 3,465 | 194,837 | — | — |
| | 8/22/2020 | — | — | — | — | 3,167 | 178,080 | — | — |
| **Lisa Evoli** | 8/1/2023 | — | 14,225 | 46.51 | 8/1/2033 | — | — | — | — |
| | 8/1/2023 | — | — | — | — | 6,386 | 359,085 | — | — |
| | 8/1/2023 | — | — | — | — | — | — | 12,032 | 676,559 |
| | 8/1/2023 | — | — | — | — | 21,501 | 1,209,001 | — | — |
| **David McErlane** | 9/25/2023 | — | 14,740 | 45.79 | 9/25/2033 | — | — | — | — |
| | 9/25/2023 | — | — | — | — | 6,667 | 374,885 | — | — |
| | 9/25/2023 | — | — | — | — | — | — | 11,426 | 642,484 |
| | 9/25/2023 | — | — | — | — | 12,885 | 724,524 | — | — |

(1) Unvested outstanding time-based options are scheduled to vest on the applicable anniversaries of the respective grant dates. Options granted prior to fiscal 2024 for which a portion vested during fiscal 2024 are as follows: options granted July 22, 2019—25% on each of July 22, 2020, 2021, 2022, and 2023; options granted July 30, 2020—25% on each of July 30, 2021, 2022, and 2023; options granted July 26, 2021—25% on each of July 26, 2022 and 2023; options granted on July 26, 2022—25% on July 26, 2023. All other options shown above were fully vested prior to the start of fiscal 2024. As described in the section of this Annual Report entitled "Fiscal 2024 Potential Payments Upon Employment Termination or Change in Control Tables," the vesting of all or a portion of each option grant may potentially differ from the normal vesting schedule due to a change of control of our Company or certain terminations of employment.

(2) The expiration dates shown represent the 10-year anniversary of each respective grant date. Options may terminate earlier under certain circumstances, such as in connection with an NEO's termination of employment or in connection with certain corporate transactions, including a change of control of our Company.

(3) The amounts shown for Messrs. Maselli and Hopson include RSUs scheduled to vest on July 26, 2024 and July 26, 2025. The RSUs granted to Mr. Maselli on July 26, 2023, Mr. Masanovich on July 5, 2023, Ms. Evoli and Mr. Hopson on August 1, 2023 and Mr. McErlane on September 25, 2023 are scheduled to vest one-third per year on each of the first, second and third anniversaries of the grant date. All other unvested RSUs are scheduled to vest on the third anniversary of each respective grant date. The amounts shown for Mr. Greisch include vested/unsettled deferred share units granted on August 22, 2019 (vested and deferred on August 22, 2020) and granted on October 27, 2022 (vested and deferred on August 27, 2023), which he elected to defer as a member of the board of directors.

No portion of the PSUs granted to Messrs. Maselli and Hopson on July 26, 2021 were earned based on performance relative to pre-determined Relative Return and Adjusted Earnings Per Share performance targets.

As described in the section of the 2024 Annual Report entitled "Fiscal 2024 Potential Payments Upon Employment Termination or Change in Control," all or a portion of the RSUs or PSUs may vest earlier in connection with a change of control of our Company or certain terminations of employment

(4) Shares/units are valued based on the $56.23 closing price per share of our common stock on June 28, 2024, as reported on the NYSE.

(5) The number of shares and payout values reported include PSUs based on achieving the threshold payout percentage, Adjusted EPS PSUs and Relative Return PSUs that vest at the end of the three-year performance period ending on June 30, 2025. The remaining PSUs are based on achieving the maximum possible payout percentage, Relative Return PSUs that vest at the end of the three-year performance period ending on June 30, 2026. Actual PSU payout levels will be determined by the Compensation Committee following the end of each applicable three-year performance period beginning with the fiscal year in which such grant is made, based on actual performance levels achieved relative to the pre-determined performance targets.

For information regarding the effects of the transaction with Novo Holdings on the Company's outstanding equity awards, please see the sections entitled "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of Options*," "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of Restricted Stock Units*," "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of Performance Stock Units*," "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of the Employee Stock Purchase Plan*," and "*The Merger (Proposal 1)—Interests of Catalent's Directors and Executive Officers in the Merger*" in the Company's proxy statement filed with the SEC on April 15, 2024.

**Fiscal 2024 Option Exercises and Stock Vested Table**

| | Option Awards | | Stock Awards | |
|---|---|---|---|---|
| Name | Number of Shares Acquired on Exercise (#) | Value Realized on Exercise ($) | Number of Shares Acquired on Vesting (#)(1) | Value Realized on Vesting ($)(2) |
| **Alessandro Maselli** | — | — | 6,599 | 276,569 |
| **Matti Masanovich** | — | — | — | — |
| **Ricky Hopson** | — | — | 4,742 | 239,506 |
| **John Greisch** | — | — | — | — |
| **Lisa Evoli** | — | — | — | — |
| **David McErlane** | — | — | — | — |

(1) Represents the vesting during fiscal 2024 of RSU and PSU grants awarded for the fiscal 2021-23 LTIP performance period. In addition to this vesting, the following awards also vested: Mr. Hopson's July 1, 2021 promotion-related grant of 3,432 RSUs which vested on July 1, 2024.

(2) Value realized reflects (i) the closing price per share of our common stock on the vesting date, multiplied by (ii) the number of RSUs or PSUs, as applicable, that vested.

**Fiscal 2024 Nonqualified Deferred Compensation Table**

| Name | Executive Contributions in Last FY ($)(1) | Registrant Contributions in Last FY ($)(2) | Aggregate Earnings in Last FY ($)(3) | Aggregate Withdrawals/ Distributions ($) | Aggregate Balance at Last FYE ($)(4) |
|---|---|---|---|---|---|
| **Alessandro Maselli** (5) | — | — | — | — | — |
| **Matti Masanovich** | 24,000 | 12,000 | 476 | — | 36,477 |
| **Ricky Hopson** | 82,816 | 16,438 | 96,542 | — | 789,571 |
| **John Greisch** | 50,357 | 155,544 | 121,564 | — | 636,951 |
| **Lisa Evoli** | 15,000 | 7,500 | 657 | — | 23,158 |
| **David McErlane** (5) | — | — | — | — | — |

(1) Represents (a) salary deferrals during fiscal 2024, included in the amounts reported, as applicable, for fiscal 2024 under "Salary" in the Summary Compensation Table (b) fiscal 2023 bonus deferrals that otherwise would have been payable during fiscal 2024, included in the amounts reported in the Summary Compensation Table for fiscal 2023, as applicable, under "Non-Equity Incentive Plan Compensation" and (c) for Mr. Greisch his board of director retainer fee deferrals which he elected prior to his employment as Executive Chair. Each NEO's deferral amount during fiscal 2024 is summarized below.

| Name | Fiscal 2023 Bonus Deferral ($) | Fiscal 2024 Salary Deferral ($) | Fiscal 2024 Director Retainer Fee Deferral ($) |
|---|---|---|---|
| **Alessandro Masselli** | — | — | — |
| **Matti Masanovich** | — | 24,000 | — |
| **Ricky Hopson** | 28,189 | 54,627 | — |
| **John Greisch** | — | — | 50,357 |
| **Lisa Evoli** | — | 15,000 | — |
| **David McErlane** | — | — | — |

(2) The amounts reported for Messrs. Masanovich and Hopson and Ms. Evoli are reported as compensation for fiscal 2024 under "All Other Compensation" in the Summary Compensation Table. The amount reported for Mr. Greisch in this column represents the fair market value for undelivered Deferred Share Units that vested on August 27, 2023.

(3) The amounts reported in this column are not above-market or preferential earnings thus not reportable in the Summary Compensation Table. The aggregate amount reported for Mr. Gresich under "Vested but Undelivered Deferred Share Units (DSUs)" in this column reflects the increase or (decrease) in fair market value between a) August 27, 2023 and June 30, 2024 of DSUs that vested in Fiscal 2024 and b) the increase or (decrease) in fair market value between July 1, 2023 and June 30, 2024 of DSUs that vested prior to the fiscal 2024 year.

(4) Includes amounts previously reported as compensation in the "Salary," "Non-Equity Incentive Plan Compensation," and "All Other Compensation" columns in the Summary Compensation Table in prior years. The aggregate balance for Mr. Greisch under "Vested but Undelivered DSUs" in this column reflects the value of 6,632 fully vested but undelivered DSUs based on the $56.23 closing stock price per share of our common stock at the end of our fiscal year on June 28, 2024, as reported on the NYSE.

(5) Messrs. Maselli and McErlane did not participate in the Deferred Compensation Plan during fiscal 2024.

**Deferred Compensation**

We provide certain of our U.S.- and U.K.-based executives, including our U.S.- and U.K.-based NEOs, with the opportunity to participate in the Deferred Compensation Plan, which allows participating executives to defer receipt of a portion of their compensation. Deferrals occur and may be invested notionally on a pre-tax basis, in addition to the amounts that the executive is allowed to contribute to our tax-qualified 401(k) and U.K. pension plans.

Deferred Compensation Plan participants may elect to defer up to 80% of base salary, commissions (not applicable to NEOs), and MIP bonus. The plan also allowed U.S.-based executives to elect deferring their PSU and RSU grants; however, in June 2023 and with the exception of the non-employee Directors, we decided to suspend the equity deferral process for calendar year 2024 due to the volatility of Catalent's stock, as well as the fact that participants could not diversify from Catalent to other assets until their deferred shares are distributed. We credit the first 6% of cash compensation deferred with a matching contribution equal to 50% of the amount deferred. Participants are immediately vested in all amounts they contribute and the related investment gains, but matching contributions and their related investment gains vest ratably over the participant's first four years of service to the Company. Participants in the Deferred Compensation Plan may elect from a variety of payout options under the plan, including lump-sum or installment payments, with the timing depending on the form selected at the time of the deferral election.

Under the Deferred Compensation Plan, we also credit each participant's deferral account with notional earnings and/or losses based on the deemed investment of the accounts in one or more of a variety of investment alternatives available under the plan. Participants are able to make changes to their investment elections on a daily basis.

The accounts of U.S.-based participants in the prior version of the Deferred Compensation Plan that are paid out in a lump-sum cash payment are paid on the 15th day of the month immediately following the month that includes the six-month anniversary of the participant's separation from our service (other than due to death) ("separation" as defined by Section 409A of the Internal Revenue Code). In the event of the death of a participant prior to the commencement of the distribution of benefits under the plan, such benefits will be paid no later than the later of (x) December 31 of the year in which the participant's death occurs and (y) the 90th day following the date of the participant's death. The accounts for U.K.-based participants are paid in a lump sum cash payment in the next available paycheck following the elected distribution date.

A U.S.-based participant in the Deferred Compensation Plan may also elect to receive a payout in annual installments over a period of five or ten years after the participant's separation from service (including death), although, notwithstanding any such election, the participant's account will be paid in a lump-sum cash payment in connection with a participant's separation from service within two years following a change of control. The Deferred Compensation Plan also permits participants to receive a distribution in connection with an unforeseeable emergency, in accordance with the requirements of Section 409A of the Internal Revenue Code.

A U.K.-based participant receives a lump sum payout of all outstanding cash deferrals six months after the participant's separation from service.

Cash and equity deferrals, employer contributions, and applicable gains are held in a "rabbi trust." Rabbi trust assets are ultimately controlled by us, permitting participants to defer recognition of income for tax purposes on the amounts deferred until they are paid in accordance with their elections.

Our U.S.- and U.K.-based directors can also participate in the Deferred Compensation Plan by deferring receipt of their cash retainers, though they are not provided a matching contribution.

**Fiscal 2024 Potential Payments upon Employment Termination or Change of Control Tables**

The tables below set out what the specified NEOs would have received assuming a termination of employment effective as of June 30, 2024.

**Alessandro Maselli (CEO)**

| Triggering Event | Value of Option/RSU/PSU/Restricted Stock/Performance Share Acceleration ($)(1) | Value of Base Salary and Bonus Payments ($)(2) | Value of Continued Benefits Participation ($)(3) | Total ($) |
|---|---|---|---|---|
| **Death or Disability (4)** | 9,285,358 | 1,110,000 | — | 10,395,358 |
| **Termination by Us without Cause or By Mr. Maselli for Good Reason** | — | 5,180,000 | 49,054 | 5,229,054 |
| **Terminated by Us without Cause Within 2 Years Following a Change of Control (assuming awards have been assumed, continued, or substituted)** | 9,727,157 | 5,180,000 | 49,054 | 14,956,211 |
| **Termination by Us For Cause or By Mr. Maselli without Good Reason** | — | — | — | — |

(1) Amounts reported for a termination by us without cause within 2 years following a change of control (assuming awards have been assumed, continued, or substituted) represent accelerated vesting of unvested equity-based awards and reflect (a) the "spread" value of the options, equal to $7.33 per share for 103,360 options (same in the case of death) granted on July 26, 2023, $0 per share for 33,321 options (same in the case of death) granted on July 26, 2022 (award is underwater as of June 30, 2024 and has no value), $0 per share for 7,784 options (same in the case of death) granted on July 26, 2021 (award is underwater as of June 30, 2024 and has no value), and $0 per share for 3,851 options (same in the case of death) granted on July 30, 2020 (award is underwater as of June 30, 2024 and has no value), in each case representing the difference between the $56.23 closing price per share of our common stock on June 28, 2024, as reported on the NYSE (the "Fiscal 2024 Closing Price"), and the exercise price of the option; and (b) 46,396 RSUs (same in the case of death) granted on July 26, 2023, 10,221 RSUs (same in the case of death), granted on July 26, 2022, 3,009 RSUs granted (same in the case of death) on July 26, 2021, 0 PSUs (Adjusted EPS) (3,762 in the case of death) and 0 PSUs (Relative Return) (3,897 in the case of death) granted on July 26, 2021, 6,388 PSUs (Adjusted EPS) (12,776 in the case of death) and 6,948 PSUs (Relative Return) (13,895 in the case of death) granted on July 26, 2022, and 86,553 PSUs (Relative Return) (57,702 in the case of death) granted on July 26, 2023, multiplied by the Fiscal 2024 Closing Price.

The amount reported for Mr. Maselli for (i) termination by us without cause within 2 years following a change of control (assuming awards have been assumed, continued, or substituted), take into account future performance as disclosed in the "Fiscal 2024 Outstanding Equity Awards at Year-End" and accompanying footnote in this Annual Report; however, the number of Relative Return PSUs that vest in connection with a change of control may vary based on when a change of control occurs during a performance period.

Distribution of shares underlying PSUs are accelerated upon termination due to death. In the event Mr. Maselli meets the requirements of disability under the terms of the PSU awards, the shares underlying the PSUs remain subject to adjustment and will be distributed following the end of each relevant performance period based on final performance measured against the relevant pre-determined metrics for each award. The amounts shown above in the "Option/RSU/PSU/Restricted Stock/Performance Shares Acceleration" column in the event of termination due to death or disability assume that the PSUs vest at target. The amount would equal $9,727,157 when taking into account assumptions for future performance as disclosed in the "Fiscal 2024 Outstanding Equity Awards at Year-End" and accompanying footnote in this Annual Report.

(2) Upon termination due to death or disability, Mr. Maselli or his estate is entitled to receive a pro-rata portion of the annual bonus that he would have been entitled to for the bonus year in which the termination occurs, based on our actual performance (the "Annual Bonus"). The amount reported above for death or disability represents his target annual bonus for fiscal 2024 and assumes (a) he would have served for the entire year and (b) on-target business and individual performance results. The amounts reported for "Termination by Us Without Cause" or "By Mr. Maselli for Good Reason and Termination by Us Without Cause Within 2 Years Following a Change of Control" (assuming awards have been assumed, continued, or substituted) are comprised of (a) the Annual Bonus plus (b) two (2) times the sum of (i) his annual base salary and (ii) his target annual bonus.

(3) The amount reported represents income attributable to the health care premiums paid by us with respect to Mr. Maselli's participation in our employee benefit plans for a two-year period. Mr. Maselli would also be entitled to be paid for any unused paid-time-off days accrued during 2024.

(4) Receipt of shares in the event of disability occurs when the relevant vesting period for each grant ends rather than being accelerated to the date of disability.

**MESSRS. MASANOVICH, HOPSON, GREISCH AND MCERLANE AND MS. EVOLI**

| Triggering Event | Value of Option/RSU/PSU/Restricted Stock/Performance Stock Acceleration ($)(1) | Value of Base Salary and Target Bonus Payments ($)(2) | Value of Continued Benefits Participation (3) | Total ($) |
|---|---|---|---|---|
| **Death or Disability (4)** | | | | |
| Matti Masanovich | 5,690,330 | 1,440,000 | 6,491 | 7,136,821 |
| Ricky Hopson | 942,261 | 775,000 | 19,188 | 1,736,449 |
| John Greisch | 2,178,355 | 1,260,000 | — | 3,438,355 |
| Lisa Evoli | 2,157,374 | 850,000 | 6,491 | 3,013,865 |
| David McErlane | 1,681,598 | 945,000 | 19,685 | 2,646,283 |
| **Termination by Us Without Cause or By the Executive Officer for Good Reason** | | | | |
| Matti Masanovich | — | 1,440,000 | 6,491 | 1,446,491 |
| Ricky Hopson | — | 775,000 | 19,188 | 794,188 |
| John Greisch | — | 1,260,000 | — | 1,260,000 |
| Lisa Evoli | — | 850,000 | 6,491 | 856,491 |
| David McErlane | — | 945,000 | 19,685 | 964,685 |
| **Termination by Us Without Cause or By the Executive Officer for Good Reason Within 18 Months Following a Change of Control** | | | | |
| Matti Masanovich | 7,034,058 | 2,880,000 | 6,491 | 9,920,549 |
| Ricky Hopson | 992,755 | 1,162,500 | 19,188 | 2,174,443 |
| John Greisch | 2,806,838 | 2,520,000 | — | 5,326,838 |
| Lisa Evoli | 2,382,912 | 1,700,000 | 6,491 | 4,089,403 |
| David McErlane | 1,895,779 | 1,890,000 | 19,685 | 3,805,464 |

(1) For Mr. Masanovich, the amounts reported for a termination by us without cause or by the executive officer for good reason within 18 months following a change of control (assuming awards have been assumed, continued, or substituted) reflects (a) the "spread" value of $11.47 per share for the 81,082 options (same in the case of death) granted on July 5, 2023, representing the difference between the Fiscal 2024 Closing Price and the exercise price of the option, and (b) 36,864 RSUs (same in the case of death) granted on July 5, 2023 and 71,691 PSUs (Relative Return) (47,794 in the case of death) granted on July 5, 2023, multiplied by the Fiscal 2024 Closing Price.

For Mr. Hopson, the amounts reported for a termination by us without cause or by the executive officer for good reason within 18 months following a change of control (assuming awards have been assumed, continued, or substituted) reflects (a) the "spread" value of $9.72 per share for the 10,669 options (same in the case of death) granted on August 1, 2023, $0 per share for the 2,121 options (same in the case of death) granted on July 26, 2022 (award is underwater as of June 30, 2024 and has no value), $0 per share for the 1,283 options (same in the case of death) granted on July 26, 2021 (award is underwater as of June 30, 2024 and has no value) and $0 per share for the 766 options (same in the case of death) granted on July 30, 2020 (award is underwater as of June 30, 2024 and has no value), representing the difference between the Fiscal 2024 Closing Price and the exercise price of the option, and (b) 4,790 RSUs (same in the case of death) granted on August 1, 2023, 651 RSUs (same in the case of death) granted on July 26, 2022, 496 RSUs (same in the case as death) granted on July 26, 2021, 0 PSUs (Adjusted EPS) (620 in the case of death) and 0 PSUs (Relative Return) (642 in the case of death) granted on July 26, 2021, 407 PSUs (Adjusted EPS) (813 in the case of death) and 443 PSUs (Relative Return) (885 in the case of death) granted on July 26, 2022, and 9,024 PSUs (Relative Return) (6,016 in the case of death), multiplied by the Fiscal 2024 Closing Price.

For Mr. Greisch, the amounts reported for a termination by us without cause or by the executive officer for good reason within 18 months following a change of control (assuming awards have been assumed, continued, or substituted) reflects (a) the "spread" value of $7.25 per share for the 127,096 options (same in the case of death) granted on August 30, 2023, representing the difference between the Fiscal 2024 Closing Price and the exercise price of the option, and (b) 33,530 PSUs (Relative Return) (22,353 in the case of death), multiplied by the Fiscal 2024 Closing Price.

For Ms. Evoli, the amounts reported for a termination by us without cause or by the executive officer for good reason within 18 months following a change of control (assuming awards have been assumed, continued, or substituted) reflects (a) the "spread" value of $9.72 per share for the 14,225 options (same in the case of death) granted on August 1, 2023, representing the difference between the Fiscal 2024 Closing Price and the exercise price of the option, and (b) 27,887 RSUs (same in the case of death) granted on August 1, 2023 and 12,032 PSUs (Relative Return) (8,021 in the case of death) granted on August 1, 2023, multiplied by the Fiscal 2024 Closing Price.

For Mr. McErlane, the amounts reported for a termination by us without cause or by the executive officer for good reason within 18 months following a change of control (assuming awards have been assumed, continued, or substituted) reflects (a) the "spread" value of $10.44 per share for the 14,740 options (same in the case of death) granted on September 25, 2023, representing the difference between the Fiscal 2024 Closing Price and the exercise price of the option, and (b) 19,552 RSUs (same in the case of death) granted on September 25, 2023 and 11,426 PSUs (Relative Return) (7,617 in the case of death) granted on September 25, 2023, multiplied by the Fiscal 2024 Closing Price.

Distribution of shares underlying PSUs are accelerated upon termination due to death. In the event an NEO meets the requirements of disability under the terms of the PSU awards, the shares underlying the PSUs remain subject to adjustment and will be distributed following the end of each relevant performance period based on final performance measured against the relevant pre-determined metrics for each award. The amounts shown above in the "Option/RSU/PSU/Restricted Stock/Performance Shares Acceleration" column in the event of termination due to death or disability assume that the PSUs vest at target. The amounts would differ, as follows, when taking into account assumptions for future performance as disclosed in the "Fiscal 2024 Outstanding Equity Awards at Year-End" and accompanying footnote in this Annual Report: Mr. Masanovich – $7,034,058; Mr. Hopson—$992,755; Ms. Evoli - $2,382,912; Mr. Greisch—$2,806,838; Mr. McErlane—$1,895,779.

The amounts reported for Mr. Greisch's excludes his vested/undelivered DSUs (3,167 granted on August 22, 2020 and 3,465 granted on October 27, 2022), which he elected to defer in his role as a non-employee Director. Upon a termination of death or disability, the vested DSUs would be distributed in the month following the death/disability termination. In the event Mr. Greisch stops serving on the Board within 2 years following a change in control his vested DSUs would be settled on the fifteenth day of the seventh month following the month in which his Board services ended.

(2) The amounts reported for death or disability and for termination by us without cause or by the executive officer for good reason represent, for each executive, the sum of that executive's annual base salary and target annual bonus. The amounts reported for termination by us without cause within 18 months following a change of control represents for Mr. Masanovich, Ms. Evoli and Messrs. Greisch and McErlane, two times the sum of their annual base salary and target annual bonus and for Mr. Hopson, the sum of one-and-a-half times his annual base salary and target annual bonus.

(3) The amounts reported for Messrs. Masanovich and Hopson, Ms. Evoli and Mr. McErlane represent income attributable to the health care premiums paid by us with respect to their continued participation in our employee benefit plans for a one-year period. Mr. Greisch elected not to enroll in our health benefits. Each executive would also be entitled to be paid for any unused paid-time-off days accrued during 2024.

(4) Receipt of shares in the event of disability occurs when the relevant vesting period for each grant ends rather than being accelerated to the date of disability.

Payments that would be made under our Deferred Compensation Plan are described above in the Fiscal 2024 Nonqualified Deferred Compensation Table.

## SEVERANCE AND PAYMENTS ON A CHANGE OF CONTROL

### MR. MASELLI'S SEVERANCE, TERMINATION, AND CHANGE OF CONTROL BENEFITS

Mr. Maselli's employment agreement, the Omnibus Plans, and the grant agreements thereunder each provide for certain benefits to be paid to him upon termination.

Upon disability or death, a pro-rata portion of any annual bonus he would have earned for the year of termination, based on our actual performance in respect of the full fiscal year in whicb the date of termination occurs, and the prior fiscal year's annual cash bonus if earned but not then paid, payable as if Mr. Maselli's employment had not been terminated.

Should Mr. Maselli's employment terminate due to death, his beneficiaries (i) will receive a death benefit equal to 1.5 times his base salary under a group life insurance program we provide that covers all eligible active U.S.-based employees, and (ii) will be entitled to accelerated vesting of all unvested grants under the Omnibus Plans. If his employment is terminated due to disability, all unvested grants under the Omnibus Plans will continue to vest as if he had continued employment through each applicable anniversary of the grant date.

Under his employment agreement, upon any termination for good reason or due to his election not to extend the term, Mr. Maselli receives certain accrued amounts and benefits and a pro-rata portion of any annual bonus he would have earned for the year of termination, and the prior fiscal year's annual cash bonus if earned but not then paid, payable as if Mr. Maselli's employment had not been terminated.

The employment agreement further provides that upon termination by us without cause, or by Mr. Maselli for good reason, or due to our election not to extend the term, subject to a release of claims, he will also be entitled to receive an amount equal to two times the sum of (x) his annualized base salary and (y) his annual target bonus, payable in equal monthly installments over a two-year period; *provided, however*, that, if such termination occurs within the two-year period following a change in control, such payment will instead be made in a single lump-sum payment within thirty days following termination. Notwithstanding the foregoing, our obligation to make such payments will cease in the event of an uncured material breach by Mr. Maselli of the restrictive covenants contained in the employment agreement.

In addition to the payments described above, if Mr. Maselli's employment is terminated by us without cause, by Mr. Maselli for good reason, or due to our election not to extend the term, Mr. Maselli (and his spouse and eligible dependents, to the extent covered prior to such termination) will also be entitled to continued participation in our group health plans for up to two years.

For grants under the Omnibus Plans, if Mr. Maselli incurred a termination, other than for death, disability, or a change of control that occurs during the period commencing on the date of the consummation of a change of control and ending on the date that is eighteen months following the consummation of such change of control, we could cancel any unvested option, RSU, or PSU. Any vested option will remain outstanding and exercisable generally for 90 days, and vested options will terminate immediately if we terminate Mr. Maselli's employment for cause. Any vested option that he does not exercise within the applicable post-termination exercise period will terminate.

### MR. GREISCH'S SEVERANCE, TERMINATION, AND CHANGE OF CONTROL BENEFITS

Mr. Greisch's employment agreement, the Omnibus Plans, and the grant agreements thereunder each provide for certain benefits to be paid to him upon termination.

If Mr. Greisch is terminated by the Company for Cause, or if he resigns without Good Reason, or in the event of his death or Disability, in each case, he (or his estate, as the case may be) shall be entitled to receive: (A) accrued, but unpaid base salary; (B) reimbursement, for any unreimbursed business expense properly incurred; and (C) all amounts and benefits due to Mr. Greisch under the applicable terms of any applicable plan, program, agreement, or arrangement of the Company or any of its subsidiaries. Upon Mr. Greisch's termination due to death or disability, he or his estate (as the case may be) will be entitled to receive these

If Mr. Greisch is terminated by the Company without Cause (other than by reason of death or disability) or by his Retirement or resignation for Good Reason, in addition to the above accrued rights, he will be entitled to receive (A) a pro rata portion of his annual bonus, if any, that he would have been entitled to receive for the bonus year during which the date of termination occurs based on the Company's actual performance in respect of such bonus year, assuming he was employed for such full bonus year, (B) continued vesting of his stock options and PSUs, to the extent not then vested or previously forfeited or cancelled, as if he had continued employment through the original vesting date(s), and with respect to the stock options, he may exercise any vested option for a period ending on the later of (i) the third anniversary of each original vesting date or (ii) the termination date, and (C) if he is terminated by the Company without Cause or resigns for Good Reason within 18 months following a Change in Control (as defined in the Omnibus Plans), in lieu of, and not in addition to, payment under (A) and (B) above, (i) a single lump sum payment of cash severance in an amount equal to 1.5 times the sum of his then base salary plus target bonus for the remaining portion of the employment term and (II) Change in Control vesting for his equity awards.

**SEVERANCE, TERMINATION, AND CHANGE OF CONTROL BENEFITS FOR MESSRS. MASANOVICH, HOPSON, MCERLANE AND MS. EVOLI**

The severance and equity grant agreements with each of Messrs. Masanovich, Hopson, Mcerlane and Ms. Evoli, as well as the Omnibus Plans and the grant agreements thereunder, provide for benefits in the event of certain events of termination.

Under the Omnibus Plans, any unvested equity-based grant would become fully vested and exercisable in the event of termination due to death; however, if termination was due to disability, unvested equity-based awards would continue to vest as if the executive had continued employment through each applicable anniversary of the date of grant. Under the Omnibus Plans, in the event of a change in control, to the extent the acquiring or successor entity does assume, continue, or substitute for a grants option, if the NEO were to incur a termination without cause during the eighteen months following the consummation of such change in control, the then-outstanding equity awards thereunder would become fully vested and exercisable. Other than in the cases of change of control, death, or disability, a termination will result in the cancellation of unvested equity-based awards under the Omnibus Plans held by any of the NEOs.

Our group life insurance program, which covers all eligible active U.S.-based employees, provides for a death benefit equal to 1.5 times current base salary (currently, the benefit would pay a total of $1,200,000 (with respect to Mr. Masanovich) $637,500 (with respect to Mr. Hopson), $750,000 (with respect to Ms. Evoli), and $787,500 (with respect to Mr. McErlane)).

Under our standard severance arrangement entered into with each of Messrs. Masanovich, McErlane and Ms. Evoli, in the event of death or disability, a termination by the Company without cause or by the executive for good reason within 18 months following a change in control, the executive would be entitled to increased cash severance equal to two times the sum of annual base salary plus target annual bonus, payable in equal installments over the one-year period following the date of termination, subject to entering into a release of claims and certain other terms and conditions. Mr. Hopson would be entitled to increased cash severance equal to one-and-a-half times the sum of his annual base salary plus target annual bonus, payable in equal installments over the one-year period following the date of termination, subject to entering into a release of claims and certain other terms and conditions. In addition, the severance agreements provide that if any of the payments provided for under such severance agreement or otherwise payable to the individual would constitute "parachute payments" within the meaning of Section 280G of the Internal Revenue Code and would be subject to the related excise tax under Section 4999 of the Internal Revenue Code, then such individual will be entitled to receive either full payment of benefits or such lesser amount that would result in no portion of the benefits being subject to the excise tax, whichever results in the greater amount of after-tax benefits to such individual.

For information regarding the effects of the transaction with Novo Holdings on the Company's outstanding equity awards, please see the sections entitled "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of Options*," "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of Restricted Stock Units*," "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of Performance Stock Units*," "*The Merger Agreement—Treatment of Catalent Equity Awards—Treatment of the Employee Stock Purchase Plan*," and "*The Merger (Proposal 1)—Interests of Catalent's Directors and Executive Officers in the Merger*" in the Company's proxy statement filed with the SEC on April 15, 2024.

**Pay Ratio**

Presented below is the ratio of annual total compensation in fiscal 2024 of our CEO to the annual total compensation of our median employee (excluding our CEO). We believe the ratio presented below is a reasonable estimate calculated in a manner consistent with the rules set forth in Item 402(u) of Regulation S-K promulgated under the Exchange Act (the "Pay Ratio Rules").

In identifying our median employee, we calculated the annual total cash compensation for fiscal 2024 of each employee as of June 30, 2024. For these purposes, annual total cash compensation included base salary or hourly wages, cash incentives, commissions, and comparable cash elements of compensation in non-U.S. jurisdictions and was calculated using internal human resources records. All amounts were annualized for permanent employees who did not work for the entire year, such as new hires, employees on paid or unpaid leave of absence and employees called for active military duty. We did not apply any cost-of-living adjustment as part of the calculation.

We selected the median employee from among 16,130 full-time and part-time workers who were employed as of June 30, 2024. We did not exclude any employee (whether pursuant to the de minimis exemption for foreign employees or any other permitted exclusion).

In accordance with the Pay Ratio Rules, we calculated the median employee's annual total compensation in the same manner as the CEO's annual total compensation was calculated in the Fiscal 2024 Summary Compensation Table on page 31. The median employee's annual total compensation was $61,247. The CEO's annual total compensation was $9,985,363, the amount reported in the "Total" column of the Summary Compensation Table. Accordingly, the ratio of our CEO's total compensation to our median employee's total compensation for fiscal 2024 was 163.0 to 1.

In considering this pay ratio, please note that the Pay Ratio Rules permit companies to calculate pay ratios using a variety of methods, both in determining the median employee and in determining the compensation to be used in calculating the ratio. Thus, our ratio may not be comparable to the ratio determined by any other company.

## Director Compensation

We provide competitive compensation to our non-employee directors to attract and retain qualified individuals. The principal elements of our non-employee director compensation are an annual cash retainer; an annual equity award of RSUs, each of which represents the right to receive one share of our common stock; and additional cash fees for our Lead Independent Director, Committee Chairs (other than the Strategic and Operational Review Committee (the "Strategic Committee")), Audit Committee members, and Strategic Committee members. In addition, non-employee directors are reimbursed for reasonable out-of-pocket expenses. Mr. Maselli, our CEO, did not receive additional compensation for his service as a director during fiscal 2024. Mr. Greisch received compensation as a non-employee director in fiscal 2024 until his election as Executive Chair, at which point he ceased being eligible for such compensation.

The Compensation Committee biennially reviews and considers information from its independent compensation consultant regarding the amounts and type of compensation paid to our non-employee directors at companies within the same Comparison Group (as defined in the CD&A above under the heading "The Use of Market Data in Determining Compensation") used by the committee to assess executive compensation.

| Cash Retainer | Equity Award | Committee Fees | Deferred Compensation |
|---|---|---|---|
| Annual $100,000 cash retainer, with an additional $45,000 retainer for the Lead Independent Director. | Annual RSU grant with a grant date fair market value of $275,000, vesting on the first anniversary of the grant date (subject to continued service) or upon a change of control. | Annual cash fees to the Chair and each member of the Audit Committee of $25,000 and $10,000, respectively. Annual cash fees to each member of the Strategic Committee of $5,000.<br><br>Annual cash fees to the Chair of the Compensation Committee of $12,500 and $10,000 to the Chairs of each of the Nominating and Quality and Regulatory Compliance Committees. | Directors may elect to defer any portion of their cash fees or RSUs on a pre-tax basis under our Deferred Compensation Plan.<br><br>The terms of the plan are described in the executive compensation section above. |

## Matching Gift Program

Our directors may also participate in the Catalent Cares matching gift program, which matches on a 1-to-1 basis personal charitable donations made by our employees and non-employee directors to eligible nonprofit organizations, subject to a yearly maximum of USD 2,000. The matching gift program yearly cycle runs through Catalent's fiscal year from July 1 through June 30.

## Director Stock Ownership Policy

Each of our non-employee directors is required to own stock in an amount equal to five times the annual cash retainer. For purposes of this requirement, a director's holdings include shares held directly or indirectly, individually or jointly, and shares held under a deferral or similar plan. Each non-employee director is required to retain 100% of the shares received upon settlement of vested RSUs (net of shares used to satisfy applicable tax withholding obligation, if any) until the ownership level is met. All of our non-employee directors complied with the retention provisions of this policy throughout fiscal 2024 and through the date of this Annual Report.

**Director Compensation for Fiscal 2024**

For fiscal 2024, our non-employee directors received the amounts shown in the schedule below. All cash fees were paid on a quarterly basis, in arrears.

| Name [1] | Fees Earned or Paid in Cash ($) | Stock Awards ($) [2] | Total ($) |
|---|---|---|---|
| Michael J. Barber [3] | 100,000 | 274,965 | 374,965 |
| Steven K. Barg | 85,250 | 309,773 | 395,023 |
| J. Martin Carroll | 120,591 | 299,030 | 419,621 |
| Rolf Classon [3] [4] | 89,217 | 274,965 | 364,182 |
| Frank A. D'Amelio | 84,066 | 319,646 | 403,712 |
| John J. Greisch [4] [5] | 18,200 | 0 | 18,200 |
| Gregory T. Lucier [3] | 125,151 | 274,965 | 400,116 |
| Donald E. Morel, Jr. | 101,456 | 274,965 | 376,421 |
| Stephanie Okey | 84,066 | 319,646 | 403,712 |
| Michelle R. Ryan | 96,676 | 319,646 | 416,322 |
| Jack Stahl [3] | 164,605 | 274,965 | 439,570 |

(1) Mr. Maselli did not receive any compensation as a director during fiscal 2024, though he received compensation as our employee, as reported in the executive compensation tables in this Annual Report. In addition, Mr. Greisch received compensation as a non-employee director in fiscal 2024 until his election as Executive Chair, at which point he ceased being eligible for such compensation.

(2) Represents the aggregate grant date fair market value of stock awards for fiscal 2024, computed in accordance with the Financial Accounting Standards Board's Accounting Standards Codification ("FASB ASC") Topic 718, using the assumptions discussed in Note 14, "Stock-Based Compensation," to the consolidated financial statements included in the 2024 Annual Report. The number of unvested RSUs as of June 30, 2024 was as follows: Messrs. Barber, Classon, Lucier, Morel, and Stahl had 6,993, Mr. D'Amelio, and Mses. Okey and Ryan had 7,972, Mr. Carroll had 7,548, and Mr. Barg had 7,711

(3) Messrs. Barber, Classon, and Stahl elected to defer their annual RSU award under the Deferred Compensation Plan, as defined and described under "Other Benefits Under Our Executive Compensation Program—Deferred Compensation Plan."

(4) Mr. Greisch elected to defer 100% of his annual cash retainers for calendar 2023 under the Deferred Compensation Plan. Mr. Classon elected to defer 50% of his annual cash retainer for calendar 2023 and 2024 under the Deferred Compensation Plan.

(5) The vesting of Mr. Greisch's annual RSU award made to Mr. Greisch on October 27, 2022 was reduced by $45,284 through a cancellation/forfeiture of awarded RSUs on August 27, 2023 due to his appointment as Executive Chair of the Company on August 28, 2023, at which time he became ineligible to receive compensation pursuant to the Company's non-employee director compensation plan.

**Compensation Committee Interlocks and Insider Participation**

The individuals that served as a member of the Compensation Committee during fiscal 2024 were Gregory T. Lucier, Michael J. Barber, J. Martin Carroll, Rolf Classon, Frank D'Amelio and Stephanie Okey. In addition, each of Donald E. Morel, Jr., Madhavan Balachandran and Rosemary A. Crane served on the Compensation Committee until their retirement from the board at the 2023 Annual Meeting held in January 2024. During fiscal 2024, no member of our Compensation Committee was an employee or officer or former officer of Catalent or had any relationship requiring disclosure under Item 404 of Regulation S-K. None of our executive officers has served on the board of directors or compensation committee of any other entity that has or has had one or more executive officers who served as a member of our Board or our Compensation Committee during fiscal 2024.

**Non-GAAP Financial Measures**

For a discussion of these measures and how they reconcile to our results reported under U.S. GAAP, please see the heading "Non-GAAP Metrics" under Item 7. Management's Discussion and Analysis of Financial Condition of our 2024 Annual Report, as well as the following:

**Use of Constant Currency, Budget-Based Revenue, and Budget-Based EBITDA**

When we set the financial goals that we use to operate the business, including the goals that our executives must meet to qualify for our fiscal 2021 performance-based incentive compensation, and when we determine whether those goals have been met, we use, among other metrics, revenue and Adjusted EBITDA computed using the currency exchange rates that we use internally in budgeting and in measuring performance against budget, in part because we believe that the compensation of our executives should not be affected, to the extent practicable, by factors beyond those executives' control. We refer in this Annual Report to revenue and Adjusted EBITDA computed on this type of constant-currency basis as "Budget-Based Revenue" and "Budget-Based EBITDA," respectively.

Results on a constant-currency basis, Budget-Based Revenue, and Budget-Based EBITDA should be considered in addition to, not as a substitute for, results reported in accordance with U.S. GAAP. Results on a constant-currency basis, Budget-Based Revenue, and Budget-Based EBITDA, as we present them, may not be comparable to similarly titled measures used by other companies and are not measures of performance presented in accordance with U.S. GAAP.

The reconciliation of net earnings to Adjusted EBITDA also includes a reconciliation to Budget-Based EBITDA. The reconciliation of fiscal 2024 consolidated net revenue reported in accordance with U.S. GAAP to net revenue at budgeted foreign exchange rates is as follows (in millions of U.S. dollars):

| | |
|---|---|
| Revenue (GAAP) | $4,381 |
| Foreign exchange impact | 14 |
| Budget-Based Revenue | 4,395 |

**Catalent, Inc.**

**Reconciliation of Net Earnings to EBITDA from operations,**

**Adjusted EBITDA and Budget-Based EBITDA**

| (In million of U.S. dollars) | Fiscal Year Ended June, 30 2024 | 2023 |
|---|---|---|
| **Net (loss) earnings** | (1,043) | (256) |
| Depreciation and Amortization | 489 | 422 |
| Interest expense, net | 254 | 186 |
| Income tax (benefit) expense | 16 | (86) |
| **EBITDA from operations** | **(284)** | **266** |
| Goodwill impairment charges | 687 | 210 |
| Stock-based compensation | 68 | 35 |
| Impairment charges and gain/loss on sale of assets | 29 | 98 |
| Restructuring costs | 39 | 66 |
| Acquisition, integration, and other special items | 58 | 31 |
| Foreign exchange loss (gain) included in other, net) (1) | 13 | (11) |
| Site transformation costs | 39 | — |
| Pension settlement charges | 12 | — |
| Impacts from COVID-19 contract settlement | 24 | — |
| Fire loss contingency | 9 | — |
| Other adjustments | 9 | 2 |
| **Adjusted EBITDA** | 703 | 697 |
| Favorable (unfavorable) FX impact | 7 | (17) |
| **Adjusted EBITDA at constant currency** | **696** | **714** |
| Adjusted EBITDA | 703 | 697 |
| Foreign exchange impact | 7 | (1) |
| **Budget-Based EBITDA** | 710 | 698 |

(1) Foreign exchange loss of $13 million for the fiscal year ended June 30, 2024, includes $13 million of unrealized losses related to foreign trade receivables and payables and intercompany transactions

Foreign exchange gain of $11 million for the fiscal year ended June 30, 2023, includes $10 million of unrealized gains related to foreign trade receivables and payables and intercompany transactions.

**Catalent, Inc.**

**Reconciliation of Net Earnings to Adjusted Net Income and**

**Adjusted Net Income per share**

| (In million of U.S. dollars, except per share data) | Fiscal Year Ended June 30, 2024 | 2023 |
|---|---|---|
| **Net (Loss) Earnings** | (1,043) | (256) |
| Amortization [1] | 135 | 136 |
| Goodwill impairment charges | 687 | 210 |
| Stock-based compensation | 68 | 35 |
| Impairment charges and gain/loss on sale of assets | 29 | 98 |
| Restructuring Costs | 39 | 66 |
| Acquisition, integration, and other special items | 58 | 31 |
| Pension settlement charges | 12 | — |
| Site transformation costs | 39 | — |
| Fire loss contingency | 9 | — |
| Impacts from COVID-19 contract settlement | 24 | — |
| Foreign exchange (gain) loss (included in other, net) [2] | 13 | (11) |
| Other adjustments | 8 | 2 |
| Estimated tax effect of adjustments [3] | (13) | (126) |
| Discrete income tax benefit items [4] | (26) | (18) |
| **Adjusted net income (ANI)** | **39** | **167** |
| **ANI per share:** | | |
| ANI per basic share [5] | $ 0.22 | $ 0.92 |
| ANI per diluted share [6] | $ 0.21 | $ 0.92 |

(1) Represents the amortization attributable to purchase accounting for previously completed business combinations.

(2) Foreign exchange loss of $13 million for the fiscal year ended June 30, 2024 includes $13 million of unrealized losses related to foreign trade receivables and payables intercompany transactions.
Foreign exchange gain of $11 million for the fiscal year ended June 30, 2023, includes $10 million of unrealized gains related to foreign trade receivables and payables intercompany transactions.

(3) We computed the tax effect of adjustments to net earnings by applying the statutory tax rate in the relevant jurisdictions to the income or expense items that are adjusted in the period presented. If a valuation allowance exists, the rate applied is zero.

(4) Discrete period income tax expense (benefit) items are unusual or infrequently occurring items, primarily including: changes in judgment related to the realizability of deferred tax assets in future years, changes in measurement of a prior-year tax position, deferred tax impact of changes in tax law, and purchase accounting.

(5) Represents Adjusted Net Income divided by the weighted average number of shares of Common Stock outstanding. For the fiscal year ended June 30, 2024 and 2023, the weighted average was 181 million.

(6) Represents Adjusted Net Income divided by the weighted average sum of (a) the number of shares of Common Stock outstanding, plus (b) the number of shares of Common Stock that would be issued assuming exercise or vesting of all potentially dilutive instruments. For the fiscal years ended June 30, 2024 and 2023, the weighted average was 182 million and 181 million, respectively.

## ITEM 12. SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS

**Securities Owned by Certain Beneficial Owners, Directors, and Management**

The table below shows how many shares of our common stock were beneficially owned as of October 21, 2024 by (1) owners of more than 5% of the outstanding shares of our common stock, (2) our current directors, (3) our NEOs, and (4) all current directors and executive officers as a group. A person has beneficial ownership of shares if the person has voting or investment power over the shares or the right to acquire such power within 60 days. Investment power means the power to direct the sale or other disposition of the shares. Each person has (a) an address at 14 Schoolhouse Road, Somerset, NJ 08873 and (b) sole voting and investment power over the shares, in each case except as described below. The percent of class is based upon 181,508,810 shares of common stock outstanding as of October 21, 2024.

| | Common Stock | |
|---|---|---|
| Name of Beneficial Owner | Shares Owned | Percent of Class |
| The Vanguard Group[1] | 20,186,499 | 11.1% |
| BlackRock, Inc.[2] | 16,175,385 | 8.9% |
| Janus Henderson Group plc [3] | 13,249,339 | 7.3% |
| Nomura Holdings, Inc.[4] | 11,487,158 | 6.3% |
| T. Rowe Price Investment Management, Inc.[5] | 11,209,374 | 6.2% |
| Capital World Investors[6] | 9,656,560 | 5.3% |
| Alessandro Maselli[7] | 158,548 | * |
| Matti Masanovich[7] | 29,565 | * |
| Ricky Hopson[7] | 28,663 | * |
| John Greisch [7] | 81,970 | * |
| Lisa Evoli[7] | 8,992 | * |
| David McErlane[7] | 8,034 | * |
| Michael J. Barber[8] | 13,389 | * |
| Steven K. Barg[8] | 7,711 | * |
| J. Martin Carroll[8] | 39,734 | * |
| Rolf Classon[8] | 43,321 | * |
| Frank A. D'Amelio[8] | 7,972 | * |
| Gregory T. Lucier[8] | 32,251 | * |
| Donald E. Morel, Jr.[8] | 65,455 | * |
| Stephanie Okey[8] | 7,972 | * |
| Michelle R. Ryan[8] | 7,972 | * |
| Jack Stahl[8] | 43,321 | * |
| Current directors and executive officers as a group (20 persons)[9] | 738,241 | * |

* Represents less than 1%

(1) Information shown is based on information reported by the filer on a Schedule 13G/A filed with the SEC on February 13, 2024, in which The Vanguard Group reported that it and its affiliates have shared voting power over 225,883 shares, sole dispositive power over 19,432,181 shares, and shared dispositive power over 754.318 shares. Filer's address is 100 Vanguard Boulevard, Malvern, PA 19355.

(2) Information shown is based on information reported by the filer on a Schedule 13G/A filed with the SEC on January 25, 2024, in which Blackrock, Inc. reported that it has sole voting power over 15,147,451 shares and sole dispositive power over 16,175,385 shares. Filer's address is 55 East 52nd Street, New York, NY 10055.

(3) Information shown is based on information reported by the filer on a Schedule 13G/A filed with the SEC on February 13, 2024. Filer's address is 201 Bishopsgate, EC2M 3AE, United Kingdom.

(4) Information shown is based on information reported by the filer on a Schedule 13G filed with the SEC on February 14, 2024. Filer's address is 13-1, Nihonbashi 1-chome, Chuo-ku, Tokyo 103-8645, Japan.

(5) Information shown is based on information reported by the filer on a Schedule 13G/A filed with the SEC on February 14, 2024, in which T. Rowe Price Investment Management, Inc. (Price Investment Management) reported that it has sole voting power over 4,428,310 shares and sole dispositive power over 11,209,374 shares. Filer's address is 101 E. Pratt Street, Baltimore, MD 21201.

(6) Information shown is based on information reported by the filer on a Schedule 13G/A filed with the SEC on May 10, 2024, in which Capital World Investors reported that it and its affiliates have sole voting power over 9,652,141 shares and sole dispositive power over 9,656,560 shares. Filer's address is 333 South Hope Street, 55th Floor, Los Angeles, CA 90071.

(7) The number of shares beneficially owned includes shares of common stock issuable upon exercise of options that are currently exercisable and/or will be exercisable within 60 days after October 21, 2024, as follows: Mr. Maselli 120,850, Mr. Masanovich 20,270, Mr. Hopson 16,881, Mr. Greisch 31,774, Ms. Evoli 3,556 and Mr. McErlane 3,685.

(8) The number of shares beneficially owned includes 6,993 shares of common stock issuable upon vesting of restricted stock units within 60 days after October 21, 2024. Includes vested restricted stock units that that have been deferred or that will be deferred upon vesting within 60 days after October 21, 2024 under our Deferred Compensation Plan (described below), as follows: Mr. Barber 11,142, Mr. Classon 32,251, Mr. Greisch 6,632, Mr. Lucier 23,856, Dr. Morel 11,548, and Mr. Stahl 15,330.

(9) Includes 342,016 shares of common stock issuable upon (a) vesting of restricted stock units within 60 days after October 21, 2024 or (b) exercise of options that are currently exercisable and/or will be exercisable within 60 days after October 21, 2024.

**Equity Compensation Plan Information**

The following table provides certain information as of June 30, 2024 regarding our equity compensation plans.

| Plan category | (a) Number of securities to be issued upon exercise of outstanding options, warrants and rights | (b) Weighted-average exercise price of outstanding options, warrants and rights | (c) Number of securities remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a)) |
|---|---|---|---|
| Equity compensation plans approved by security holders[1] | 4,089,106[2] | $ 64.81[3] | 13,064,566 |
| Employee Stock Purchase Plan approved by security holders[4] | — | — | 2,998,950 |

(1) The amounts set forth in this row relate to grants under (a) our 2014 Omnibus Incentive Plan (the "2014 Omnibus Plan"), which was approved by a majority shareholder prior to our IPO, and (b) our 2018 Omnibus Plan together with the 2014 Omnibus Plan, the "Omnibus Plans"), which was approved by our shareholders at the 2018 Annual Meeting of Shareholders. No additional award will be issued under the 2014 Omnibus Plan, but the shares that otherwise would have been available for issuance thereunder are available for issuance under the 2018 Omnibus Plan. Under the terms of the 2018 Omnibus Plan, each issued RSU and PSU reduces the amount remaining available by 2.25 shares for awards granted prior to July 1, 2023 and 1.7 shares for awards granted on or after July 1, 2023, which is reflected in the amount reported in column (c) above, as well as incremental shares underlying PSUs representing performance at maximum above the respective targets. If we took into consideration the terms of the Novo Holdings merger agreement, the incremental shares underlying PSUs would represent the fiscal year 2023-2025 PSUs at target performance and the fiscal year 2025-2026 PSUs at maximum performance, resulting in 13,657,302 number of securities remaining available for future issuance under our equity compensation plans. Also included in column c above, is an additional 7,625,000 shares which were approved and made available for issuance under the 2018 Omnibus Plan at January 25, 2024 shareholder meeting.

(2) The amount shown includes 150,295 vested RSUs and PSUs that have been deferred under our Deferred Compensation Plan (described below), and (b) 741,903 Adjusted EPS PSUs and Relative Return PSUs at target (each as described in the CD&A), which may increase by up to an additional 449,123 shares (not included in the number above) representing the number of shares above target if the maximum performance thresholds are met.

(3) The weighted-average exercise price shown above reflects stock options only and does not take into account outstanding RSUs or PSUs as these forms of equity securities by their nature have no exercise price.

(4) The amount set forth in this row relates to our 2019 Employee Stock Purchase Plan (ESPP) and reflects shares purchased through the end of the purchase period that ended on March 31, 2024. The plan was suspended after the March 31, 2024 offering period through the date the Novo Holdings transaction is consummated. There were no future offering periods for the remainder of fiscal 2024. Upon the consummation of the Novo Holdings transaction, the ESPP will be terminated.

## ITEM 13. CERTAIN RELATIONSHIPS AND RELATED TRANSACTIONS, AND DIRECTOR INDEPENDENCE

### Transactions with Related Persons

Our Board has adopted a written policy regarding the review, approval, and ratification of transactions with related persons. This policy provides that a related person must promptly disclose to our Board any related person transaction. No related person transaction will be executed without the approval or ratification of our Board or the Audit Committee. It is our policy that directors interested in a related person transaction will recuse themselves from any vote on a related person transaction in which they have an interest if the amount involved exceeds $120,000 and a "related person" has a direct or indirect material interest. In general, "related persons" are our directors and executive officers, shareholders beneficially owning more than 5% of our outstanding stock, and their immediate family members. We refer to such a transaction as a "related person transaction."

During fiscal 2024 we did not enter into or have outstanding any reportable related person transaction, nor is any related person transaction currently proposed, in which any of our directors, CEO, or executive officers has a direct or indirect material interest.

### Director Independence

Our Governance Guidelines define an "independent" director in accordance with Section 303A.02 of the NYSE's Listed Company Manual. In addition, members of the Audit Committee and Compensation Committee are subject to the additional independence requirements of applicable SEC rules and NYSE listing standards. Under our Governance Guidelines and the NYSE listing standards, a director is not independent if the director has or had certain specified relationships with us. As part of its process to approve for nomination the current slate of nominees, our Board determined that each of our director nominees is independent for purposes of our Governance Guidelines, applicable NYSE standards, and applicable SEC rules, including with respect to committee service, other than Mr. Maselli, who is also our CEO, and Mr. Greisch, who is our Executive Chair.

## ITEM 14. PRINCIPAL ACCOUNTANT FEES AND SERVICES

On February 27, 2024, the Audit Committee approved the appointment of Grant Thornton LLP as the Company's new independent registered public accounting firm, for the fiscal year ended June 30, 2024. The following table presents the fees for professional services rendered by Grant Thornton LLP for the audit of our annual financial statements for the fiscal year ended June 30, 2024, and the fees billed for other services rendered by Grant Thornton LLP during that period.

| SERVICES | 2024 |
|---|---|
| **Audit Fees**[1] | $8,716,896 |
| **Audit-Related Fees** | — |
| **Tax Fees** | — |
| **All Other Fees**[2] | — |
| **Total** | **$8,716,896** |

(1) Includes fees associated with the integrated audit of our annual consolidated financial statements and internal control over financial reporting, review of our quarterly reports on Form 10-Q, and other services that are normally provided by the independent registered public accounting firm in connection with statutory and regulatory filings or engagements.

(2) Grant Thornton did not provide any "other services" during the last fiscal year.

All of the services covered under the captions "Audit Fees," "Audit-Related Fees," and "Tax Fees" were pre-approved by the Audit Committee.

### Pre-Approval of Audit and Non-Audit Services

Consistent with requirements of the SEC and the Public Company Accounting Oversight Board regarding auditor independence, the Audit Committee charter provides that the Audit Committee has responsibility for appointing, setting compensation for, and overseeing the work of the independent auditor. Accordingly, all audit and permitted non-audit services for which Grant Thornton LLP was engaged were pre-approved by the Audit Committee.

Prior to engagement of the independent auditor for 2025, management will submit for Audit Committee approval a list of services and related fees expected to be rendered in 2025 within each of the following categories of services:

- ***Audit*** services include audit work performed on the financial statements and internal control over financial reporting, as well as work that generally only the independent auditor can reasonably be expected to provide, including comfort letters, statutory audits, and discussions surrounding the proper application of financial accounting and/or reporting standards.
- ***Audit-Related*** services are for assurance and related services that are traditionally performed by the independent auditor, including due diligence related to mergers and acquisitions, employee benefit plan audits, and special procedures required to meet certain regulatory requirements.
- ***Tax*** services include all services, except those services specifically related to the financial statements, performed by the independent auditor's tax personnel, including tax analysis; assisting with coordination of execution of tax-related activities, primarily in the area of corporate development; supporting other tax-related regulatory requirements; tax planning; and tax compliance and reporting.
- ***All Other*** services are those services not captured in the audit, audit-related or tax categories.

## PART IV

### ITEM 15. EXHIBITS AND FINANCIAL STATEMENT SCHEDULES

(a)(3) Exhibits

The following documents are filed or incorporated by reference as part of this report:

| Exhibit No. | Description |
|---|---|
| 2.1 | Membership Interest Purchase Agreement, dated August 29, 2021, by and among Catalent Pharma Solutions, Inc., Bettera Holdings, LLC, the members of Bettera Holdings, LLC, and Highlander Partners Candy, LLC (incorporated by reference to Exhibit 2.1 to the Company's Current Report on Form 8-K filed on August 30, 2021). |
| 2.2 | Agreement and Plan of Merger, dated as of February 5, 2024, by and among the Company, Creek Parent, Inc., and Creek Merger Sub, Inc. (incorporated by reference to Exhibit 2.1 to the Current Report on Form 8-K filed on February 5, 2024). |
| 3.1 | Fourth Amended and Restated Certificate of Incorporation of Catalent, Inc., as filed with the Secretary of State of the State of Delaware on October 28, 2021 (incorporated by reference to Exhibit 3.1 to the Company's Current Report on Form 8-K filed on November 2, 2021). |
| 3.2 | Bylaws of Catalent, Inc., effective February 2, 2023 (incorporated by reference to Exhibit 3.2 to the Company's Current Report on Form 8-K filed on February 7, 2023). |
| 4.1 | Indenture, dated June 27, 2019, by and among Catalent Pharma Solutions, Inc., the subsidiary guarantors named therein, and Deutsche Bank Trust Company Americas, as trustee (incorporated by reference to Exhibit 4.1 to the Company's Current Report on Form 8-K filed on June 27, 2019). |
| 4.1.1 | Form of 5.00% Senior Notes due 2027 (included as part of Exhibit 4.1 above). |
| 4.2 | Indenture, dated March 2, 2020, by and among Catalent Pharma Solutions, Inc., the subsidiary guarantors named therein, Deutsche Trustee Company Limited, as trustee, Deutsche Bank AG, London Branch, as principal paying agent, and Deutsche Bank Luxembourg S.A., as transfer agent and registrar (incorporated by reference to Exhibit 4.1 to the Company's Current Report on Form 8-K filed on March 3, 2020). |

| | |
|---|---|
| 4.2.1 | Form of 2.375% Senior Notes due 2028 (included as part of Exhibit 4.2 above). |
| 4.3 | Indenture, dated February 22, 2021, by and among Catalent Pharma Solutions, Inc., the subsidiary guarantors named therein, and Deutsche Bank Trust Company Americas, as trustee (incorporated by reference to Exhibit 4.1 to the Company's Current Report on Form 8-K filed on February 21, 2021). |
| 4.3.1 | Form of 3.125% Senior Notes due 2029 (included as part of Exhibit 4.3 above). |
| 4.4 | Indenture, dated September 29, 2021, by and among Catalent Pharma Solutions, Inc., the subsidiary guarantors named therein, and Deutsche Bank Trust Company Americas, as trustee (incorporated by reference to exhibit 4.1 to the Company's Current Report on Form 8-K filed on September 29, 2021). |
| 4.4.1 | Form of 3.500% Senior Notes due 2030 (included as part of Exhibit 4.4 above). |
| 4.5 | Description of the Company's Capital Stock (incorporated by reference to Exhibit 4.1 to the Company's Quarterly Report on Form 10-Q filed on November 1, 2022). |
| 10.1 | Amended and Restated Credit Agreement, dated as of May 20, 2014, relating to the Credit Agreement, dated as of April 10, 2007, as amended, among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc., as the administrative agent, collateral agent and swing line lender and other lenders as parties thereto (incorporated by reference to Exhibit 10.1 to Catalent Pharma Solutions, Inc.'s Current Report on Form 8-K filed on May 27, 2014). |
| 10.1.1 | Amendment No. 1, dated December 1, 2014 to Amended and Restated Credit Agreement, dated as of May 20, 2014 among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc., as the administrative agent, collateral agent and swing line lender and other lenders as parties thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on December 2, 2014). |
| 10.1.2 | Amendment No. 2 to Amended and Restated Credit Agreement, dated as of December 9, 2016, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc. as administrative agent, collateral agent and swing line lender and the lenders party thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc. PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc. and JP Morgan Chase Bank, N.A. as L/C Issuers, the other lenders party thereto and the other agents party thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on December 12, 2016). |
| 10.1.3 | Amendment No. 3 to Amended and Restated Credit Agreement, dated as of October 18, 2017, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc., as administrative agent, collateral agent and swing line lender and the lenders party thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc. and JPMorgan Chase Bank, N.A., as L/C Issuers, the other lenders party thereto and the other agents party thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on October 18, 2017). |
| 10.1.4 | Amendment No. 4 to Amended and Restated Credit Agreement, dated as of May 17, 2019, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc., as administrative agent, collateral agent and swing line lender and the lenders party thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, Morgan Stanley Senior Funding, Inc. and JPMorgan Chase Bank, N.A., as L/C Issuers, the other lenders party thereto and the other agents party thereto (incorporated by reference to Exhibit 10.4 to the Company's Current Report on Form 8-K filed on May 22, 2019). |
| 10.1.5 | Amendment No. 5 to Amended and Restated Credit Agreement, dated as of February 22, 2021, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the successor administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on February 22, 2021). |

| | |
|---|---|
| 10.1.6 | Amendment No. 6 to Amended and Restated Credit Agreement, dated as of September 29, 2021, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the successor administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on September 29, 2021). |
| 10.1.7 | Amendment No. 7 to Amended and Restated Credit Agreement, dated as of November 22, 2022, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the successor administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on November 22, 2022). |
| 10.1.8 | Amendment No. 8 to Amended and Restated Credit Agreement, dated as of June 27, 2023, by JP Morgan Chase Bank, N.A., as the administrative agent, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JP Morgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on June 27, 2023). |
| 10.1.9 | Amendment No. 9 to Amended and Restated Credit Agreement, dated as of September 27, 2023, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JPMorgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JPMorgan Chase Bank, N.A., as the successor administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on September 28, 2023). |
| 10.1.20 | Amendment No. 10 to Amended and Restated Credit Agreement, dated as of November 22, 2023, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JPMorgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JPMorgan Chase Bank, N.A., as the successor administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Current Report on Form 8-K filed on November 27, 2023). |
| 10.1.11 | Amendment No. 11 to Amended and Restated Credit Agreement, dated as of December 19, 2023, by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JPMorgan Chase Bank, N.A., as the administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto, which amends that certain Amended and Restated Credit Agreement, dated as of May 20, 2014 (as amended), by and among Catalent Pharma Solutions, Inc., PTS Intermediate Holdings LLC, JPMorgan Chase Bank, N.A., as the successor administrative agent, collateral agent, swing line lender, and letter of credit issuer, and the lenders and other parties thereto (incorporated by reference to Exhibit 10.1 to the Current Report on Form 8-K filed December 19, 2023). |
| 10.2 | Intellectual Property Security Agreement, dated as of April 10, 2007, among PTS Acquisition Corp., Cardinal Health 409, Inc., PTS Intermediate Holdings LLC, Certain Subsidiaries of Holdings Identified Therein and Morgan Stanley Senior Funding, Inc. (incorporated by reference to Exhibit 10.21 to Catalent Pharma Solutions, Inc.'s Registration Statement on Form S-4 filed on December 6, 2007). |

| | |
|---|---|
| 10.2.1 | Intellectual Property Security Agreement Supplement, dated as of July 1, 2008, to the Intellectual Property Security Agreement, dated as of April 10, 2007, among PTS Acquisition Corp., Cardinal Health 409, Inc., PTS Intermediate Holdings LLC, Certain Subsidiaries of Holdings Identified Therein and Morgan Stanley Senior Funding, Inc. (incorporated by reference to Exhibit 10.28 to Catalent Pharma Solutions, Inc.'s Annual Report on Form 10-K filed on September 29, 2008). |
| 10.3 | Stockholders' Agreement, dated as of May 17, 2019, by and among Catalent, Inc., Green Equity Investors VII, L.P., Green Equity Investors Side VII, L.P., LGP Associates VII-A LLC and LGP Associates VII-B LLC (incorporated by reference to exhibit 10.1 to the Company's Current Report on Form 8-K filed on May 22, 2019). |
| 10.4 | Registration Rights Agreement, dated as of May 17, 2019, by and among Catalent, Inc., Green Equity Investors VII, L.P., Green Equity Investors Side VII, L.P., LGP Associates VII-A LLC and LGP Associates VII-B LLC (incorporated by reference to exhibit 10.2 to the Company's Current Report on Form 8-K filed on May 22, 2019). |
| 10.4.1 | Amendment to Registration Rights Agreement, dated as of April 17, 2024, by and among Catalent, Inc., Green Equity Investors VII, L.P., Green Equity Investors Side VII, L.P., LGP Associates VII-A LLC and LGP Associates VII-B LLC ** |
| 10.5 | Cooperation Agreement, dated as of August 28, 2023, by and among Elliott Investment Management L.P., a Delaware limited partnership, Elliott Associates, L.P., a Delaware limited partnership, and Elliott International, L.P., a Cayman Islands limited partnership, and Catalent, Inc., a Delaware corporation (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on August 29, 2023). |
| 10.6 | Catalent, Inc. 2014 Omnibus Incentive Plan (incorporated by reference to Exhibit 10.3 to the Company's Current Report on Form 8-K filed on August 5, 2014). † |
| 10.7 | Catalent, Inc. 2018 Omnibus Incentive Plan (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on November 6, 2018). † |
| 10.7.1 | Amendment No.1 to Catalent, Inc. 2018 Omnibus Incentive Plan (incorporated by reference to Exhibit 10.1 to the Current Report on Form 8-K filed on January 26, 2024). † |
| 10.7.2 | Form of Restricted Stock Unit Agreement for Non-Employee Directors (incorporated by reference to Exhibit 10.6.1 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.7.3 | Form of 2018 Omnibus Incentive Plan Restricted Stock Unit Agreement for Employees (incorporated by reference to Exhibit 10.6.2 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.7.4 | Form of 2018 Omnibus Incentive Plan Option Agreement for Employees (incorporated by reference to Exhibit 10.6.3 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.7.5 | Form of 2018 Omnibus Incentive Plan Performance Share Unit Agreement for Employees (incorporated by reference to Exhibit 10.6.4 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.8 | Catalent Pharma Solutions, Inc. Deferred Compensation Plan, as amended and restated effective October 1, 2022 (incorporated by reference to Exhibit 10.6 to the Company's Quarterly Report on Form 10-Q filed on November 1, 2022). † |
| 10.9 | Management Incentive Plan Summary for the fiscal year ending June 30, 2023 (incorporated by reference to Exhibit 10.3 to the Company's Quarterly Report on Form 10-Q filed on November 1, 2022). † |
| 10.10 | Form of Severance Agreement between US-based executive officers and Catalent Pharma Solutions, Inc. (incorporated by reference to Exhibit 10.9 to the Company's Annual Report on Form 10-K filed on December 8, 2023). †** |
| 10.10.1 | Form of Severance Agreement between non-US-based executive officers and Catalent Pharma Solutions, Inc. (incorporated by reference to Exhibit 10.9.1 to the Company's Annual Report on Form 10-K filed on December 8, 2023). †** |

| | |
|---|---|
| 10.11 | Form Retention Agreement (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on May 29, 2024). † |
| 10.12 | Employment Agreement, dated January 4, 2022, by and between Catalent, Inc. and Alessandro Maselli (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on January 5, 2022). |
| 10.13 | Employment Agreement, dated August 28, 2023, between John Greisch and Catalent, Inc. (incorporated by reference to Exhibit 10.3 to the Company's Quarterly Report on Form 10-Q filed on May 8, 2024). † |
| 10.14 | Offer letter, dated June 15, 2023, between Matti Masanovich and Catalent, Inc. (incorporated by reference to Exhibit 10.1 to the Company's Current Report on Form 8-K filed on June 20, 2023). † |
| 10.15 | Offer letter, dated January 11, 2024, between Michael J. Hatzfeld, Jr. and Catalent, Inc. (incorporated by reference to Exhibit 10.2 to the Company's Quarterly Report on Form 10-Q filed on May 8, 2024). † |
| 10.16 | Offer letter, dated July 1, 2022, by and between Catalent, Inc. and Ricky Hopson (incorporated by reference to Exhibit 10.17 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.16.1 | Offer letter, dated May 1, 2023, by and between Catalent, Inc. and Ricky Hopson (incorporated by reference to Exhibit 10.17.1 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.16.2 | Amendment to Offer letter, dated August 14, 2023, by and between Catalent, Inc. and Ricky Hopson (incorporated by reference to Exhibit 10.17.2 to the Company's Annual Report on Form 10-K filed on December 8, 2023). † |
| 10.17 | Offer letter, dated June 8, 2023, by and between Catalent, Inc. and Lisa Evoli.†* |
| 10.18 | Offer letter, dated August 25, 2023, by and between Catalent, Inc. and David McErlane.†* |
| 16.1 | Letter from Ernst & Young LLP, dated March 1, 2024 (incorporated by reference to Exhibit 16.1 in the Company's Current Report on Form 8-K filed on March 1, 2024) |
| 19.1 | Insider Trading Policy** |
| 21.1 | Subsidiaries of the Registrant. ** |
| 23.1 | Consent of Ernst & Young LLP. ** |
| 23.2 | Consent of Grant Thornton LLP. ** |
| 31.1 | Certification of the Chief Executive Officer pursuant to Rule 13a-14(a) or Rule 15d-14(a) of the Securities Exchange Act of 1934, as amended. * |
| 31.2 | Certification of the Chief Financial Officer pursuant to Rule 13a-14(a) or Rule 15d-14(a) of the Securities Exchange Act of 1934, as amended. * |
| 32.1 | Certification of the Chief Executive Officer pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002. *** |
| 32.2 | Certification of the Chief Financial Officer pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002. *** |
| 97.1 | Catalent, Inc. Executive Compensation Recoupment Policy (incorporated by reference to Exhibit 97.1 to the Company's Annual Report on Form 10-K filed on December 8, 2023) |
| 101.1 | The following materials are formatted in inline XBRL (inline eXtensible Business Reporting Language): (i) the Consolidated Statements of Operations, (ii) the Consolidated Statements of Comprehensive Income, (iii) the Consolidated Balance Sheets, (iv) the Consolidated Statement of Changes in Shareholders' Equity, (v) the Consolidated Statements of Cash Flows and (vi) Notes to Consolidated Financial Statements. ** |
| 104 | The cover page of this Annual Report on Form 10-K, formatted as Inline XBRL and contained in Exhibit 101.1. |

* Filed herewith
** Previously filed
*** Furnished herewith
† Represents a management contract, compensatory plan or arrangement in which directors and/or executive officers are eligible to participate.

## SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

CATALENT, INC.

Date: October 25, 2024

By: /s/ MICHAEL HATZFELD

**Michael Hatzfeld**

Vice President and Chief Accounting Officer

Catalent

3031 Red Lion Road, Room 4043
Philadelphia, PA 19114
catalent.com

**Subject:** **Indirect Stock Transfer Involving License No. PH04179**

Dear Sir/Madam:

We are writing to provide notice of an upcoming indirect stock transfer involving Catalent Pharma Solutions, LLC, which holds a [non-resident] pharmacy license issued by your office ("CPS LLC"). The CPS LLC pharmacy does business under the name "Catalent Pharmacy Services (PHL)".

Catalent, Inc., a publicly traded corporation, is currently the ultimate parent owner of CPS LLC, which is positioned three levels below Catalent, Inc. in the corporate ownership structure. Pursuant to a merger agreement executed on February 5, 2024, 100% of the equity in Catalent, Inc. is expected to be obtained by Creek Parent, Inc., a subsidiary of Novo Holdings A/S. Following closing of the transaction, Novo Holdings A/S will be the new ultimate parent owner of CPS LLC and Novo Holdings A/S will be positioned six levels above Catalent, Inc. and nine levels above CPS LLC in the new corporate ownership structure. The transaction is currently expected to close at or around the end of November 2024, subject to the satisfaction of customary closing conditions.

Importantly, the anticipated transaction will not change CPS LLC's Pharmacist-In-Charge, EIN, "doing business as" name, or address, or CPS LLC's day-to-day pharmacy operations. All parties to the transaction maintain a strong commitment to continued quality assurance and regulatory compliance in the operation of the licensed pharmacy.

Consistent with applicable requirements, attached is the completed license application(s) relating to the anticipated transaction, along with any required supporting document(s), in accordance with applicable rules. We also will notify you in the event the transaction is delayed beyond the anticipated closing date (as reflected in the application) or if there is a significant change to the transaction structure outlined above. Please see attached Organization Chart reflecting the pre- and post-closing structure.

Thank you for your attention to this matter.

Yours sincerely,

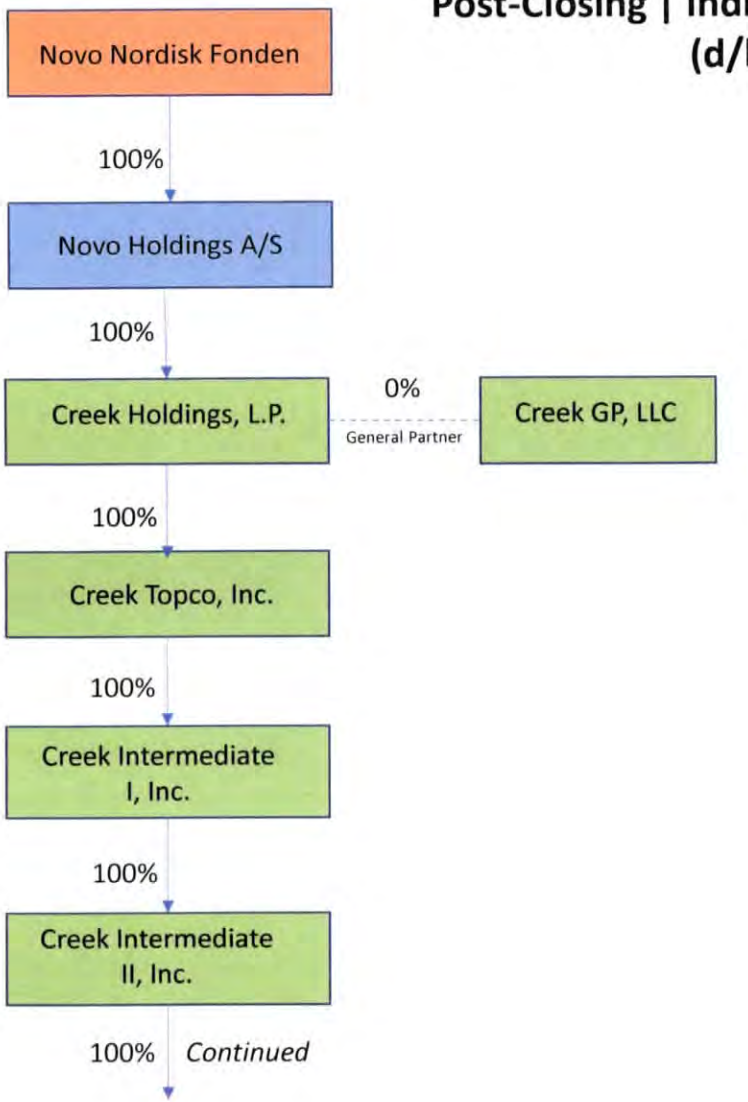
_____

Michelle Giovannucci, R.Ph
Director, Pharmacist-In-Charge
Catalent Pharmacy Services (PHL)

Pre-Closing| Indirect Change of Ownership of Catalent Pharmacy Solutions, LLC (d/b/a Catalent Pharmacy Services)



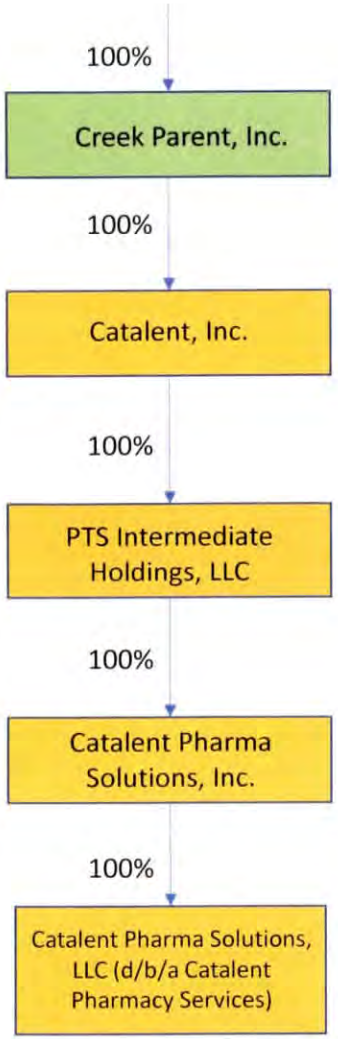
# Post-Closing | Indirect Change of Ownership of Catalent Pharmacy Solutions, LLC (d/b/a Catalent Pharmacy Services)




## Top Officer / Director Key Chart

| | |
|---|---|
| = | Chairman - Lars Rebien Sørensen<br>Director - Steen Riisgaard<br>COO - Søren Nedergaard<br>CEO - Mads Krogsgaard Thomsen<br>CFO - Erika Johanna Söderberg Johnsson |
| = | Chairman - Lars Rebien Sørensen<br>Deputy Chairman - Steen Riisgaard<br>Director - Jeppe Christiansen<br>CEO - Kasim Kutay<br>CFO - Nigel Govett |
| = | President, Secretary - Jonathan Levy<br>Vice President, Treasurer – Charles Patten |

# Post-Closing | Indirect Change of Ownership of Catalent Pharmacy Solutions, LLC (d/b/a Catalent Pharmacy Services) *(Continued)*




## Top Officer / Director Key Chart

| | |
|---|---|
| = | President, Secretary - Jonathan Levy<br>Vice President, Treasurer – Charles Patten |
| = | CEO, President - Alessandro Maselli<br>SVP, General Counsel, Secretary - Joseph Ferraro<br>VP, Treasurer - Ramon J. Ceron |

**Giovannucci, Michelle**

**From:** RA-STPALSNOTIFY@pa.gov on behalf of st-pharmacy@pa.gov
**Sent:** Tuesday, October 22, 2024 12:11 PM
**To:** Giovannucci, Michelle
**Subject:** PENNSYLVANIA VERIFICATION/CERTIFICATION OF LICENSE - PP482896

**CAUTION: This email originated from outside the organization.**
**Do not click or open attachments unless you recognize the sender.**

The VERIFICATION/CERTIFICATION OF LICENSE for:

| Licensee Information | |
|---|---|
| Licensee # | PP482896 |
| Licensee Type | Pharmacy |
| Name | CATALENT PHARMACY SERVICES (PHL) |

was sent to NV - Nevada Board of Pharmacy on 10/22/2024.

**Please contact the Pennsylvania board/commission at 7177837156 or email st-pharmacy@pa.gov for any further details.**

Thanks,

BPOA

Catalent

3031 Red Lion Road, Room 4043
Philadelphia, PA 19114
catalent.com

**Subject:** **License Verification**

The Pennsylvania Board of Pharmacy now uses an online system, that will send an official verification directly to Nevada via email. I have attached the confirmation page for requested verification.

Pennsylvania is a primary verification state. Attached to this application is a copy of the online verification obtained from the Pennsylvania Board of Pharmacy.

Yours sincerely,

_____

Michelle Giovannucci
Director/Pharmacist-In-Charge

**Giovannucci, Michelle**

**From:** RA-STPALSNOTIFY@pa.gov on behalf of st-pharmacy@pa.gov
**Sent:** Tuesday, October 22, 2024 12:11 PM
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| Licensee Information | |
|---|---|
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| Licensee Type | Pharmacy |
| Name | CATALENT PHARMACY SERVICES (PHL) |

was sent to NV - Nevada Board of Pharmacy on 10/22/2024.

**Please contact the Pennsylvania board/commission at 7177837156 or email st-pharmacy@pa.gov for any further details.**

Thanks,

BPOA

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Catalent Pharmacy Services (PHL)

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH04179

Physical Address: 3031 Red Lion Road, RM 4043

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 215-613-3056 Website: N/A

Licensing Company Email: PHL.pharmacy@catalent.com

**Section 2: Personal Information**

First: Catalent Pharma Solutions, Inc. Middle: N/A Last: N/A

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: N/A SSN or ITIN: 13-3523163 Sex: ☐ M ☐ F ☐ X

Mailing Address: 14 Schoolhouse Road

City: Somerset State: NJ Zip: 08873

Telephone: 732-537-6200 Email: joseph.ferraro@catalent.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| N/A | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Joseph Ferraro
Print Name (First, Last)

Joseph Ferraro — 18 NOV 24
Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Somerset

I, Joseph Ferraro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Joseph Ferraro — 18 Nov 2024
**Original Signature** — **Date**

Subscribed and Sworn to before me this 18 day of November.

Alisha Riddick
**Notary Public Signature**

ALISHA RIDDICK
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DECEMBER 1, 2026
COMMISSION: #50049848

**(Seal)**

# 11

# 11A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ☑ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ■ New Wholesaler | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) |
| ☐ Ownership Change* | | ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) |
| ☐ Location Change* (in-state only) | WH _____ | ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Mullan Pharmaceutical Inc.

Physical Address: 800 E. Colorado Blvd. Suite 888

City: Pasadena State: CA Zip: 91101

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-673-9839 Website: www.mullanpharma.com

Name of Designated Representative (DR): Marineh Malek

Licensing Company Email: info@mullanpharma.com DR Email: marineh.malek@mullanpharma.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | . Controlled Substances | ☐ Repacker |
| ■ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ■ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ■ Others: Private Label Distributor (Virtual Manufacturer) |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

06,18,2024
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Mullan Pharmaceutical is a new virtual manufacturer and has not yet distributed any products.
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: California
Parent Company (if any): Pasaca Capital LLC.
Corporation/Organization Name: Mullan Pharmaceutical Inc.
Mailing Address: 800 E. Colorado Blvd. Suite 888
City: Pasadena State: CA Zip: 91101
Telephone: 800-673-9839 Email: marineh.malek@mullanpharma.com
Contact Person Name: Marineh Malek

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** No DEA certificate yet | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Mullan Pharmaceutical Inc.
Facility Name

Marineh Malek
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/18/2024
Date

| Board Use Only | Date Received: 6/24/24 | Amount: $1000-CK 1047 |
|---|---|---|

**From:** edrls@fda.hhs.gov
**To:** Yvette Hu
**Subject:** Labeler Code Request Approved
**Date:** Wednesday, February 22, 2023 1:40:36 PM

You don't often get email from edrls@fda.hhs.gov. Learn why this is important

# eDRLS - Electronic Drug Registration & Listing System

**Current Date: 22-FEB-2023**
**Labeler DUNS: 123283167**
**Labeler Name: MULLAN PHARMACEUTICAL INC.**
**Labeler Code Assigned: 83301**

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

**For CDER Direct Users:** Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Corporate Name: Mullan Pharmaceutical Inc.
State of Incorporation: CA

| Name of Corporate Officer/Owner/ Employee | Title | Address | Telephone Number | Ownership Percentage |
|---|---|---|---|---|
| Charles Chunhua Huang | Chief Executive Officer/ Owner/ Treasurer | [redacted] | | 100% |
| Genhong Cheng | President and Chief Scientist | | | - |
| Dahong Xie | Chief Operating Officer | | | - |
| Ye hu | Vice President of Business Development/ Secretary | | | - |
| Guofeng Xu | Product Manager | | | - |
| Marineh Malek | Chief Compliance Officer/ Designated Representative in Charge/Pharmacist | | | - |
| Megan Eng | Sr. Business Analyst | | | - |
| Lucina Yanez | Quality Assurance Lead | | | - |
| Stephen Wong | Sr. Quality Analyst | | | - |
| Reddy Kal | Consultant | | | - |

# Secretary of State
## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

| | |
|---|---|
| **Entity Name:** | MULLAN PHARMACEUTICAL INC. |
| **Entity No.:** | 5253847 |
| **Registration Date:** | 09/19/2022 |
| **Entity Type:** | Stock Corporation - CA - General |
| **Formed In:** | CALIFORNIA |
| **Status:** | Active |

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 21, 2024.

**SHIRLEY N. WEBER, PH.D.**
**Secretary of State**

**Certificate No.:** 222202622

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

# Board of Pharmacy

ORIGINAL CERTIFICATE

# Wholesale Drug Permit

**LICENSE NO.** WLS 8506

**ISSUE DATE** 8/29/2024

MULLAN PHARMACEUTICAL INC
800 E COLORADO BLVD SUITE 888
PASADENA, CA 91101

**The above is licensed with the State Board of Pharmacy as a Corporation**

MALEK MARINEH — EXEMPTEE IN CHARGE

**The official status of this license can be verified at www.pharmacy.ca.gov**

PLACE RENEWAL LICENSE HERE

**VALID UNTIL** 8/1/2025

**RECEIPT NUMBER** 00770635

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----



OPHWS1 09/30/19 WLS

# BOARD OF PHARMACY

## LICENSING DETAILS FOR: WLS 8506

**NAME:** MULLAN PHARMACEUTICAL INC

**LICENSE TYPE:** WHOLESALER

**LICENSE STATUS:** CLEAR

**ADDRESS**

800 E COLORADO BLVD SUITE 888
PASADENA CA 91101
LOS ANGELES COUNTY

**ISSUANCE DATE**

AUGUST 29, 2024

**EXPIRATION DATE**

AUGUST 1, 2025

**CURRENT DATE / TIME**

JANUARY 29, 2025
8:48:10 AM

## LICENSE RELATIONSHIPS

**NAME:** MALEK, MARINEH

**ADDRESS NOT DISCLOSED**

**LICENSE/REGISTRATION TYPE:** REGISTERED PHARMACIST

**LICENSE NUMBER:** 87264 **PRIMARY STATUS:** CLEAR

# NEVADA STATE BOARD OF PHARMACY

**431 W Plumb Lane**
**Reno, NV 89509**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. AM3192079

Application/License No. -

Mullan Pharmaceutical Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
800 E Colorado Blvd, Suite 888 Pasadena CA 91101, as
(Address of Applicant/Principal)
PRINCIPAL, and Capitol Indemnity Corporation, a
(Surety Company)
corporation organized under the laws of the state of WI
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1600 Aspen Commons Ste. 300 Middleton WI 53562 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 01/08/2024.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of January, 2024.

APPLICANT/PRINCIPAL
Mullan Pharmaceutical Inc.

Authorized Representative

SURETY COMPANY
Capitol Indemnity Corporation

Surety Company's Representative

Steve Shike, Attorney-in-fact
print name

SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

# CAPITOL INDEMNITY CORPORATION
# POWER OF ATTORNEY

AM3192079
Bond Number

**KNOW ALL MEN BY THESE PRESENTS**, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

Steve Shike
Name of Individual

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

$ 100,000.00 (Bond Amount) for AM3192079 (Bond Number) on behalf of Mullan Pharmaceutical Inc. (Principal)

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 15th day of May, 2002.

"**RESOLVED**, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

**IN WITNESS WHEREOF**, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2020.

**Attest:**

Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer

Suzanne M. Broadbent
Assistant Secretary

CAPITOL INDEMNITY CORPORATION — CORPORATE SEAL — WISCONSIN

**CAPITOL INDEMNITY CORPORATION**

John L. Sennott, Jr.
Chief Executive Officer and President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

On the 1st day of January, 2020 before me personally came John L. Sennott, Jr., to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is Chief Executive Officer and President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

DAVID J. REGELE — NOTARY PUBLIC — STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 10th day of January, 20 24

CAPITOL INDEMNITY CORPORATION — CORPORATE SEAL — WISCONSIN

Andrew B. Diaz-Matos
Senior Vice President, General Counsel and Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

CIC-ePOA (Rev. 01-2020)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Mullan Pharmaceutical Inc.

Pharmacy/Wholesaler License # (if applicable): WLS 8304

Physical Address: 800 E Colorado Blvd Suite 888

City: Pasadena State: CA Zip: 91101

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-673-9839 Website: www.mullanpharma.com

Licensing Company Email: info@mullanpharma.com

**Section 2: Personal Information**

First: Marineh Middle: - Last: Malek

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Granada Hills State: CA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Southern California | | 08/17-05/21 | |
| Address | City | State | Zip |
| 1985 Zonal Ave | Los Angeles | CA | 90089 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of California, Irvine | | 09/13-06/16 | |
| Address | City | State | Zip |
| 204 Aldrich Hall Irvine | Irvine | CA | 92697-1075 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Pharmaceutical Sciences | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/2018-present | [redacted] | Granada Hills | CA | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | |
| 05/2011-08/2018 | | Glendale | CA | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mullan Pharmaceutical Inc. | | | 06/23-Present |
| **Business Address** | **City** | **State** | **Zip** |
| 800 E Colorado Blvd. Suite 888 | Pasadena | CA | 91101 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-673-9839 | Chief Compliance Officer/ Designated Representative in Charge | 2,080 | |

Description of Duties
- Ensure the facility's compliance with all state and federal laws and regulations pertaining to practice in the applicable license category.
- Monitor daily operations of the facility, file and maintain the records

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| CVS Pharmacy | | | 02/23-06/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 5601 Van Nuys Blvd | Sherman Oaks | CA | 91401 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (818) 781-0569 | Floater Pharmacist | ~600 hours | |

Description of Duties
- Reviewed and verified or entered orders into the medication management information system assuring that orders present no significant problems regarding drug interactions, and therapeutic duplications.
- Advised patients on drug therapies, medication side effects, dosage amounts and precautions.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Ralphs Pharmacy | | | 03/19-02/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 1644 Cloverfield Blvd | Santa Monica | CA | 90404 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (310) 582-3915 | Pharmacy Intern/ Graduate | ~4000 hours | |

Description of Duties
- Filled 100-200 prescriptions per day, dispensed medications and counseled patients on the proper medication use.
- Made clinical interventions by communicating with patients and physicians to improve medication adherence and therapeutic outcomes.
- Administered immunizations to more than 5000 patients

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| 986 Specialty Pharmacy | | | 02/21-03/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 1719 E Walnut St. | Pasadena | CA | 91106 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (626) 798-6789 | Pharmacy Extern | 240 | |

Description of Duties
- Provided medication therapy management to ensure the best therapeutic outcomes for patients.
- Assisted with early Covid-19 vaccination efforts by this independent pharmacy.
- Administered 10 antipsychotics vaccines.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Olive View/University of California, Los Angeles Medical Center | | | 11/20-12/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 14445 Olive View Dr. | Sylmar | CA | 91342 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (747) 210-3000 | Pharmacy Extern | 240 | |

Description of Duties
- Created an investigational drug data sheet for nurses.
- Worked on heparin dosing, and urine culture audits.
- Developed a failure mode and effects analysis (FMEA) checklist to be used for ordering/adopting new medications.

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Los Angeles County/University of Southern California | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1720 East 120th Street | | Los Angeles | CA | 90059 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (424) 338-1000 | Pharmacy Extern | | 240 | |
| **Description of Duties** | | | | |
| • Interviewed patients to review their treatment plan and counsel them on the proper medication use.<br>• Rounded with the psychiatry team determining appropriateness of patients' therapy. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

05,21,2024
Date

I, Marineh Malek, **certify that as the designated representative for**

Mullan Pharmaceutical Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MM I am at least 21 years of age;
3. MM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marineh Malek

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05,21,2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Marineh Malek

Print Name (First, Last)

Marineh — 05,21,2024

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of CA, ss. County of Los Angeles

I, Marineh Malek, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Marineh — 05,21,2024

**Original Signature** — **Date**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and Sworn to before me this 21 day of May 2024.

**Notary Public Signature**

STATE OF CALIFORNIA COUNTY OF Los Angeles
Subscribed and sworn to (or affirmed) before me on this 21 day of May, 2024 by Marineh Malek proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Signature of Notary)

ADY SIMION
Notary Public - California
Los Angeles County
Commission # 2485670
My Comm. Expires Apr 24, 2028

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

Y

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Mullan Pharmaceutical Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 800 E Colorado Blvd Suite 888

City Pasadena State CA Zip 91101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-673-9839 Website www.mullanpharma.com

Licensing Company Email info@mullanpharma.com

### Section 2: Personal Information

First Charles Middle Chunhua Last Huang

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Arcadia State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Strathclyde | | | 11/1989 - 07/1994 | |
| Address | | City | State | Zip |
| Centre For Sport & Recreation 347 Cathedral Street, Glasgow | | | Scotland | G1 2TB |
| Diploma/Degree obtained, if any | | | | |
| Ph. D. Degree | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| University of Strathclyde | | | 09/1988 - 11/1989 | |
| Address | | City | State | Zip |
| Centre For Sport & Recreation 347 Cathedral Street | | Glasgow | Scotland | G1 2TB |
| Diploma/Degree obtained, if any | | | | |
| MBA | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Wuhan University | | | 09/1982 - 06/1986 | |
| Address | | City | State | Zip |
| G9P7 + CP8, Wuchang District | | Wuhan | China | 430072 |
| Diploma/Degree obtained, if any | | | | |
| Bachelor's Degree | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/2013 - Nov | [redacted] | Arcadia | CA | [redacted] |
| From - To (MM/YY – MM/YY) | | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Pasaca Capital Inc. | | 12/2016 – Now |
| **Business Address** | **City** | **State / Zip** |
| 800 E Colorado Blvd, Suite 888 | Pasaden | CA 91101 |
| **Phone** | **Title** | |
| 626 460 8488 | Chairman & Founder | |
| **Description of Duties** | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Mullan Pharmaceutical Inc. | | 09, 22 – Now |
| **Business Address** | **City** | **State / Zip** |
| 800 E. Colorado Blvd. Suite 888 | Pasadena | CA 91101 |
| **Phone** | **Title** | |
| 626-460-8488 | CEO | |
| **Description of Duties** | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Pasaca Capital LLC | | 09, 17 – Now |
| **Business Address** | **City** | **State / Zip** |
| 800 E. Colorado Blvd, Suite 900 | Pasadena | CA 91101 |
| **Phone** | **Title** | |
| 626-460-8488 | Chairman and Founder | |
| **Description of Duties** | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Business Address** | **City** | **State / Zip** |
| | | |
| **Phone** | **Title** | |
| | | |
| **Description of Duties** | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Business Address** | **City** | **State / Zip** |
| | | |
| **Phone** | **Title** | |
| | | |
| **Description of Duties** | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

L thang

Original Signature (electronic, copies or stamps not accepted)

5-21-2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

CHARLES HUANG

Print Name (First, Last)

C Huang — 5-21-2024

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of CA, ss. County of Los Angeles

I, CHARLES HUANG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

C Huang — 5-21-2024

**Original Signature** — **Date**

Subscribed and Sworn to before me this 21 day of May 2024.

**Notary Public Signature**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy, or validity of that document.

ADY SIMION
Notary Public - California
Los Angeles County
Commission # 2485670
My Comm. Expires Apr 24, 2028

**(Seal)**

STATE OF CALIFORNIA COUNTY OF Los Angeles
Subscribed and sworn to (or affirmed) before me on this 21 day of May, 2024 by Charles Huang
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Signature of Notary)

# Privileged and Confidential - PCI Case List as of 11/28/2023

1. **Xu, Kening V. Huang, Charles Chunhua**

Case # 23AHCV00546 (LA Superior)

The plaintiff is a shareholder and ex-employee of PCI. Sued for Breach of joint venture agreement, breach of fiduciary duties and settlement agreement, fraud, and accounting. Pending.

2. **Kasprzak, Robert v Huang, Charles Chunhua**

Case no. 23STCV09342

The court granted in part PCI's Motion to Compel Arbitration, except K's 5th and 6th Causes of Action. PCI filed a notice of appeal from an order denying-in-part petition to compel arbitration. Pending.

3. **DISRUPTIVE NANOTECHNOLOGY LIMITED v. Huang, Chunhua, Innova Medical Group Inc. Kasprzak, Robert, Pasaca Capital Inc.**

Case No: 23STCV19664

Fraud; Breach of contract; breach of the implied covenant of good faith and fair dealing.

DNL is a UK company. DNL signed a commission agreement with IMG regarding UK contracts. DNL got paid its commission. However, DNL discovered Kasprzak and Elliott's scheme of stealing money from PCI, and they were doing so by setting up a company with a similar name to DNL to confuse Charles and IMG. Kasprzak and Elliott negotiated down DNL's commission with DNL without telling IMG. Instead, they stole the commission. DNL believed that the stolen commission should still be paid to them. Pending.

4. **Sean Rogers v. Pasaca Capital Inc. et al.**

Case No. 23AHCP00478 filed 11/13/2023—most recent case. Sean is a shareholder.

The plaintiff filed an ex parte motion for Writ of Mandate to compel the company to produce records for inspection. Plaintiff used to be PCI CEO around Feb 2021.

Electronically FILED by Superior Court of California, County of Los Angeles on 03/13/2023 10:00 AM David W. Slayton, Executive Officer/Clerk of Court, by A. Oliva,Deputy Clerk

**The Morrow Firm P.C.**
Xinlin Li Morrow (SBN 281707)
100 Bayview Cir, Suite 100
Newport Beach, CA 92660
Telephone: (213) 282-8166

Attorney for Plaintiff
Kening Xu

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**
**COUNTY OF LOS ANGELES**

**KENING XU**, an individual,

Plaintiff,

vs.

**CHARLES CHUNHUA HUANG**, an individual,

Defendant.

**Case No.** 23AHCV00546

**COMPLAINT FOR**

**(1) BREACH OF JOINT VENTURE AGREEMENT;**
**(2) BREACH OF FIDUCIARY DUTIES;**
**(3) BREACH OF SETTLEMENT AGREEMENT;**
**(4) BREACH OF IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING;**
**(5) FRAUD; AND**
**(6) ACCOUNTING**

**DEMAND FOR JURY TRIAL**

Plaintiff Kening Xu, for his complaint against Defendant Charles Chunhua Huang, alleges as follows:

## PARTIES

1. Plaintiff Kening Xu ("Mr. Xu") is a resident of Los Angeles County, California.

2. Defendant Charles Chunhua Huang ("Mr. Huang") is a resident of Los Angeles County, California.

## VENUE

3. Venue is proper in this Court pursuant to section 395(a) of the Code of Civil Procedure because the defendant resides in Los Angeles County, California.

## FACTUAL ALLEGATIONS

4. Mr. Xu and Mr. Huang have known each other for over 20 years. Beginning in 2017, they worked together in a series of business ventures, such as a paper pallet project, the potential public listing of a pharmaceutical company, a hemp production and processing facility in Nevada, and the potential public listing of a burial business, to name a few. None succeeded.

5. Following the onset of the COVID-19 Pandemic in early 2020, Mr. Huang and Mr. Xu, joined by Daniel Elliott, Robert Kasprzak, and Vincent Luo, started pursuing the sales of COVID-19-related products, COVID test kits in particular, to various government agencies.

6. Together, those five co-venturers worked for profit without pay. Mr. Huang used Innova Medical Group, Inc. ("Innova"), a company he incorporated in Nevada in March 2020, as the business entity interfacing with government agencies on behalf of the joint venture. Innova was treated by Mr. Huang as a wholly owned subsidiary of Pasaca Capital, Inc. ("Pasaca"), another company Mr. Huang incorporated in Nevada in December 2016. The other co-venturers worked on the mutual understanding that if the joint venture succeeded, their interests in the joint venture would be embodied in whichever business entity to which the interest of the joint venture would be ultimately transferred.

7. In response to the increased workload of the joint venture, Mr. Huang suggested that Mr. Xu move to Arcadia/Pasadena, California. Mr. Huang represented to Mr. Xu that Mr. Xu would receive "at least 5%" of the interest in the joint venture.

8. In mid-June 2020, Mr. Xu moved his family from Las Vegas, Nevada, to Arcadia, California and took charge of the joint venture's day-to-day operations in a newly-rented facility in

Monrovia, California. Mr. Xu also advanced substantial operational expenses for the joint venture.

9. Together, the co-venturers worked alongside each other day and night. Eventually, their efforts paid off. One particular test kit Innova promoted was on the verge of being selected by the U.K. government. Prior to the deal closing, the U.K. government required proof of an appropriate insurance policy. In or around September, 2020, Mr. Xu negotiated with an insurance company regarding the purchase of a policy that met the U.K. government's requirements and purchased the policy with his own money, thus clearing the final hurdle to closing the deal.

10. In or around September 2020, the UK government signed the first contract with Innova for over $124 million, and then second contract for over $595 million the next month. Many more followed. On information and belief, the U.K. government contracts generated a total of over $6 billion in revenue (over $2 billion in gross profit).

11. After Pasaca achieved substantial commercial success through the co-venturers' efforts, however, Mr. Huang failed to convene any meeting of the co-venturers to determine their respective shares of stocks in Pasaca. Nor did he discuss or negotiate with the other four co-venturers about the appropriate number of shares they deserved. Instead, Mr. Huang treated Pasaca as if it were his own personal property and unilaterally allocated shares to the other co-venturers without any discussion.

12. As a result, Mr. Xu, as well as the other co-venturers, received far fewer shares than they deserved. On information and belief, in contrast, Mr. Huang awarded himself, certain individuals related to him, and Pasaca Capital, LLC (a company owned and controlled by him) more than 50% of Pasaca shares. On information and belief, many newcomers to Pasaca also received more shares than Mr. Xu did.

13. Having awarded himself the controlling interest in Pasaca, Mr. Huang unilaterally made numerous reckless investments with Pasaca's funds. For instance, Mr. Huang spent $6

million to acquire a company that made personal protective equipment (PPE), and an additional $7-8 million on 60 production lines and $3-4 million on materials, only to put the company out of operation in less than one year. Mr. Huang also spent $50 million investing in a company that made natural sweeteners, which so far has returned nothing. The total amount of losses arising out of Mr. Huang's reckless investments is staggering. Mr. Huang made these and other investment decisions without approval of, or prior notice to, his co-venturers.

14. Moreover, Mr. Huang also caused Pasaca to enter into business transactions with business entities affiliated with him without approval of, or prior notice to, his co-venturers.

15. On or around December 1, 2022, Mr. Xu, through his counsel, sent a letter to Mr. Huang addressing these issues in the hope of resolving them without resorting to litigation.

16. On or around January 5, 2023, Mr. Xu and Mr. Huang reached an oral agreement to resolve these disputes. Mr. Huang agreed, among other things, that Mr. Xu would receive 5% of Pasaca shares and all past dividends those shares would have received. Mr. Huang also agreed to a $10 million initial payment to Mr. Xu. In exchange, Mr. Xu agreed, among other things, that he would not file suit once the initial payment was made. Both parties memorialized and exchanged their understanding of the agreement in writing, which was generally aligned with the terms agreed upon orally, with the understanding that they would execute a full written settlement agreement later.

17. Mr. Huang later turned to his attorneys for the preparation of the first draft of the written settlement agreement. Mr. Xu and his attorney followed up diligently but were repeatedly told that the draft was delayed for one reason or another. Most recently, on or around February 21, 2023, Mr. Huang told Mr. Xu in a WeChat message that the delay was due to some extra due diligence on the proper tax treatment of all Pasaca shares, including the 5% shares Mr. Xu was to receive.

18. On or around February 28, 2023, Mr. Huang's attorney finally forwarded a draft settlement agreement, which vastly departed from the terms agreed upon by the parties before. The draft made no mention of the 5% Pasaca shares to Mr. Xu or the past dividends on those shares; it offered only a payment of $2.2 million to Mr. Xu. Mr. Xu's demand for explanations went unanswered.

19. Being left with no other choice, Mr. Xu now brings this action to seek his fair share of the joint venture and to hold Mr. Huang responsible for his mismanagement and misappropriation of the joint venture's properties.

**FIRST CAUSE OF ACTION**
**Breach of Joint Venture Agreement**

20. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 19 as if fully set forth herein.

21. Under California law, a joint venture "is an undertaking by two or more persons jointly to carry out a single business enterprise for profit." *Nelson v. Abraham* (1947) 29 Cal.2d 745, 749.

22. Following the onset of the COVID-19 Pandemic in early 2020, Mr. Huang, Mr. Xu, Daniel Elliott, Robert Kasprzak, and Vincent Luo formed a joint venture for profit and started pursuing the sales of COVID-19-related products, COVID test kits in particular, to various government agencies.

23. There was no agreement regarding the specific distribution of ownership interest among those five co-venturers. Under *Arnold v. Humphreys* (1934) 138 Cal. App. 637, 643 ("In the absence of evidence of an agreement to the contrary, the members of a joint adventure will participate equally in the profits and losses of the enterprise."), each co-venturer, Mr. Xu included, is entitled to an equal share —20%—of this joint venture under California law.

24. Mr. Xu has provided all, or substantially all, of the services and money required of

him for fulfillment of the purpose of the joint venture agreement.

25. After Pasaca/Innova achieved substantial commercial success, Mr. Huang failed to cause Pasaca shares to be distributed among the co-venturers either by agreement or equally as provided by law. As a result, Mr. Huang breached the joint venture agreement.

26. As a direct and proximate result of Mr. Huang's breach of the joint venture agreement, Mr. Xu has suffered damages in an amount according to proof at trial, but estimated at no less than $400,000,000. Mr. Huang's breach of the joint venture agreement is a substantial factor in causing Mr. Xu harm.

## SECOND CAUSE OF ACTION
### Breach of Fiduciary Duties

27. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 26 as if fully set forth herein.

28. As a co-venturer, Mr. Huang owes fiduciary duties of care and loyalty to Mr. Xu, as well as the other co-venturers, in the business dealings related to the joint venture.

29. Mr. Huang breached his fiduciary duty of care by failing to act as a reasonably careful co-venturer, including by making numerous reckless investments with the joint venture's funds without proper due diligence and without approval of, or prior notice to, his co-venturers.

30. Mr. Huang also breached his fiduciary duty of loyalty by making business deals on behalf of Pasaca with business entities affiliated with him without approval of, or prior notice to, his co-venturers.

31. Mr. Xu was harmed by Mr. Huang's breach of fiduciary duties. Mr. Huang's conduct was a substantial factor in causing Mr. Xu harm.

## THIRD CAUSE OF ACTION
### Breach of Settlement Agreement

32. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 31 as

if fully set forth herein.

33. On or around January 5, 2023, Mr. Xu and Mr. Huang reached an oral agreement to settle then-existing claims between the parties.

34. Mr. Huang has materially breached the parties' oral settlement agreement.

35. Until Mr. Huang's material breach, Mr. Xu has performed all, or substantially all, of the terms, conditions, covenants, and promises required of him under the oral settlement agreement.

36. Accordingly, as a direct and proximate result of Mr. Huang's breach of the settlement agreement, Mr. Xu has suffered damages in an amount subject to proof at trial, but estimated at no less than $100 million.

**FOURTH CAUSE OF ACTION**
**Breach of Implied Covenant of Good Faith and Fair Dealing**

37. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 36 as if fully set forth herein.

38. Mr. Xu has performed all, or substantially all, of the services and money required of him for fulfillment of the purpose of the joint venture agreement.

39. Until Mr. Huang's material breach of the parties' oral settlement agreement, Mr. Xu has performed all, or substantially all, of the terms, conditions, covenants, and promises required of him under the agreement.

40. Each agreement contains an implied covenant of good faith and fair dealing.

41. At least by distributing Pasaca shares unfairly, Mr. Huang breached the implied covenant of good faith and fair dealing under the joint venture agreement.

42. At least by materially breaching the oral settlement agreement without explanation, Mr. Huang breached the implied covenant of good faith and fair dealing under the oral settlement agreement.

43. As a direct and proximate result of Mr. Huang's breach of the implied covenant of good faith and fair dealing, Mr. Xu has suffered damages in an amount according to proof at trial, but estimated at no less than $400,000,000. Mr. Huang's breach of implied covenant of good faith and fair dealing is a substantial factor in causing Mr. Xu harm.

**FIFTH CAUSE OF ACTION**
**Fraud**

44. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 43 as if fully set forth herein.

45. In or around early 2020, Mr. Huang made representations and promises to Mr. Xu, that Mr. Xu would receive "at least 5%" of the interest in the joint venture and that the co-venturers would receive their fair share if the joint venture was eventually successful.

46. On information and belief, at the time Mr. Huang made these representations and promises, he had no intention to cause Mr. Xu to receive "at least 5%" or a fair share in the joint venture, or the business entity to which the interest of the joint venture would be ultimately transferred. If Mr. Huang had disclosed his true intention to Mr. Xu, Mr. Xu would not have been involved in the joint venture in the manner he did.

47. Moreover, in or around January 2023, to delay Mr. Xu's filing of this lawsuit, Mr. Huang made representations and promises to Mr. Xu that Mr. Xu would receive 5% of Pasaca shares as well as all past dividends for those shares and that Mr. Huang would make a $10 million initial payment to him.

48. On information and belief, at the time Mr. Huang made these representations and promises, he had no intention of cause the 5% Pasaca shares to be distributed to Mr. Xu, and the past dividends and the $10 million paid to Mr. Xu. Had Mr. Huang disclosed his true intention to Mr. Xu, Mr. Xu would not have delayed the filing of this lawsuit or entered into the oral settlement agreement with Mr. Huang.

49. Mr. Xu reasonably relied on Mr. Huang's representations and promises.

50. Mr. Xu was harmed by his reliance on Mr. Huang's representations and promises in an amount subject to proof at trial but estimated at no less than $400 million.

51. Mr. Huang's misrepresentations, promises, and omission to Mr. Xu were a substantial factor in causing Mr. Xu the harm.

## SIXTH CAUSE OF ACTION
**Accounting**

52. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 51 as if fully set forth herein.

53. On information and belief, Mr. Huang caused Pasaca shares to be distributed unfairly and Pasaca to suffer financial losses.

54. Mr. Xu does not have sufficient information about the distribution of Pasaca shares and details of Pasaca investments and transactions, while Mr. Huang has complete access to those records. In or around December, 2022, Mr. Xu demanded to inspect Pasaca's books and records, but Mr. Huang failed to respond to Mr. Xu's request.

55. Mr. Xu is entitled, therefore, to damages as herein alleged in a sum that is unknown to him at present and cannot be ascertained without an accounting. Mr. Xu is informed and believes and thereon alleges that the sum exceeds $400,000,000.

## PRAYER FOR RELIEF

**WHEREFORE**, Plaintiff Kening Xu respectfully requests that this Honorable Court enter judgment in his favor and order the following relief:

1. For compensatory and consequential damages in an amount according to proof but in no event less than $400,000,000;

2. For punitive and exemplary damages according to proof;

3. For an accounting of Pasaca Capital, Inc. and all of its subsidiaries.

4. For any and all recoverable costs, including attorney's fees;

5. For legal interest;

6. Such other and further relief as this Court deems just and proper.

Dated: March 10, 2023

Respectfully submitted,

The Morrow Firm, P.C.

By: */s/ Xinlin Li Morrow*
Xinlin Li Morrow
Attorney for Plaintiff Kening Xu

SUM-100

# SUMMONS
## (CITACION JUDICIAL)

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

Electronically FILED by
Superior Court of California,
County of Los Angeles
8/18/2023 2:23 PM
David W. Slayton,
Executive Officer/Clerk of Court,
By J. Nunez, Deputy Clerk

**NOTICE TO DEFENDANT:**
***(AVISO AL DEMANDADO):***
INNOVA MEDICAL GROUP, INC., a Nevada Corporation; PASACA CAPITAL, INC., a Nevada Corporation; DANIEL ELLIOTT, an individual; Additional Parties Attachment form is attached.

**YOU ARE BEING SUED BY PLAINTIFF:**
***(LO ESTÁ DEMANDANDO EL DEMANDANTE):***
DISRUPTIVE NANOTECHNOLOGY LIMITED, a U.K. Limited Company

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (*www.courtinfo.ca.gov/selfhelp*), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (*www.lawhelpcalifornia.org*), the California Courts Online Self-Help Center (*www.courtinfo.ca.gov/selfhelp*), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of $10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. ***¡AVISO!*** *Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lee la información a continuación.*

*Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.*

*Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de $10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.*

The name and address of the court is:
*(El nombre y dirección de la corte es):* Stanley Mosk Courthouse
111 N. Hill Street, Los Angeles, CA 90012

CASE NUMBER:
*(Número del Caso):*
23STCV19664

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
*(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):*
Susan K. Leader, Paul Hastings LLP, 1999 Avenue of the Stars, 27th Fl., Los Angeles, CA 90067 (310) 620-5700

DATE: 08/18/2023 *(Fecha)*
Clerk, by David W. Slayton, Executive Officer/Clerk of Court, Deputy *(Secretario)* J. Nunez *(Adjunto)*

*(For proof of service of this summons, use* Proof of Service of Summons *(form POS-010).)*
*(Para prueba de entrega de esta citatión use el formulario* Proof of Service of Summons, *(POS-010)).*

[SEAL]

**NOTICE TO THE PERSON SERVED:** You are served
1. [ ] as an individual defendant.
2. [ ] as the person sued under the fictitious name of *(specify):*
3. [X] on behalf of *(specify):* Innova Medical Group, Inc., a Nevada Corporation
   under: [X] CCP 416.10 (corporation) [ ] CCP 416.60 (minor)
   [ ] CCP 416.20 (defunct corporation) [ ] CCP 416.70 (conservatee)
   [ ] CCP 416.40 (association or partnership) [ ] CCP 416.90 (authorized person)
   [ ] other *(specify):*
4. [ ] by personal delivery on *(date):*



Form Adopted for Mandatory Use
Judicial Council of California
SUM-100 [Rev. July 1, 2009]

**SUMMONS**

Code of Civil Procedure §§ 412.20, 465
www.courts.ca.gov

| SHORT TITLE: | CASE NUMBER: |
|---|---|
| Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | 23STCV19664 |

**INSTRUCTIONS FOR USE**

→ This form may be used as an attachment to any summons if space does not permit the listing of all parties on the summons.

→ If this attachment is used, insert the following statement in the plaintiff or defendant box on the summons: "Additional Parties Attachment form is attached."

**List additional parties** *(Check only one box. Use a separate page for each type of party.)*:

[ ] Plaintiff [x] Defendant [ ] Cross-Complainant [ ] Cross-Defendant

ROBERT KASPRZAK, an individual; CHARLES HUANG, an individual; and DOES 1-10



Form Adopted for Mandatory Use
Judicial Council of California
SUM-200(A) [Rev. January 1, 2007]

**ADDITIONAL PARTIES ATTACHMENT**
**Attachment to Summons**

Superior Court of California, County of Los Angeles

# ALTERNATIVE DISPUTE RESOLUTION (ADR) INFORMATION PACKAGE

**THE PLAINTIFF MUST SERVE THIS ADR INFORMATION PACKAGE ON EACH PARTY WITH THE COMPLAINT.**

**CROSS-COMPLAINANTS** must serve this ADR Information Package on any new parties named to the action with the cross-complaint.

## What is ADR?

ADR helps people find solutions to their legal disputes without going to trial. The main types of ADR are negotiation, mediation, arbitration, and settlement conferences. When ADR is done by phone, videoconference or computer, it may be called Online Dispute Resolution (ODR). These alternatives to litigation and trial are described below.

## Advantages of ADR

- **Saves Time:** ADR is faster than going to trial.
- **Saves Money:** Parties can save on court costs, attorney's fees, and witness fees.
- **Keeps Control** (with the parties): Parties choose their ADR process and provider for voluntary ADR.
- **Reduces Stress/Protects Privacy:** ADR is done outside the courtroom, in private offices, by phone or online.

## Disadvantages of ADR

- **Costs:** If the parties do not resolve their dispute, they may have to pay for ADR, litigation, and trial.
- **No Public Trial:** ADR does not provide a public trial or a decision by a judge or jury.

## Main Types of ADR

1. **Negotiation**: Parties often talk with each other in person, or by phone or online about resolving their case with a settlement agreement instead of a trial. If the parties have lawyers, they will negotiate for their clients.

2. **Mediation**: In mediation, a neutral mediator listens to each person's concerns, helps them evaluate the strengths and weaknesses of their case, and works with them to try to create a settlement agreement that is acceptable to all. Mediators do not decide the outcome. Parties may go to trial if they decide not to settle.

**Mediation may be appropriate when the parties**

- want to work out a solution but need help from a neutral person.
- have communication problems or strong emotions that interfere with resolution.

**Mediation may <u>not</u> be appropriate when the parties**

- want a public trial and want a judge or jury to decide the outcome.
- lack equal bargaining power or have a history of physical/emotional abuse.

## How to Arrange Mediation in Los Angeles County

Mediation for **civil cases** is voluntary and parties may select any mediator they wish. Options include:

a. **The Civil Mediation Vendor Resource List**
If all parties in an active civil case agree to mediation, they may contact these organizations to request a "Resource List Mediation" for mediation at reduced cost or no cost (for selected cases).

- **ADR Services, Inc.** Case Manager Elizabeth Sanchez, elizabeth@adrservices.com (949) 863-9800
- **Mediation Center of Los Angeles** Program Manager info@mediationLA.org (833) 476-9145

**These organizations cannot accept every case and they may decline cases at their discretion.** They may offer online mediation by video conference for cases they accept. Before contacting these organizations, review important information and FAQs at www.lacourt.org/ADR.Res.List

**NOTE: The Civil Mediation Vendor Resource List program does not accept family law, probate or small claims cases.**

b. **Los Angeles County Dispute Resolution Programs**
https://hrc.lacounty.gov/wp-content/uploads/2020/05/DRP-Fact-Sheet-23October19-Current-as-of-October-2019-1.pdf

Day of trial mediation programs have been paused until further notice.

**Online Dispute Resolution (ODR).** Parties in small claims and unlawful detainer (eviction) cases should carefully review the Notice and other information they may receive about (ODR) requirements for their case.

c. Mediators and ADR and Bar organizations that provide mediation may be found on the internet.

3. **Arbitration**: Arbitration is less formal than trial, but like trial, the parties present evidence and arguments to the person who decides the outcome. In "binding" arbitration, the arbitrator's decision is final; there is no right to trial. In "nonbinding" arbitration, any party can request a trial after the arbitrator's decision. For more information about arbitration, visit http://www.courts.ca.gov/programs-adr.htm

4. **Mandatory Settlement Conferences (MSC)**: MSCs are ordered by the Court and are often held close to the trial date or on the day of trial. The parties and their attorneys meet with a judge or settlement officer who does not make a decision but who instead assists the parties in evaluating the strengths and weaknesses of the case and in negotiating a settlement. For information about the Court's MSC programs for civil cases, visit http://www.lacourt.org/division/civil/C10047.aspx

Los Angeles Superior Court ADR website: http://www.lacourt.org/division/civil/C10109.aspx
For general information and videos about ADR, visit http://www.courts.ca.gov/programs-adr.htm

# VOLUNTARY EFFICIENT LITIGATION STIPULATIONS

Superior Court of California
County of Los Angeles

Los Angeles County
Bar Association
Litigation Section

Los Angeles County
Bar Association Labor and
Employment Law Section

Consumer Attorneys
Association of Los Angeles

Southern California
Defense Counsel

Association of
Business Trial Lawyers

California Employment
Lawyers Association

The Early Organizational Meeting Stipulation, Discovery Resolution Stipulation, and Motions in Limine Stipulation are voluntary stipulations entered into by the parties. The parties may enter into one, two, or all three of the stipulations; however, they may not alter the stipulations as written, because the Court wants to ensure uniformity of application. These stipulations are meant to encourage cooperation between the parties and to assist in resolving issues in a manner that promotes economic case resolution and judicial efficiency.

*The following organizations endorse the goal of promoting efficiency in litigation and ask that counsel consider using these stipulations as a voluntary way to promote communications and procedures among counsel and with the court to fairly resolve issues in their cases.*

**◆Los Angeles County Bar Association Litigation Section◆**

**◆ Los Angeles County Bar Association Labor and Employment Law Section◆**

**◆Consumer Attorneys Association of Los Angeles◆**

**◆Southern California Defense Counsel◆**

**◆Association of Business Trial Lawyers◆**

**◆California Employment Lawyers Association◆**

| NAME AND ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
|---|---|---|
| TELEPHONE NO.: FAX NO. (Optional):<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES** | | |
| COURTHOUSE ADDRESS: | | |
| PLAINTIFF: | | |
| DEFENDANT: | | |
| **STIPULATION – EARLY ORGANIZATIONAL MEETING** | | CASE NUMBER: |

**This stipulation is intended to encourage cooperation among the parties at an early stage in the litigation and to assist the parties in efficient case resolution.**

**The parties agree that:**

1. The parties commit to conduct an initial conference (in-person or via teleconference or via videoconference) within 15 days from the date this stipulation is signed, *to discuss and consider whether there can be agreement on the following:*

   a. Are motions to challenge the pleadings necessary? If the issue can be resolved by amendment as of right, or if the Court would allow leave to amend, could an amended complaint resolve most or all of the issues a demurrer might otherwise raise? If so, the parties agree to work through pleading issues so that a demurrer need only raise issues they cannot resolve. Is the issue that the defendant seeks to raise amenable to resolution on demurrer, or would some other type of motion be preferable? Could a voluntary targeted exchange of documents or information by any party cure an uncertainty in the pleadings?

   b. Initial mutual exchanges of documents at the "core" of the litigation. (For example, in an employment case, the employment records, personnel file and documents relating to the conduct in question could be considered "core." In a personal injury case, an incident or police report, medical records, and repair or maintenance records could be considered "core.");

   c. Exchange of names and contact information of witnesses;

   d. Any insurance agreement that may be available to satisfy part or all of a judgment, or to indemnify or reimburse for payments made to satisfy a judgment;

   e. Exchange of any other information that might be helpful to facilitate understanding, handling, or resolution of the case in a manner that preserves objections or privileges by agreement;

   f. Controlling issues of law that, if resolved early, will promote efficiency and economy in other phases of the case. Also, when and how such issues can be presented to the Court;

   g. Whether or when the case should be scheduled with a settlement officer, what discovery or court ruling on legal issues is reasonably required to make settlement discussions meaningful, and whether the parties wish to use a sitting judge or a private mediator or other options as

| SHORT TITLE: | CASE NUMBER: |
|---|---|
| | |

discussed in the "Alternative Dispute Resolution (ADR) Information Package" served with the complaint;

h. Computation of damages, including documents, not privileged or protected from disclosure, on which such computation is based;

i. Whether the case is suitable for the Expedited Jury Trial procedures (see information at **www.lacourt.org** under "*Civil*" and then under "*General Information*").

2. The time for a defending party to respond to a complaint or cross-complaint will be extended to _____ (INSERT DATE) for the complaint, and _____ (INSERT DATE) for the cross-complaint, which is comprised of the 30 days to respond under Government Code § 68616(b), and the 30 days permitted by Code of Civil Procedure section 1054(a), good cause having been found by the Civil Supervising Judge due to the case management benefits provided by this Stipulation. A copy of the General Order can be found at www.lacourt.org under "*Civil*", click on "*General Information*", then click on "*Voluntary Efficient Litigation Stipulations*".

3. The parties will prepare a joint report titled "Joint Status Report Pursuant to Initial Conference and Early Organizational Meeting Stipulation, and if desired, a proposed order summarizing results of their meet and confer and advising the Court of any way it may assist the parties' efficient conduct or resolution of the case. The parties shall attach the Joint Status Report to the Case Management Conference statement, and file the documents when the CMC statement is due.

4. References to "days" mean calendar days, unless otherwise noted. If the date for performing any act pursuant to this stipulation falls on a Saturday, Sunday or Court holiday, then the time for performing that act shall be extended to the next Court day

The following parties stipulate:

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR PLAINTIFF)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR DEFENDANT)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR DEFENDANT)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR DEFENDANT)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR _____)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR _____)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR _____)

| NAME AND ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
|---|---|---|
| TELEPHONE NO.: FAX NO. (Optional):<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES** | | |
| COURTHOUSE ADDRESS: | | |
| PLAINTIFF: | | |
| DEFENDANT: | | |
| **STIPULATION – DISCOVERY RESOLUTION** | | CASE NUMBER: |

**This stipulation is intended to provide a fast and informal resolution of discovery issues through limited paperwork and an informal conference with the Court to aid in the resolution of the issues.**

**The parties agree that:**

1. Prior to the discovery cut-off in this action, no discovery motion shall be filed or heard unless the moving party first makes a written request for an Informal Discovery Conference pursuant to the terms of this stipulation.

2. At the Informal Discovery Conference the Court will consider the dispute presented by parties and determine whether it can be resolved informally. Nothing set forth herein will preclude a party from making a record at the conclusion of an Informal Discovery Conference, either orally or in writing.

3. Following a reasonable and good faith attempt at an informal resolution of each issue to be presented, a party may request an Informal Discovery Conference pursuant to the following procedures:

    a. The party requesting the Informal Discovery Conference will:

        i. File a Request for Informal Discovery Conference with the clerk's office on the approved form (copy attached) and deliver a courtesy, conformed copy to the assigned department;

        ii. Include a brief summary of the dispute and specify the relief requested; and

        iii. Serve the opposing party pursuant to any authorized or agreed method of service that ensures that the opposing party receives the Request for Informal Discovery Conference no later than the next court day following the filing.

    b. Any Answer to a Request for Informal Discovery Conference must:

        i. Also be filed on the approved form (copy attached);

        ii. Include a brief summary of why the requested relief should be denied;

iii. Be filed within two (2) court days of receipt of the Request; and

iv. Be served on the opposing party pursuant to any authorized or agreed upon method of service that ensures that the opposing party receives the Answer no later than the next court day following the filing.

c. No other pleadings, including but not limited to exhibits, declarations, or attachments, will be accepted.

d. If the Court has not granted or denied the Request for Informal Discovery Conference within ten (10) days following the filing of the Request, then it shall be deemed to have been denied. If the Court acts on the Request, the parties will be notified whether the Request for Informal Discovery Conference has been granted or denied and, if granted, the date and time of the Informal Discovery Conference, which must be within twenty (20) days of the filing of the Request for Informal Discovery Conference.

e. If the conference is not held within twenty (20) days of the filing of the Request for Informal Discovery Conference, unless extended by agreement of the parties and the Court, then the Request for the Informal Discovery Conference shall be deemed to have been denied at that time.

4. If (a) the Court has denied a conference or (b) one of the time deadlines above has expired without the Court having acted or (c) the Informal Discovery Conference is concluded without resolving the dispute, then a party may file a discovery motion to address unresolved issues.

5. The parties hereby further agree that the time for making a motion to compel or other discovery motion is tolled from the date of filing of the Request for Informal Discovery Conference until (a) the request is denied or deemed denied or (b) twenty (20) days after the filing of the Request for Informal Discovery Conference, whichever is earlier, unless extended by Order of the Court.

   It is the understanding and intent of the parties that this stipulation shall, for each discovery dispute to which it applies, constitute a writing memorializing a "specific later date to which the propounding [or demanding or requesting] party and the responding party have agreed in writing," within the meaning of Code Civil Procedure sections 2030.300(c), 2031.320(c), and 2033.290(c).

6. Nothing herein will preclude any party from applying *ex parte* for appropriate relief, including an order shortening time for a motion to be heard concerning discovery.

7. Any party may terminate this stipulation by giving twenty-one (21) days notice of intent to terminate the stipulation.

8. References to "days" mean calendar days, unless otherwise noted. If the date for performing any act pursuant to this stipulation falls on a Saturday, Sunday or Court holiday, then the time for performing that act shall be extended to the next Court day.

| SHORT TITLE: | CASE NUMBER: |
|---|---|
| | |

**The following parties stipulate:**

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR PLAINTIFF)

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR DEFENDANT)

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR DEFENDANT)

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR DEFENDANT)

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR _____)

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR _____)

Date: _____
(TYPE OR PRINT NAME) _____
➢ _____
(ATTORNEY FOR _____)

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| NAME AND ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
|---|---|---|
| TELEPHONE NO.: FAX NO. (Optional):<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES** | | |
| COURTHOUSE ADDRESS: | | |
| PLAINTIFF: | | |
| DEFENDANT: | | |
| **INFORMAL DISCOVERY CONFERENCE**<br>(pursuant to the Discovery Resolution Stipulation of the parties) | | CASE NUMBER: |

1. This document relates to:
   - ☐ Request for Informal Discovery Conference
   - ☐ Answer to Request for Informal Discovery Conference
2. Deadline for Court to decide on Request: _____ (insert date 10 calendar days following filing of the Request).
3. Deadline for Court to hold Informal Discovery Conference: _____ (insert date 20 calendar days following filing of the Request).
4. **For a Request for Informal Discovery Conference, briefly describe the nature of the discovery dispute, including the facts and legal arguments at issue. For an Answer to Request for Informal Discovery Conference, briefly describe why the Court should deny the requested discovery, including the facts and legal arguments at issue.**

| NAME AND ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
|---|---|---|
| TELEPHONE NO.: FAX NO. (Optional):<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES** | | |
| COURTHOUSE ADDRESS: | | |
| PLAINTIFF: | | |
| DEFENDANT: | | |
| **STIPULATION AND ORDER – MOTIONS IN LIMINE** | | CASE NUMBER: |

**This stipulation is intended to provide fast and informal resolution of evidentiary issues through diligent efforts to define and discuss such issues and limit paperwork.**

**The parties agree that:**

1. At least ____ days before the final status conference, each party will provide all other parties with a list containing a one paragraph explanation of each proposed motion in limine. Each one paragraph explanation must identify the substance of a single proposed motion in limine and the grounds for the proposed motion.

2. The parties thereafter will meet and confer, either in person or via teleconference or videoconference, concerning all proposed motions in limine. In that meet and confer, the parties will determine:

   a. Whether the parties can stipulate to any of the proposed motions. If the parties so stipulate, they may file a stipulation and proposed order with the Court.

   b. Whether any of the proposed motions can be briefed and submitted by means of a short joint statement of issues. For each motion which can be addressed by a short joint statement of issues, a short joint statement of issues must be filed with the Court 10 days prior to the final status conference. Each side's portion of the short joint statement of issues may not exceed three pages. The parties will meet and confer to agree on a date and manner for exchanging the parties' respective portions of the short joint statement of issues and the process for filing the short joint statement of issues.

3. All proposed motions in limine that are not either the subject of a stipulation or briefed via a short joint statement of issues will be briefed and filed in accordance with the California Rules of Court and the Los Angeles Superior Court Rules.

| SHORT TITLE: | CASE NUMBER: |
|---|---|
| | |

**The following parties stipulate:**

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR PLAINTIFF)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR DEFENDANT)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR DEFENDANT)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR DEFENDANT)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR _____)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR _____)

Date:

_____ (TYPE OR PRINT NAME)

➢ _____ (ATTORNEY FOR _____)

**THE COURT SO ORDERS.**

Date: _____

_____ JUDICIAL OFFICER

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FILED
LOS ANGELES SUPERIOR COURT

MAY 11 2011

JOHN A. CLARKE, CLERK
BY NANCY NAVARRO, DEPUTY

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**FOR THE COUNTY OF LOS ANGELES**

| | |
|---|---|
| General Order Re<br>Use of Voluntary Efficient Litigation<br>Stipulations | ORDER PURSUANT TO CCP 1054(a), EXTENDING TIME TO RESPOND BY 30 DAYS WHEN PARTIES AGREE TO EARLY ORGANIZATIONAL MEETING STIPULATION |

Whereas the Los Angeles Superior Court and the Executive Committee of the Litigation Section of the Los Angeles County Bar Association have cooperated in drafting "Voluntary Efficient Litigation Stipulations" and in proposing the stipulations for use in general jurisdiction civil litigation in Los Angeles County;

Whereas the Los Angeles County Bar Association Litigation Section; the Los Angeles County Bar Association Labor and Employment Law Section; the Consumer Attorneys Association of Los Angeles; the Association of Southern California Defense Counsel; the Association of Business Trial Lawyers of Los Angeles; and the California Employment Lawyers Association all "endorse the goal of promoting efficiency in litigation, and ask that counsel consider using these stipulations as a voluntary way to promote communications and procedures among counsel and with the court to fairly resolve issues in their cases;"

Whereas the Early Organizational Meeting Stipulation is intended to encourage cooperation among the parties at an early stage in litigation in order to achieve litigation efficiencies;

Whereas it is intended that use of the Early Organizational Meeting Stipulation will promote economic case resolution and judicial efficiency;

Whereas, in order to promote a meaningful discussion of pleading issues at the Early Organizational Meeting and potentially to reduce the need for motions to challenge the pleadings, it is necessary to allow additional time to conduct the Early Organizational Meeting before the time to respond to a complaint or cross complaint has expired;

Whereas Code of Civil Procedure section 1054(a) allows a judge of the court in which an action is pending to extend for not more than 30 days the time to respond to a pleading "upon good cause shown";

Now, therefore, this Court hereby finds that there is good cause to extend for 30 days the time to respond to a complaint or to a cross complaint in any action in which the parties have entered into the Early Organizational Meeting Stipulation. This finding of good cause is based on the anticipated judicial efficiency and benefits of economic case resolution that the Early Organizational Meeting Stipulation is intended to promote.

IT IS HEREBY ORDERED that, in any case in which the parties have entered into an Early Organizational Meeting Stipulation, the time for a defending party to respond to a complaint or cross complaint shall be extended by the 30 days permitted

by Code of Civil Procedure section 1054(a) without further need of a specific court order.

DATED: May 11, 2011

Carolyn B. Kuhl, Supervising Judge of the
Civil Departments, Los Angeles Superior Court

2019-GEN-014-00

**FILED**
**Superior Court of California**
**County of Los Angeles**

**MAY 03 2019**

**Sherri R. Carter, Executive Officer/Clerk**
**By _____, Deputy**
**Rizalinda Mina**

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

| | |
|---|---|
| IN RE LOS ANGELES SUPERIOR COURT – MANDATORY ELECTRONIC FILING FOR CIVIL | FIRST AMENDED GENERAL ORDER |

On December 3, 2018, the Los Angeles County Superior Court mandated electronic filing of all documents in Limited Civil cases by litigants represented by attorneys. On January 2, 2019, the Los Angeles County Superior Court mandated electronic filing of all documents filed in Non-Complex Unlimited Civil cases by litigants represented by attorneys. (California Rules of Court, rule 2.253(b).) All electronically filed documents in Limited and Non-Complex Unlimited cases are subject to the following:

1) DEFINITIONS

a) **"Bookmark"** A bookmark is a PDF document navigational tool that allows the reader to quickly locate and navigate to a designated point of interest within a document.

b) **"Efiling Portal"** The official court website includes a webpage, referred to as the efiling portal, that gives litigants access to the approved Electronic Filing Service Providers.

c) **"Electronic Envelope"** A transaction through the electronic service provider for submission of documents to the Court for processing which may contain one or more PDF documents attached.

d) **"Electronic Filing"** Electronic Filing (eFiling) is the electronic transmission to a Court of a document in electronic form. (California Rules of Court, rule 2.250(b)(7).)

e) **"Electronic Filing Service Provider"** An Electronic Filing Service Provider (EFSP) is a person or entity that receives an electronic filing from a party for retransmission to the Court. In the submission of filings, the EFSP does so on behalf of the electronic filer and not as an agent of the Court. (California Rules of Court, rule 2.250(b)(8).)

f) **"Electronic Signature"** For purposes of these local rules and in conformity with Code of Civil Procedure section 17, subdivision (b)(3), section 34, and section 1010.6, subdivision (b)(2), Government Code section 68150, subdivision (g), and California Rules of Court, rule 2.257, the term "Electronic Signature" is generally defined as an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record.

g) **"Hyperlink"** An electronic link providing direct access from one distinctively marked place in a hypertext or hypermedia document to another in the same or different document.

h) **"Portable Document Format"** A digital document format that preserves all fonts, formatting, colors and graphics of the original source document, regardless of the application platform used.

2) MANDATORY ELECTRONIC FILING

a) Trial Court Records

Pursuant to Government Code section 68150, trial court records may be created, maintained, and preserved in electronic format. Any document that the Court receives electronically must be clerically processed and must satisfy all legal filing requirements in order to be filed as an official court record (California Rules of Court, rules 2.100, et seq. and 2.253(b)(6)).

b) Represented Litigants

Pursuant to California Rules of Court, rule 2.253(b), represented litigants are required to electronically file documents with the Court through an approved EFSP.

c) Public Notice

The Court has issued a Public Notice with effective dates the Court required parties to electronically file documents through one or more approved EFSPs. Public Notices containing effective dates and the list of EFSPs are available on the Court's website, at www.lacourt.org.

d) Documents in Related Cases

Documents in related cases must be electronically filed in the eFiling portal for that case type if electronic filing has been implemented in that case type, regardless of whether the case has been related to a Civil case.

3) EXEMPT LITIGANTS

a) Pursuant to California Rules of Court, rule 2.253(b)(2), self-represented litigants are exempt from mandatory electronic filing requirements.

b) Pursuant to Code of Civil Procedure section 1010.6, subdivision (d)(3) and California Rules of Court, rule 2.253(b)(4), any party may make application to the Court requesting to be excused from filing documents electronically and be permitted to file documents by conventional means if the party shows undue hardship or significant prejudice.

4) EXEMPT FILINGS

a) The following documents shall not be filed electronically:

i) Peremptory Challenges or Challenges for Cause of a Judicial Officer pursuant to Code of Civil Procedure sections 170.6 or 170.3;

ii) Bonds/Undertaking documents;

iii) Trial and Evidentiary Hearing Exhibits

iv) Any ex parte application that is filed concurrently with a new complaint including those that will be handled by a Writs and Receivers department in the Mosk courthouse; and

v) Documents submitted conditionally under seal. The actual motion or application shall be electronically filed. A courtesy copy of the electronically filed motion or application to submit documents conditionally under seal must be provided with the documents submitted conditionally under seal.

b) Lodgments

Documents attached to a Notice of Lodgment shall be lodged and/or served conventionally in paper form. The actual document entitled, "Notice of Lodgment," shall be filed electronically.

//

//

5) ELECTRONIC FILING SYSTEM WORKING PROCEDURES

Electronic filing service providers must obtain and manage registration information for persons and entities electronically filing with the court.

6) TECHNICAL REQUIREMENTS

a) Electronic documents must be electronically filed in PDF, text searchable format **when** technologically feasible without impairment of the document's image.

b) The table of contents for any filing must be bookmarked.

c) Electronic documents, including but not limited to, declarations, proofs of service, and exhibits, must be bookmarked within the document pursuant to California Rules of Court, rule 3.1110(f)(4). Electronic bookmarks must include links to the first page of each bookmarked item (e.g. exhibits, declarations, deposition excerpts) and with bookmark titles that identify the bookedmarked item and briefly describe the item.

d) Attachments to primary documents must be bookmarked. Examples include, but are not limited to, the following:

i) Depositions;

ii) Declarations;

iii) Exhibits (including exhibits to declarations);

iv) Transcripts (including excerpts within transcripts);

v) Points and Authorities;

vi) Citations; and

vii) Supporting Briefs.

e) Use of hyperlinks within documents (including attachments and exhibits) is strongly encouraged.

f) Accompanying Documents

Each document acompanying a single pleading must be electronically filed as a **separate** digital PDF document.

g) Multiple Documents

Multiple documents relating to one case can be uploaded in one envelope transaction.

h) Writs and Abstracts

Writs and Abstracts must be submitted as a separate electronic envelope.

i) Sealed Documents

If and when a judicial officer orders documents to be filed under seal, those documents must be filed electronically (unless exempted under paragraph 4); the burden of accurately designating the documents as sealed at the time of electronic submission is the submitting party's responsibility.

j) Redaction

Pursuant to California Rules of Court, rule 1.201, it is the submitting party's responsibility to redact confidential information (such as using initials for names of minors, using the last four digits of a social security number, and using the year for date of birth) so that the information shall not be publicly displayed.

7) ELECTRONIC FILING SCHEDULE

a) Filed Date

i) Any document received electronically by the court between 12:00 am and 11:59:59 pm shall be deemed to have been effectively filed on that court day if accepted for filing. Any document received electronically on a non-court day, is deemed to have been effectively filed on the next court day if accepted. (California Rules of Court, rule 2.253(b)(6); Code Civ. Proc. § 1010.6(b)(3).)

ii) Notwithstanding any other provision of this order, if a digital document is not filed in due course because of: (1) an interruption in service; (2) a transmission error that is not the fault of the transmitter; or (3) a processing failure that occurs after receipt, the Court may order, either on its own motion or by noticed motion submitted with a declaration for Court consideration, that the document be deemed filed and/or that the document's filing date conform to the attempted transmission date.

8) EX PARTE APPLICATIONS

a) Ex parte applications and all documents in support thereof must be electronically filed no later than 10:00 a.m. the court day before the ex parte hearing.

b) Any written opposition to an ex parte application must be electronically filed by 8:30 a.m. the day of the ex parte hearing. A printed courtesy copy of any opposition to an ex parte application must be provided to the court the day of the ex parte hearing.

9) PRINTED COURTESY COPIES

a) For any filing electronically filed two or fewer days before the hearing, a courtesy copy must be delivered to the courtroom by 4:30 p.m. the same business day the document is efiled. If the efiling is submitted after 4:30 p.m., the courtesy copy must be delivered to the courtroom by 10:00 a.m. the next business day.

b) Regardless of the time of electronic filing, a printed courtesy copy (along with proof of electronic submission) is required for the following documents:

i) Any printed document required pursuant to a Standing or General Order;

ii) Pleadings and motions (including attachments such as declarations and exhibits) of 26 pages or more;

iii) Pleadings and motions that include points and authorities;

iv) Demurrers;

v) Anti-SLAPP filings, pursuant to Code of Civil Procedure section 425.16;

vi) Motions for Summary Judgment/Adjudication; and

vii) Motions to Compel Further Discovery.

c) Nothing in this General Order precludes a Judicial Officer from requesting a courtesy copy of additional documents. Courtroom specific courtesy copy guidelines can be found at www.lacourt.org on the Civil webpage under "Courtroom Information."

10) WAIVER OF FEES AND COSTS FOR ELECTRONICALLY FILED DOCUMENTS

a) Fees and costs associated with electronic filing must be waived for any litigant who has received a fee waiver. (California Rules of Court, rules 2.253(b)(), 2.258(b), Code Civ. Proc. § 1010.6(d)(2).)

b) Fee waiver applications for waiver of court fees and costs pursuant to Code of Civil Procedure section 1010.6, subdivision (b)(6), and California Rules of Court, rule 2.252(f), may be electronically filed in any authorized action or proceeding.

11) SIGNATURES ON ELECTRONIC FILING

For purposes of this General Order, all electronic filings must be in compliance with California Rules of Court, rule 2.257. This General Order applies to documents filed within the Civil Division of the Los Angeles County Superior Court.

This First Amended General Order supersedes any previous order related to electronic filing, and is effective immediately, and is to remain in effect until otherwise ordered by the Civil Supervising Judge and/or Presiding Judge.

DATED: May 3, 2019

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

Kevin C. Brazile

KEVIN C. BRAZILE
Presiding Judge

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): | FOR COURT USE ONLY |
|---|---|
| Susan K. Leader (SBN 216743)<br>Paul Hastings LLP - 1999 Avenue of the Stars, 27th Fl., Los Angeles, CA 90067<br>TELEPHONE NO.: (310) 620-5700 FAX NO. (Optional): (310) 620-5899<br>E-MAIL ADDRESS: susanleader@paulhastings.com<br>ATTORNEY FOR (Name): Plaintiff Disruptive Nanotechnology Limited | Electronically FILED by Superior Court of California, County of Los Angeles 8/17/2023 8:57 AM David W. Slayton, Executive Officer/Clerk of Court, By J. Nunez, Deputy Clerk |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES<br>STREET ADDRESS: 111 N. Hill Street<br>MAILING ADDRESS: 111 N. Hill Street<br>CITY AND ZIP CODE: Los Angeles, 90012<br>BRANCH NAME: Stanley Mosk Courthouse | |
| CASE NAME:<br>Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | |

| CIVIL CASE COVER SHEET | Complex Case Designation | CASE NUMBER: |
|---|---|---|
| [x] Unlimited (Amount demanded exceeds $25,000) [ ] Limited (Amount demanded is $25,000 or less) | [ ] Counter [ ] Joinder<br>Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402) | 23STCV19664<br>JUDGE:<br>DEPT.: |

*Items 1–6 below must be completed (see instructions on page 2).*

1. Check **one** box below for the case type that best describes this case:

**Auto Tort**
- [ ] Auto (22)
- [ ] Uninsured motorist (46)

**Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort**
- [ ] Asbestos (04)
- [ ] Product liability (24)
- [ ] Medical malpractice (45)
- [ ] Other PI/PD/WD (23)

**Non-PI/PD/WD (Other) Tort**
- [ ] Business tort/unfair business practice (07)
- [ ] Civil rights (08)
- [ ] Defamation (13)
- [x] Fraud (16)
- [ ] Intellectual property (19)
- [ ] Professional negligence (25)
- [ ] Other non-PI/PD/WD tort (35)

**Employment**
- [ ] Wrongful termination (36)
- [ ] Other employment (15)

**Contract**
- [ ] Breach of contract/warranty (06)
- [ ] Rule 3.740 collections (09)
- [ ] Other collections (09)
- [ ] Insurance coverage (18)
- [ ] Other contract (37)

**Real Property**
- [ ] Eminent domain/Inverse condemnation (14)
- [ ] Wrongful eviction (33)
- [ ] Other real property (26)

**Unlawful Detainer**
- [ ] Commercial (31)
- [ ] Residential (32)
- [ ] Drugs (38)

**Judicial Review**
- [ ] Asset forfeiture (05)
- [ ] Petition re: arbitration award (11)
- [ ] Writ of mandate (02)
- [ ] Other judicial review (39)

**Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403)**
- [ ] Antitrust/Trade regulation (03)
- [ ] Construction defect (10)
- [ ] Mass tort (40)
- [ ] Securities litigation (28)
- [ ] Environmental/Toxic tort (30)
- [ ] Insurance coverage claims arising from the above listed provisionally complex case types (41)

**Enforcement of Judgment**
- [ ] Enforcement of judgment (20)

**Miscellaneous Civil Complaint**
- [ ] RICO (27)
- [ ] Other complaint *(not specified above)* (42)

**Miscellaneous Civil Petition**
- [ ] Partnership and corporate governance (21)
- [ ] Other petition *(not specified above)* (43)

2. This case [x] is [ ] is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
   a. [x] Large number of separately represented parties
   b. [x] Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
   c. [x] Substantial amount of documentary evidence
   d. [x] Large number of witnesses
   e. [ ] Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
   f. [ ] Substantial postjudgment judicial supervision
3. Remedies sought *(check all that apply)*: a. [x] monetary b. [x] nonmonetary; declaratory or injunctive relief c. [x] punitive
4. Number of causes of action *(specify)*: Nine
5. This case [ ] is [x] is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. *(You may use form CM-015.)*

Date: August 17, 2023
Susan K. Leader
(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**
- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

## INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

CM-010

**To Plaintiffs and Others Filing First Papers.** If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the Civil Case Cover Sheet contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

**To Parties in Rule 3.740 Collections Cases.** A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than $25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

**To Parties in Complex Cases.** In complex cases only, parties must also use the Civil Case Cover Sheet to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

### CASE TYPES AND EXAMPLES

**Auto Tort**
- Auto (22)–Personal Injury/Property Damage/Wrongful Death
- Uninsured Motorist (46) *(if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto)*

**Other PI/PD/WD (Personal Injury/ Property Damage/Wrongful Death) Tort**
- Asbestos (04)
  - Asbestos Property Damage
  - Asbestos Personal Injury/ Wrongful Death
- Product Liability *(not asbestos or toxic/environmental)* (24)
- Medical Malpractice (45)
  - Medical Malpractice–Physicians & Surgeons
- Other Professional Health Care Malpractice
- Other PI/PD/WD (23)
  - Premises Liability (e.g., slip and fall)
  - Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
  - Intentional Infliction of Emotional Distress
  - Negligent Infliction of Emotional Distress
  - Other PI/PD/WD

**Non-PI/PD/WD (Other) Tort**
- Business Tort/Unfair Business Practice (07)
- Civil Rights (e.g., discrimination, false arrest) *(not civil harassment)* (08)
- Defamation (e.g., slander, libel) (13)
- Fraud (16)
- Intellectual Property (19)
- Professional Negligence (25)
  - Legal Malpractice
  - Other Professional Malpractice *(not medical or legal)*
- Other Non-PI/PD/WD Tort (35)

**Employment**
- Wrongful Termination (36)
- Other Employment (15)

**Contract**
- Breach of Contract/Warranty (06)
  - Breach of Rental/Lease Contract *(not unlawful detainer or wrongful eviction)*
  - Contract/Warranty Breach–Seller Plaintiff *(not fraud or negligence)*
  - Negligent Breach of Contract/ Warranty
  - Other Breach of Contract/Warranty
- Collections (e.g., money owed, open book accounts) (09)
  - Collection Case–Seller Plaintiff
  - Other Promissory Note/Collections Case
- Insurance Coverage *(not provisionally complex)* (18)
  - Auto Subrogation
  - Other Coverage
- Other Contract (37)
  - Contractual Fraud
  - Other Contract Dispute

**Real Property**
- Eminent Domain/Inverse Condemnation (14)
- Wrongful Eviction (33)
- Other Real Property (e.g., quiet title) (26)
  - Writ of Possession of Real Property
  - Mortgage Foreclosure
  - Quiet Title
  - Other Real Property *(not eminent domain, landlord/tenant, or foreclosure)*

**Unlawful Detainer**
- Commercial (31)
- Residential (32)
- Drugs (38) *(if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential)*

**Judicial Review**
- Asset Forfeiture (05)
- Petition Re: Arbitration Award (11)
- Writ of Mandate (02)
  - Writ–Administrative Mandamus
  - Writ–Mandamus on Limited Court Case Matter
  - Writ–Other Limited Court Case Review
- Other Judicial Review (39)
  - Review of Health Officer Order
  - Notice of Appeal–Labor Commissioner Appeals

**Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)**
- Antitrust/Trade Regulation (03)
- Construction Defect (10)
- Claims Involving Mass Tort (40)
- Securities Litigation (28)
- Environmental/Toxic Tort (30)
- Insurance Coverage Claims *(arising from provisionally complex case type listed above)* (41)

**Enforcement of Judgment**
- Enforcement of Judgment (20)
  - Abstract of Judgment (Out of County)
  - Confession of Judgment *(non-domestic relations)*
  - Sister State Judgment
  - Administrative Agency Award *(not unpaid taxes)*
  - Petition/Certification of Entry of Judgment on Unpaid Taxes
  - Other Enforcement of Judgment Case

**Miscellaneous Civil Complaint**
- RICO (27)
- Other Complaint *(not specified above)* (42)
  - Declaratory Relief Only
  - Injunctive Relief Only *(non-harassment)*
  - Mechanics Lien
  - Other Commercial Complaint Case *(non-tort/non-complex)*
  - Other Civil Complaint *(non-tort/non-complex)*

**Miscellaneous Civil Petition**
- Partnership and Corporate Governance (21)
- Other Petition *(not specified above)* (43)
  - Civil Harassment
  - Workplace Violence
  - Elder/Dependent Adult Abuse
  - Election Contest
  - Petition for Name Change
  - Petition for Relief From Late Claim
  - Other Civil Petition

| SHORT TITLE | CASE NUMBER |
|---|---|
| Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | 23STCV19664 |

# CIVIL CASE COVER SHEET ADDENDUM AND STATEMENT OF LOCATION

## (CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)

**This form is required pursuant to Local Rule 2.3 in all new civil case filings in the Los Angeles Superior Court**

**Step 1:** After completing the Civil Case Cover Sheet (Judicial Council form CM-010), find the exact case type in Column A that corresponds to the case type indicated in the Civil Case Cover Sheet.

**Step 2:** In Column B, check the box for the type of action that best describes the nature of the case.

**Step 3:** In Column C, circle the number which explains the reason for the court filing location you have chosen.

| Applicable Reasons for Choosing Courthouse Location (Column C) | |
|---|---|
| 1. Class Actions must be filed in the Stanley Mosk Courthouse, Central District. | 7. Location where petitioner resides. |
| 2. Permissive filing in Central District. | 8. Location wherein defendant/respondent functions wholly. |
| 3. Location where cause of action arose. | 9. Location where one or more of the parties reside. |
| 4. Location where bodily injury, death or damage occurred. | 10. Location of Labor Commissioner Office. |
| 5. Location where performance required, or defendant resides. | 11. Mandatory filing location (Hub Cases – unlawful detainer, limited non-collection, limited collection). |
| 6. Location of property or permanently garaged vehicle. | |

| | A<br>Civil Case Cover Sheet Case Type | B<br>Type of Action<br>(check only one) | C<br>Applicable Reasons (see Step 3 above) |
|---|---|---|---|
| Auto Tort | Auto (22) | ☐ 2201 Motor Vehicle – Personal Injury/Property Damage/Wrongful Death | 1, 4 |
| | Uninsured Motorist (46) | ☐ 4601 Uninsured Motorist – Personal Injury/Property Damage/Wrongful Death | 1, 4 |
| Other Personal Injury/ Property Damage/ Wrongful Death | Other Personal Injury/ Property Damage/ Wrongful Death (23) | ☐ 2301 Premise Liability (e.g., dangerous conditions of property, slip/trip and fall, dog attack, etc.) | 1, 4 |
| | | ☐ 2302 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, battery, vandalism, etc.) | 1, 4 |
| | | ☐ 2303 Intentional Infliction of Emotional Distress | 1, 4 |
| | | ☐ 2304 Other Personal Injury/Property Damage/Wrongful Death | 1, 4 |
| | | ☐ 2305 Elder/Dependent Adult Abuse/Claims Against Skilled Nursing Facility | 1, 4 |
| | | ☐ 2306 Intentional Conduct – Sexual Abuse Case (in any form) | 1, 4 |

| SHORT TITLE | CASE NUMBER |
|---|---|
| Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | |

| | A<br>Civil Case Cover Sheet Case Type | B<br>Type of Action<br>(check only one) | C<br>Applicable Reasons (see Step 3 above) |
|---|---|---|---|
| | | ☐ 2307 Construction Accidents | 1, 4 |
| | | ☐ 2308 Landlord – Tenant Habitability (e.g., bed bugs, mold, etc.) | 1, 4 |
| Other Personal Injury/ Property Damage/ Wrongful Death | Product Liability (24) | ☐ 2401 Product Liability (not asbestos or toxic/ environmental) | 1, 4 |
| | | ☐ 2402 Product Liability – Song-Beverly Consumer Warranty Act (CA Civil Code §§1790-1795.8) (Lemon Law) | 1, 3, 5 |
| | Medical Malpractice (45) | ☐ 4501 Medical Malpractice – Physicians & Surgeons | 1, 4 |
| | | ☐ 4502 Other Professional Health Care Malpractice | 1, 4 |
| Non-Personal Injury/Property Damage/Wrongful Death Tort | Business Tort (07) | ☐ 0701 Other Commercial/Business Tort (not fraud or breach of contract) | 1, 2, 3 |
| | Civil Rights (08) | ☐ 0801 Civil Rights/Discrimination | 1, 2, 3 |
| | Defamation (13) | ☐ 1301 Defamation (slander/libel) | 1, 2, 3 |
| | Fraud (16) | ☐ 1601 Fraud (no contract) | 1, 2, 3 |
| | Professional Negligence (25) | ☐ 2501 Legal Malpractice | 1, 2, 3 |
| | | ☐ 2502 Other Professional Malpractice (not medical or legal) | 1, 2, 3 |
| | Other (35) | ☐ 3501 Other Non-Personal Injury/Property Damage Tort | 1, 2, 3 |
| Employment | Wrongful Termination (36) | ☐ 3601 Wrongful Termination | 1, 2, 3 |
| | Other Employment (15) | ☐ 1501 Other Employment Complaint Case | 1, 2, 3 |
| | | ☐ 1502 Labor Commissioner Appeals | 10 |
| Contract | Breach of Contract / Warranty (06) (not insurance) | ☐ 0601 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) | 2, 5 |
| | | ☐ 0602 Contract/Warranty Breach – Seller Plaintiff (no fraud/negligence) | 2, 5 |
| | | ☐ 0603 Negligent Breach of Contract/Warranty (no fraud) | 1, 2, 5 |
| | | ☐ 0604 Other Breach of Contract/Warranty (no fraud/ negligence) | 1, 2, 5 |
| | | ☐ 0605 Breach of Rental/Lease Contract (COVID-19 Rental Debt) | 2, 5 |
| | Collections (09) | ☐ 0901 Collections Case – Seller Plaintiff | 5, 6, 11 |
| | | ☐ 0902 Other Promissory Note/Collections Case | 5, 11 |
| | | ☐ 0903 Collections Case – Purchased Debt (charged off consumer debt purchased on or after January 1, 2014) | 5, 6, 11 |
| | | ☐ 0904 Collections Case – COVID-19 Rental Debt | 5, 11 |
| | Insurance Coverage (18) | ☐ 1801 Insurance Coverage (not complex) | 1, 2, 5, 8 |

| SHORT TITLE | CASE NUMBER |
|---|---|
| Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | |

| | A<br>Civil Case Cover Sheet Case Type | B<br>Type of Action<br>(check only one) | C<br>Applicable Reasons (see Step 3 above) |
|---|---|---|---|
| Contract (Continued) | Other Contract (37) | ☑ 3701 Contractual Fraud | 1, 2, 3, 5 |
| | | ☐ 3702 Tortious Interference | 1, 2, 3, 5 |
| | | ☐ 3703 Other Contract Dispute (not breach/insurance/fraud/ negligence) | 1, 2, 3, 8, 9 |
| Real Property | Eminent Domain/ Inverse Condemnation (14) | ☐ 1401 Eminent Domain/Condemnation<br>Number of Parcels _____ | 2, 6 |
| | Wrongful Eviction (33) | ☐ 3301 Wrongful Eviction Case | 2, 6 |
| | Other Real Property (26) | ☐ 2601 Mortgage Foreclosure | 2, 6 |
| | | ☐ 2602 Quiet Title | 2, 6 |
| | | ☐ 2603 Other Real Property (not eminent domain, landlord/tenant, foreclosure) | 2, 6 |
| Unlawful Detainer | Unlawful Detainer – Commercial (31) | ☐ 3101 Unlawful Detainer – Commercial (not drugs or wrongful eviction) | 6, 11 |
| | Unlawful Detainer – Residential (32) | ☐ 3201 Unlawful Detainer – Residential (not drugs or wrongful eviction) | 6, 11 |
| | Unlawful Detainer – Post Foreclosure (34) | ☐ 3401 Unlawful Detainer – Post Foreclosure | 2, 6, 11 |
| | Unlawful Detainer – Drugs (38) | ☐ 3801 Unlawful Detainer – Drugs | 2, 6, 11 |
| Judicial Review | Asset Forfeiture (05) | ☐ 0501 Asset Forfeiture Case | 2, 3, 6 |
| | Petition re Arbitration (11) | ☐ 1101 Petition to Compel/Confirm/Vacate Arbitration | 2, 5 |
| | Writ of Mandate (02) | ☐ 0201 Writ – Administrative Mandamus | 2, 8 |
| | | ☐ 0202 Writ – Mandamus on Limited Court Case Matter | 2 |
| | | ☐ 0203 Writ – Other Limited Court Case Review | 2 |
| | Other Judicial Review (39) | ☐ 3901 Other Writ/Judicial Review | 2, 8 |
| | | ☐ 3902 Administrative Hearing | 2, 8 |
| | | ☐ 3903 Parking Appeal | 2, 8 |
| Provisionally Complex Litigation | Antitrust/Trade Regulation (03) | ☐ 0301 Antitrust/Trade Regulation | 1, 2, 8 |
| | Asbestos (04) | ☐ 0401 Asbestos Property Damage | 1, 11 |
| | | ☐ 0402 Asbestos Personal Injury/Wrongful Death | 1, 11 |

| SHORT TITLE | CASE NUMBER |
|---|---|
| Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | |

| | A<br>Civil Case Cover Sheet Case Type | B<br>Type of Action<br>(check only one) | C<br>Applicable Reasons (see Step 3 above) |
|---|---|---|---|
| **Provisionally Complex Litigation** (Continued) | Construction Defect (10) | ☐ 1001 Construction Defect | 1, 2, 3 |
| | Claims Involving Mass Tort (40) | ☐ 4001 Claims Involving Mass Tort | 1, 2, 8 |
| | Securities Litigation (28) | ☐ 2801 Securities Litigation Case | 1, 2, 8 |
| | Toxic Tort Environmental (30) | ☐ 3001 Toxic Tort/Environmental | 1, 2, 3, 8 |
| | Insurance Coverage Claims from Complex Case (41) | ☐ 4101 Insurance Coverage/Subrogation (complex case only) | 1, 2, 5, 8 |
| **Enforcement of Judgment** | Enforcement of Judgment (20) | ☐ 2001 Sister State Judgment | 2, 5, 11 |
| | | ☐ 2002 Abstract of Judgment | 2, 6 |
| | | ☐ 2004 Administrative Agency Award (not unpaid taxes) | 2, 8 |
| | | ☐ 2005 Petition/Certificate for Entry of Judgment Unpaid Tax | 2, 8 |
| | | ☐ 2006 Other Enforcement of Judgment Case | 2, 8, 9 |
| **Miscellaneous Civil Complaints** | RICO (27) | ☐ 2701 Racketeering (RICO) Case | 1, 2, 8 |
| | Other Complaints (not specified above) (42) | ☐ 4201 Declaratory Relief Only | 1, 2, 8 |
| | | ☐ 4202 Injunctive Relief Only (not domestic/harassment) | 2, 8 |
| | | ☐ 4203 Other Commercial Complaint Case (non-tort/noncomplex) | 1, 2, 8 |
| | | ☐ 4204 Other Civil Complaint (non-tort/non-complex) | 1, 2, 8 |
| **Miscellaneous Civil Petitions** | Partnership Corporation Governance (21) | ☐ 2101 Partnership and Corporation Governance Case | 2, 8 |
| | Other Petitions (not specified above) (43) | ☐ 4301 Civil Harassment with Damages | 2, 3, 9 |
| | | ☐ 4302 Workplace Harassment with Damages | 2, 3, 9 |
| | | ☐ 4303 Elder/Dependent Adult Abuse Case with Damages | 2, 3, 9 |
| | | ☐ 4304 Election Contest | 2 |
| | | ☐ 4305 Petition for Change of Name/Change of Gender | 2, 7 |
| | | ☐ 4306 Petition for Relief from Late Claim Law | 2, 3, 8 |
| | | ☐ 4307 Other Civil Petition | 2, 9 |

| SHORT TITLE | CASE NUMBER |
|---|---|
| Disruptive Nanotechnology Limited v. Innova Medical Group, Inc., et al. | |

**Step 4: Statement of Reason and Address:** Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected. Enter the address, which is the basis for the filing location including zip code. (No address required for class action cases.)

| REASON: | | | ADDRESS: |
|---|---|---|---|
| ☑ 1. ☑ 2. ☑ 3. ☐ 4. ☑ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11 | | | Stanley Mosk Courthouse<br>111 N. Hill Street<br>Los Angeles, CA 90012 |
| CITY: | STATE: | ZIP CODE: | |
| Los Angeles | California | 90012 | |

**Step 5: Certification of Assignment:** I certify that this case is properly filed in the Central District of the Superior Court of California, County of Los Angeles [Code of Civ. Proc., 392 et seq., and LASC Local Rule 2.3(a)(1)(E)]

Dated: 08/17/2023

(SIGNATURE OF ATTORNEY/FILING PARTY

**PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:**

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form LASC CIV 109 (01/23).
5. Payment in full of the filing fee, unless there is a court order for waiver, partial or schedule payments.
6. A signed order appointing a Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court to issue a Summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the Summons and Complaint, or other initiating pleading in the case.

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Attorneys for Plaintiff

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Superior Court of California,
County of Los Angeles
8/17/2023 8:57 AM
David W. Slayton,
Executive Officer/Clerk of Court,
By J. Nunez, Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

DISRUPTIVE NANOTECHNOLOGY LIMITED, a U.K. Limited Company,

Plaintiff,

v.

INNOVA MEDICAL GROUP, INC., a Nevada Corporation; PASACA CAPITAL, INC., a Nevada Corporation; DANIEL ELLIOTT, an individual; ROBERT KASPRZAK, an individual; CHARLES HUANG, an individual; and DOES 1-10,

Defendants.

CASE NO. 23STCV19664

**COMPLAINT**

1. FRAUD IN THE INDUCEMENT
2. COMMON LAW FRAUD
3. CONVERSION
4. MONEY HAD AND RECEIVED
5. UNJUST ENRICHMENT
6. TORTIOUS INTERFERENCE WITH PROSPECTIVE ECONOMIC RELATIONS
7. TORTIOUS INTERFERENCE WITH CONTRACTUAL RELATIONSHIP
8. NEGLIGENT SUPERVISION
9. BREACH OF CONTRACT
10. BREACH OF THE IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING

**DEMAND FOR JURY TRIAL**

Plaintiff Disruptive Nanotechnology Limited (d/b/a Tried & Tested) ("DNL"), by and through its attorneys, alleges the following against Innova Medical Group, Inc. ("Innova"), Pasaca Capital, Inc. ("Pasaca"), Daniel Elliott ("Elliott"), Robert Kasprzak ("Kasprzak"), and Charles Huang ("Huang"):

## NATURE OF THE ACTION

1. This case concerns a fraud perpetrated against DNL—a digital health diagnostics company based in England—by Innova and Pasaca through two of their former senior officers: Elliott (Innova's former President and Chief Executive Officer, and Pasaca's former President) and Kasprzak (Innova's and Pasaca's former General Counsel and Chief Legal Officer).

2. Founded by Huang in Pasadena, California, Innova describes itself as "a leading provider of COVID-19 testing solutions." Innova is a wholly-owned subsidiary of Pasaca, a private equity firm also founded by Huang. Innova and Pasaca operate out of the same office building in Pasadena, California and shared several officers and directors in 2020 and 2021, including Huang, Elliott, and Kasprzak.

3. As a Los Angeles-based company, Innova did not have any experience or infrastructure in the U.K. Presumably recognizing that limitation, in or around early April 2020, Innova contacted DNL in relation to distributing Innova's COVID-19 tests in the U.K. The discussions evolved over the next several months, and DNL and Innova entered into a Commission Agreement on or around August 25, 2020 ("Commission Agreement"). In exchange for DNL's services in introducing and facilitating contracts in the U.K., Innova agreed to pay DNL a 10% commission.

4. Innova profited tremendously from the Commission Agreement, earning billions of dollars on the sale of COVID-19 tests to the U.K. government as a direct result of DNL's services. On September 16, 2020, Innova signed a $138 million deal to provide 18 million tests to the U.K. government. In accordance with the Commission Agreement, Innova paid DNL its 10% commission for this sale on or around October 13, 2020.

5. However, after Innova secured this first U.K. contract, Innova's and Pasaca's executives—Elliott and Kasprzak—began scheming about ways to pocket a piece of DNL's

commission for themselves. Over the next several months, Elliott and Kasprzak—purportedly acting on behalf of Innova and Pasaca—demanded that DNL agree to reduce its commission several times to account for its purportedly razor thin margins and to keep the price of the products competitive. Each of these reductions to DNL's commission was memorialized as a purported amendment to the Commission Agreement. Unfortunately, DNL did not know at the time that Elliott and Kasprzak were secretly diverting a significant portion of DNL's commission to Nano Holdings, LLC ("Nano Holdings"), an entity they had formed together for the purpose of keeping part of DNL's commission for their own personal gain.

6. DNL did not discover Elliott and Kasprzak's deceit until it was publicly revealed in an action filed by Innova and Pasaca in Nevada state court.

7. By this point, DNL has been duped into giving up more than $500 million in commissions, $100 million of which, it appears, went directly into the pockets of Elliott and Kasprzak. Based on filings in the Nevada action, it appears that instead of being used to keep the price of Innova's COVID-19 tests competitive, Elliott alone spent tens of millions of dollars to purchase lavish properties, expensive cars, a private jet, and other luxury items.

8. There is no explanation in the Nevada action as to how Innova and Pasaca failed to discover this massive fraud by two of their most senior officers for more than a year. Yet there can be no real question that Innova and Pasaca failed to do even the most basic investigation or diligence into the actions and representations of its senior officers.

9. The revelations in the Nevada action were shocking. DNL had entered into the Commission Agreement with Innova to facilitate the sale of COVID-19 tests to the U.K. in support of Operation Moonshot, a U.K. Government program to introduce same day mass testing for COVID-19 in England as a way of enabling large group gatherings to take place. DNL believed Innova was well positioned to provide these tests in high volume, and it took Elliott and Kasprzak at their words as senior officers and agents of Innova that they would partner with DNL in good faith.

10. If DNL had known that the reductions to its commission called for in the purported amendments to the Commission Agreement were, in fact, a vehicle to finance kickbacks to Elliott and Kasprzak, it never would have agreed to them.

11. Innova and Pasaca are not blameless. Indeed, on information and belief, rather than investing the hundreds of millions in reduced commission that Innova claimed (falsely) would be invested in the business to reduce the price of COVID-19 tests sold to the public, Innova and Pasaca paid Elliott and Kasprzak hundreds of millions in compensation during their short, three-year tenure at the companies and spent lavishly on expensive corporate jets and mansions. Pasaca also invested Innova's profits in new and unrelated business ventures.

12. Though the exact amount of the un- and under-paid commissions (and Defendants' other wrongs) will not be known without further discovery, DNL believes the amount to be in excess of $500 million.

13. Moreover, since Innova, Pasaca, and Huang are all alter egos of each other, they should each be held liable to DNL for the harm alleged herein. On information and belief, Huang routinely disregarded the corporate formalities that separate Innova, Pasaca, and himself, so he could use the revenue DNL generated for Innova to fund his (and Pasaca's) unrelated investments and lavish lifestyle.

## THE PARTIES

14. Plaintiff, DNL, is a U.K. private limited company formed and existing under the laws of England and Wales. In response to the demand for prompt and effective testing solutions at the outset of the COVID-19 pandemic, DNL established a new business line called "Tried & Tested" focused on delivering various testing solutions to the U.K. market. From 2020 onwards, DNL worked to facilitate the supply of individual COVID-19 tests and the provision of medical and nursing staff to its corporate customers (including business premises, travel hubs, and event spaces). In the post-pandemic period, DNL has continued to investigate and research methods to detect and reduce pathogens.

15. Defendant Innova is a corporation formed and existing under the laws of the State of Nevada with its principal place of business at 800 East Colorado Boulevard, Suite 288,

Pasadena, California 91101. Innova sells COVID-19 rapid antigen tests and is the wholly-owned subsidiary of Pasaca.

16. Defendant Pasaca is a corporation formed and existing under the laws of the State of Nevada with its principal place of business at 800 East Colorado Boulevard, Suite 888, Pasadena, California 91101. Pasaca is a private equity investment firm and is the parent of Innova.

17. On information and belief, Defendant Elliott resides in Arcadia, California. At various times, Elliott was President, Chief Executive Officer, and a director of Innova, and President and a director of Pasaca. On information and belief, Elliott left Innova in or around June 2022.

18. On information and belief, Defendant Kasprzak resides in Spring, Texas. At various times, Kasprzak was in-house counsel, General Counsel, Chief Legal Officer, and a director of Innova and Pasaca. He also served as Innova's interim Chief Executive Officer. Innova and Pasaca terminated Kasprzak in or around September 2022.

19. On information and belief, Defendant Charles Huang resides in Arcadia, California. Defendant Huang is the founder of Innova and Pasaca and, at various times relevant to this litigation, served as Chairman and CFO of Pasaca and as CEO of Innova.

20. There may be other persons or entities, whether individuals, corporations, associations, or otherwise, who participated in or benefited from the conduct described throughout this Complaint. The true names, identities, and capacities of these Doe defendants are unknown to DNL at this time. As such, DNL sues these defendants under fictitious names and will seek leave of Court to amend this Complaint to add their proper names when they become known to DNL.

## JURISDICTION AND VENUE

21. This Court has personal jurisdiction under California Code of Civil Procedure § 410.10 because Defendants are either domiciled in this state, have their principal place of business in this state, or committed the acts or omissions giving rise to the claims herein asserted in this state. For example, as to the acts or omissions giving rise to the claims herein, the purported

amendments that Elliott and Kasprzak fraudulently induced DNL into signing were entered into on behalf of Innova and were signed using Innova's address in Pasadena, California.

22. Venue in this judicial district is proper pursuant to California Code of Civil Procedure §§ 395 *et seq.* because at least one of the Defendants resides in Los Angeles County, and because the Commission Agreement provides that the venue for any action brought under the agreement "shall be proper only in Los Angeles County, California, USA."

## FACTUAL ALLEGATIONS

### A. DNL and Innova Enter into the Commission Agreement

23. DNL is a U.K. private limited company that was originally founded by Kimberley Thonger ("Thonger") in November 2014 for the purpose of commercial development of new nanotechnologies.

24. In or around April 2020, Thonger was introduced to Innova's then-President and CEO, Elliott, by Clayton Manley ("Manley"). Thonger knew Manley through his interest in the nanotechnology field, and Manley represented that, at the time, he was serving as a distributor for Innova tests in the United States. Elliott asked Thonger if DNL would want to work with Innova to help navigate the procurement process and distribute Innova's COVID-19 tests in the U.K. At the time, the procurement system in the U.K. was playing catchup with the rapidly evolving pandemic.

25. Although DNL did not know anyone in the U.K. government who was coordinating the procurement process, it worked tirelessly to navigate that process as it was then emerging and helped Innova submit the necessary application to the UK Department of Health and Social Care ("DHSC").[1]

26. The DHSC publicly asked for submissions from companies that could manufacture and supply new or existing types of coronavirus tests for antigens or antibodies, which had to meet the requirements set out by the Medicines and Healthcare Products Regulatory Agency

[1] The DHSC is a U.K. government ministerial department which is supported by numerous agencies and public bodies. Throughout the relevant time, there were a number of changes to the U.K. government agencies supporting the DHSC which meant that the bodies responsible for the procurement of COVID-19 tests, together with the processes adopted by those bodies, was regularly changing.

("MHRA"). Specific forms had to be completed to ensure that submissions met U.K. government requirements and could be directed to the appropriate expert group within the MHRA evaluation team.

27. DNL prepared and filed the relevant form on behalf of Innova on or around April 23, 2020, and from then onwards was responsible for managing the procurement process with the DHSC on behalf of Innova. Over the course of several months, DNL navigated the formal requirements relating to procurement (which were being developed by the DHSC on an ongoing basis), including the verification and suitability criteria for tests, the due diligence required in relation to the supply chain, the ability to fulfill the volume of testing requirements anticipated by the U.K. government, and other day-to-day queries arising from the DHSC / MHRA procurement and expert teams.

28. Soon thereafter, Thonger enlisted the help of a business associate, Charles Palmer ("Palmer"), to help him navigate the procurement process, the parameters of which were constantly evolving in response to the health crisis, and to find a potential manufacturing site in the U.K. for Innova's products. Thonger made Palmer a shareholder, director, and equal partner in DNL.

29. Eventually DNL's efforts generated traction within the DHSC, which had hired individuals from the pharmaceutical industry who were better able to understand the potential public benefit to be served by the Innova at-home antibody tests. Working with Innova, primarily with Elliott, DNL submitted Innova's tests to the government procurement portal for mass testing. The Innova antibody test was evaluated but the initial tests did not satisfy the sensitivity threshold. However, Thonger and Palmer had acquired a detailed understanding of the internal processes at the DHSC, and when Innova developed an antigen test in the summer of 2020, Thonger and Palmer were able to work with Innova and the connections they had established within the DHSC to introduce the new antigen tests and explain the benefit they might provide in terms of mass testing.

30. This process took many months and involved the shipment of thousands of samples to DNL, which DNL, in turn, ensured were ultimately delivered to government testing laboratories in the U.K.

31. It was around this time that DNL and Innova formalized an agreement under which DNL would facilitate the sale of Innova test kits to the U.K. government in exchange for a 10% commission. Innova and DNL executed a written agreement to that effect on or around August 25, 2020 (defined above as the "Commission Agreement") and outlined this commission structure under Sections 1 and 2.02 of that Agreement. Specifically:

a. Pursuant to Section 1 of the Commission Agreement, DNL agreed to "assist in introducing [Innova] to Potential Buyers and facilitate, as needed, a sales transaction between [Innova] and the Potential Buyers;" and

b. Pursuant to Section 2.02 of the Commission Agreement, Innova agreed to "pay [DNL] an amount per [rapid antigen test] sold ('Commission') equal to ten percent (10%) of sales price of the [test] paid by a Buyer."

32. On August 25, 2020, DNL and Innova also entered a Subdistribution Agreement, under which Innova appointed DNL "as its exclusive subdistributor for the marketing and sale of the Products" in the U.K.

**B. DNL Performs Under the Commission Agreement**

33. As a result of DNL's efforts, on or around September 16, 2020, Innova was awarded a $138,240,000 contract by the U.K. government to provide 18 million tests. Although Innova paid DNL the contractually agreed upon commission, Innova would not share with DNL a copy of this contract—or, indeed, of any of the contracts it secured through the Commission Agreement.

**C. Innova, Through Its Chief Executive Officer, Induces DNL to Amend the Agreement and Dramatically Reduce its Commission**

34. At the same time DNL helped Innova secure its first contract with the U.K. government, Innova's top executives, Elliott and Kasprzak, were busy scheming as to how they could divert funds contractually due to DNL for their own personal gain.

35. In or around October 2020, around two weeks after the first contract with the U.K. government had been awarded, Elliott approached DNL and represented that the market for the sale of COVID-19 tests was becoming increasingly competitive, and that the commission rate Innova had just agreed to pay DNL was no longer sustainable. In order for Innova to remain competitive in the market, Elliott falsely claimed that DNL would need to agree to reduce its commission rate from 10% to 3%.

36. DNL had no basis to question Elliott's representations. DNL was not privy to Innova's contractual terms with the U.K. government, much less Innova's profit margins or operational costs. Moreover, as Innova's President and CEO, Elliott had actual and apparent authority to speak for the company on matters relating to the Commission Agreement.

37. Based on Elliott's representations, DNL agreed to enter into the First Amendment to the Commission Agreement on October 1, 2020 ("Purported First Amendment" and together with other amendments to the Commission Agreement, "Purported Amendments").

38. The Purported First Amendment revised the schedule of commission payments owed to DNL. Innova agreed to pay a 10% commission on an initial 18 million units of product sold to a Buyer (approximately the amount of Innova's sales to date) and a 3% commission on any units above and beyond the initial 18 million. Innova began paying DNL under this reduced commission structure after the parties executed the First Purported Amendment.

**D. Elliott and Kasprzak Begin Diverting Monies Obtained From Innova's Contracts with the U.K. for Their Own Gain**

39. As DNL has now discovered, Elliott's statements regarding the need to reduce DNL's commission in order to stay competitive in the U.K. market were, at best, only half true.[2] What Elliott failed to disclose was that he intended to divert a portion of the "savings" to a company called Nano Holdings that he formed and jointly owned with Kasprzak. As DNL has

[2] Indeed, although DNL would secure billions in revenue for Innova, on information and belief this money was ultimately spent on hundred-plus million dollar compensation schemes for Elliott and Kasprzak, private jets and lavish homes for Huang, and large investments in unrelated Pasaca business ventures—all of which belies any notion that Innova's margins were so thin that only a reduced commission could keep its prices competitive.

now discovered, while the Purported First Amendment called for a 3% commission payment to DNL, Elliott and Kasprzak represented to other personnel at Innova that the true commission owed to DNL for its work was actually ***4%***.

40. On or around October 2, 2020, one day after the effective date of what was represented to be the Purported First Amendment, Elliott messaged Innova and Pasaca's founder, Huang, and told him DNL had agreed to accept a 4% commission on test sales moving forward.

> Elliott: So we owe . . . Kim [i.e., Kimberley Thonger of DNL] [] 10% on the initial 18 million unit order. . . .
>
> . . . ***Then all future orders are . . . 4% for [DNL]. . . .***
>
> Elliott: Is this ok for you?
>
> Huang: It is fine for me.[3]

41. But Elliott and Kasprzak had no intention of paying DNL a 4% commission. Instead, they had already established a new entity, called Nano Holdings, that they represented to Huang was a company owned by Thonger and Manley (the owner of Innova's U.S.-based distributor called Nano LiquiTec). Elliott told Huang that DNL had requested that Innova pay a quarter of their commission (i.e., 1%) to Nano Holdings, and the remaining 3% to DNL directly. On information and belief, no one at Pasaca or Innova ever questioned this arrangement or requested any verification that DNL (and not Elliott/Kasprzak) actually owned Nano Holdings. Instead, Huang and the rest of the officers of Pasaca and Innova simply signed off on the arrangement and continued to believe they were paying DNL the full 4% commission.[4]

42. In a text message Elliott sent to Kasprzak on or around October 8, 2020, Kasprzak described that plan as follows:

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[3] Unless otherwise specified, all emphasis in quotations throughout this Complaint are added.

[4] As outlined in more detail below, Huang, on information and belief, frequently spent the money generated by Innova from the subject contracts with the U.K. Government on personal benefits and ventures, all in disregard of the companies' separate corporate forms. In that respect, Huang's failure to review who owned Nano Holdings was merely one variation on a theme reflecting negligent oversight of Innova and Pasaca's—and its officers Elliott and Kasprzak's—operation.

Kasprzak: Idea: . . . how about using our First Republic wyoming company [i.e., Nano Holdings], have [Huang (Pasaca Capital)] send 2% there and tell him Clay [Manley of Nano LiquiTec][5] and Kim [Thonger of DNL] are sharing that money in the US account

. . .

Elliott: This is what we should do anyway. Would be easier than doing a UK company

43. Based on the size of the contracts DNL helped Innova secure under the Commission Agreement, the 1% commission that Elliott and Kasprzak took for themselves amounted to, at a minimum, tens of millions of dollars.

44. DNL would not have agreed to reduce its commission to 3% had it known that Elliott and Kasprzak would use that money as their own personal slush fund. On information and belief, through DNL's work on behalf of Innova in the U.K., Innova won at least ten additional contracts worth billions of dollars following execution of the First Amendment.

**E. Innova, Acting Through Elliott, Again Induces DNL to Further Reduce its Commission**

45. In May 2021, Elliott again approached Thonger and Palmer about ***another*** amendment that would further reduce DNL's commission rate on a staggered basis—to 2% and then 1%—including commissions that DNL had ***already*** earned at a higher rate for contracts that had previously been awarded to Innova by the U.K. government.

46. Elliott told Thonger and Palmer that, given Innova's decreasing margins and the expectation that the U.K. government would "[v]ery soon . . . stop buying in large quantities," the lower commission was necessary to allow Innova to continue to compete in the market (thus benefitting both parties). Elliott represented that Innova was only just "squeaking money out" and that its U.K. operation was "not a high margin business. It [was] literal pennies with

[5] The fact that Manley and Thonger were to "shar[e]" the money Elliott and Kasprzak funneled to Nano Holdings indicates that half of the 2% figures (i.e., 1%) was intended for DNL.

everyone in the game." Thus, as Elliott put it, the proposed reduction in DNL's commission was "not only very fair, ***it is literally what we [Innova] can do***."

47. In addition, as part of Elliott's effort to force DNL to further reduce its commission, Innova withheld payment of outstanding commissions. At that time, DNL understood it was owed approximately $16.8 million.[6] But Elliott stated that Innova would not pay the amount outstanding in full and that if DNL wanted to get paid in any amount it would need to sign another amendment retroactively reducing the amount owed: "Once [the Purported Second Amendment] is sent back, I will get accounting to wire the funds for this payment."

48. Again, not knowing about Elliott and Kasprzak's deceit (and not having much of a choice outside of initiating litigation against its business partner), DNL ultimately agreed to what they understood to be another amendment to the Commission Agreement with Innova. This amendment, referred to as the Purported Second Amendment, was signed on or around May 18, 2021.

49. The Purported Second Amendment further revised the schedule of commission payments that would be owed to DNL as follows:

a. 10% of the sales price paid by a Buyer on the initial 18 million units prior to January 1, 2021;

b. 3% of the sales price paid by a Buyer beyond the initial 18 million units prior to January 1, 2021;

c. 2% of the sales price paid by a Buyer for any number of products sold between January 1, 2021, and March 13, 2021;

d. 1% of the sales price paid by a Buyer for any number of products sold after March 13, 2021 "in direct non-competitive purchases by such Buyer from [Innova] (i.e., not as a result of a public bid process);" and

[6] Because these unpaid commissions were calculated under the fraudulently induced 3% commission rate contained in the Purported First Amendment, the true amount of unpaid commissions as of this date was, in fact, much higher.

e. No commission for sales made after March 13, 2021 "as a result of a public bid or other competitive process (i.e., not a direct non-competitive purchase)."

50. As noted above, the Purported Second Amendment retrospectively reduced commission rates on contracts that had already been awarded to Innova by the U.K. government, on which DNL had already contractually earned commissions at a higher rate (but which, on information and belief, Innova had not yet paid). While this amendment was signed in May 2021, the schedule laid out above shows that DNL was only entitled to a 2% commission on sales Innova made under the Commission Agreement ***between January 1, 2021, and March 13, 2021***, and a 1% commission on sales Innova made ***after March 13, 2021***, including those before May 18, 2021—the day the Purported Second Amendment was signed. Innova began paying DNL under this reduced commission schedule after the parties executed the Purported Second Amendment.

**F. The Purported Second Amendment, like the First, was Procured through Fraud**

51. Elliott's representations, made to induce DNL's agreement to the Purported Second Amendment, were false.

52. While Elliott represented that Innova was just "squeaking money out" and that the lowered commissions called for in the Purported Second Amendment was "literally what we [Innova] can do," as Innova and Pasaca admit in the Complaint they filed in Nevada, Elliott and Kasprzak continued to pocket a portion of DNL's commissions:

> While [DNL's] commission rate was reduced to 2% (from January 1, 2021 through March 13, 2021) and to 1% thereafter [under the Second Amendment], meaning that Plaintiffs had the opportunity to pay those reduced commissions, ***Elliott and Kasprzak continued to steal the 2% payments to Nano Holdings under the guise that the money was being paid to intermediaries***.

53. Given that Innova believed it was paying 2% more, clearly it was capable of doing so.

54. Furthermore, while Elliott represented that Innova was struggling with thin margins in May 2021, Innova's (and Pasaca's) spending would ultimately tell a different story. As revealed in a separate complaint filed by Robert Kasprzak against Huang and Pasaca in Los Angeles Superior Court in April 2023, much of the money Innova made from its dealings in the U.K. were ultimately funneled out of the company and up to its parent (Pasaca) where it was spent on a series of lavish benefits, including a private jet, multi-million dollar properties, and sizable investments in third party businesses

55. DNL would not have agreed to again lower its commission rate and forego outstanding monies owed if it had known Elliott's representations were false. But, by this point in time, DNL's entire relationship with Innova was premised on a fraud perpetrated by Elliott and Kasprzak.

56. Elliott and Kasprzak celebrated their scam in private messages exchanged on the day DNL signed the Purported Second Amendment.

57. Elliott messaged Kasprzak, writing: "Please check your email for the [Disruptive Nanotechnology, i.e., DNL] agreement" and later instructed him to "[s]end [a copy] to Monica [Mann, Innova's Chief Accounting officer] and get us all paid!!!" Three hours later, Kasprzak responded with a screenshot of Nano Holdings' bank account, reflecting an approximately $33.5 million wire transfer. Mr. Elliott responded "Haha! Love it brother" and immediately began coordinating transfer of his "half" to his personal account.

58. On information and belief, through DNL's work on behalf of Innova in the U.K., Innova won at least four additional contracts worth over a billion dollars with the country's government following execution of the Purported Second Amendment.

59. Despite the flagrant nature of their fraud and their executive-level status at Innova and Pasaca, Elliott and Kasprzak's fraud continued to go unnoticed by Huang or anyone else until more than a year later.

### G. Elliott and Kasprzak Fraudulently Induce DNL to sign the Purported Third Amendment

60. In August 2021, Innova was behind on the commission payments it owed to DNL. Unaware of the fraud, DNL at the time believed these unpaid amounts equaled approximately $15 million.

61. Thonger noted this understanding to Elliott and Kasprzak in contemporaneous email correspondence. For example, in an email sent on or around July 30, 2021, Thonger wrote to Elliott: "we are pragmatic and accept that you wish to reduce the ***circa $15m outstanding***." And in an email to Kasprzak on or around August 19, 2021—when discussing a draft copy of what would become the Purported Third Amendment—Thonger expressed his belief to Kasprzak that the "disputed amount of [unpaid commissions was] ***circa$15m***."

62. Innova again, however, refused to pay this amount due to DNL. Instead, and despite its contractual obligation to pay, Elliott and Kasprzak (as Innova officers and agents) demanded that DNL again ***waive*** its right to these payments in exchange for a one-time payment that would be made immediately.

63. Specifically, Elliott and Kasprzak demanded that DNL agree to yet another "amendment" to the Commission Agreement—one which, this time, contained a waiver of past unpaid commissions.

64. Because Innova had all of the bargaining power and DNL did not have any visibility into Innova's contracts with the U.K. Government, DNL ultimately agreed to execute the Purported Third Amendment in August 2021.

65. With respect to the waiver of past payments, the amendment provides: "In consideration, in lieu, and in full and final satisfaction of all unpaid Commissions accrued or payable through and including the date of this Amendment, [Innova] shall pay to [DNL] US$8,000,000 in cash."

66. At the time the Purported Third Amendment was executed, however, DNL did not realize that it was owed (at least) tens of millions in commissions that had been diverted to Nano

Holdings. As such, DNL did not understand how much money it was agreeing to release. If DNL had known about the underlying fraud, it would not have agreed to the amendment and release.

**H. The Truth Finally Emerges**

67. DNL did not know, nor could it have known, in 2020 and 2021 that it was the victim of fraud. In fact, DNL did not have any indication that Elliott and Kasprzak had engaged in misconduct until November 2022, when outside counsel for Innova and Pasaca met with Thonger and Palmer to discuss a then-ongoing investigation into the ownership of Nano Holdings and the potential misconduct of its top executive officers. Even then, outside counsel's description of the investigation was high-level and neither the impetus nor the results of the investigation were shared with DNL.

68. DNL did not discover the true extent of Elliott and Kasprzak's scheme until several months later, in February 2023, when Innova and Pasaca publicly filed their complaint in Nevada (the "Nevada Complaint").

69. The contents of the Nevada Complaint were explosive. It revealed that Elliott and Kasprzak had lied about why they sought reduced commissions through the Purported Amendments, had established Nano Holdings in order to syphon off payments Innova and Pasaca had agreed to pay to DNL, and had defrauded DNL out of hundreds of millions of dollars in the process. What the Nevada Complaint fails to explain is how it is that Innova and Pasaca failed to detect the fraud for years—despite Elliott and Kasprzak's prominent roles in the companies—and did not investigate the true purpose or ownership of Nano Holdings until the last few months of 2022.

70. Equally troubling, the Nevada Complaint also reveals the lie in Elliott's repeated statements that DNL's reduced commission was not just a bargaining point but literally all the company could afford to do. Far from investing the money in making the business more competitive, Innova/Pasaca paid Elliott and Kasprzak hundreds of millions in compensation during their short, three-year tenure at Innova and spent lavishly on expensive corporate jets and mansions.

71. DNL did not discover these facts until after the Nevada Complaint was publicly filed in February 2023. Neither Elliott nor Kasprzak told DNL that they had established an entity called Nano Holdings in 2020, let alone that they had done so to divert funds for their own personal enrichment. And any contemporaneous discussions regarding the purported or actual purpose of Nano Holdings were between Innova, Pasaca, and Huang on the one hand and Elliott and Kasprzak on the other.

72. As a third party, located in the U.K., DNL had no access to Innova and Pasaca's internal conversations or accounting information, which might have revealed that funds (intended for it) were being sent to Nano Holdings. As a result, DNL had no reasonable means of accessing any information revealing that Elliott and Kasprzak's representations regarding the purpose for the Purported Amendments were premised on a fraud at the time those representations were made. And it further had no means of acquiring information that revealed Innova and Pasaca's negligence in failing to prevent the fraud while it was ongoing. Indeed, DNL would not have those means until it was able to access these communications and information when they were publicly disclosed in the Nevada Complaint in February 2023. The Nevada Complaint also detailed for the first time the massive compensation that Innova/Pasaca paid its former officers on the back of DNL.

**I. DNL was Injured by the Defendants' Fraud, Negligence, and Other Misconduct**

73. Elliott and Kasprzak's fraud (and Innova/Pasaca's ignorance of the same) is astounding. How is it that no one from Innova/Pasaca ever verified the ownership structure of Nano Holdings before wiring over $100 million to an entity that was not a party to the Commission Agreement? A single phone call, text message or email from Huang to anyone at DNL would have stopped this scam in its tracks. But, unfortunately for DNL, this never happened. Elliott and Kasprzak's brazen misconduct not only went unchecked, but they were richly rewarded with hundred million dollar compensation packages.

74. Although the full extent of DNL's damages cannot be fully known without discovery, there were at least eleven contracts awarded to Innova between September 2020 and December 2021, namely:

a. A $138,240,000 contract dated September 16, 2020;

b. A £722,051,003 contract dated November 20, 2020;

c. A £152,487,013 contract dated December 24, 2020;

d. A £727,614,409 contract dated February 10, 2021;

e. A £136,704,525 contract dated February 18, 2021;

f. A £136,800,000 contract dated March 4, 2021;

g. A £1,212,000,018 contract dated March 13, 2021;

h. A £143,750,000 contract dated June 16, 2021;

i. A £242,670,378 contract dated July 20, 2021;

j. A £59,500,000 contract dated August 23, 2021; and

k. A £752,500,000 contract dated December 17, 2021.

75. But-for the fraudulently procured Purported Amendments, DNL would have been paid a 10% commission on each of these contracts. While, again, discovery will reveal the precise measure of damages, DNL estimates that, after accounting for (1) all the payments it has already received from Innova for the contracts above and (2) the $8 million it received in connection with the Purported Third Amendment, it ought to have been paid approximately $500 million. DNL is entitled to these unpaid commissions as the Purported Amendments were procured through fraud and therefore must be rescinded.

76. On information and belief, Elliott and Kasprzak's fraud also cost Innova and DNL additional sales in the U.K. As set forth in the Nevada Complaint filed by Innova, "because of competitive pricing and thin margins in the market [for rapid antigen tests], this [additional commission] harmed Innova Medical Group and Pasaca Capital's ability to compete in the market." Nevada Complaint at ¶ 61.

77. Finally, DNL is entitled to recover the money that Innova meant to pay it all along. As explained above, Elliott and Kasprzak diverted millions of dollars of commissions to their

private LLC, Nano Holdings. Innova and Pasaca understood that these funds were transferred to Nano Holdings specifically for DNL's benefit, and those transfers were only possible as a result of the fraud Elliott and Kasprzak committed against DNL. DNL is entitled to these funds as a result. While discovery will uncover the precise amount of money Elliott and Kasprzak converted from DNL under this scheme, DNL estimates, on information and belief, that the total amount exceeds $100 million dollars.

**INNOVA, PASACA, AND HUANG ARE ALTER EGOS**[7]

78. Innova is a wholly-owned subsidiary of Pasaca, operating out of the same office building as its parent company in Pasadena, California. During the time period, Innova and Pasaca employed many of the same key executives. For example, as discussed above, Elliott was President, CEO, and a director of Innova, and President and a director of Pasaca; and Kasprzak was General Counsel, Chief Legal Officer, and a director of Innova and Pasaca.

79. Innova and Pasaca were both founded by Huang. On information and belief, Huang exerted significant control over Innova and Pasaca in a manner that disregarded their separate corporate identities. Indeed, on information and belief, Huang used the funds that DNL secured for Innova through its work under the Commission Agreement for his own personal gain.

80. For example, on information and belief, after diverting Innova's funds to Pasaca, Huang spent millions on investments connected to businesses run by personal friends. According to a complaint filed by Kasprzak in the Superior Court of California, Huang paid $50 million for shares in an afterlife services company based in China called ATL. The company was run by Huang's friend, Arjun Pan, and while the size of the investment was significant, the payment was made not to ATL directly, but to Pan personally. On another occasion, Huang, using Pasaca funds, paid $1.5 million to purchase shares in another company, Enikam d.o.o., helmed by another of his personal friends, Goran Jovic. On information and belief, this investment was made without the knowledge of Pasaca's board of directors. On another occasion, also on information and belief, Huang caused Pasaca to enter into a contract with an aircraft management company called

[7] DNL's alter ego allegations are made on information and belief and are based on its investigation of publicly available information in various court filings, press releases, and news articles.

Prima Air, a company Huang not only had a personal financial interest in but which was managed by a close contact of his.

81. Huang also used Pasaca's money—which, on information and belief, had been generated by the U.K. contracts Innova secured through DNL—to purchase several multimillion dollar homes. According to the complaint filed by Kasprzak, Huang, using Pasaca's funds, also caused the company to purchase a $70 million jet. On information and belief, Huang also caused Pasaca to invest in a screenplay titled "Overnight Billionaire," an autobiography about Huang's life.

82. On information and belief based on the complaint filed by Kasprzak, Huang was able to use Pasaca's (and by extension Innova's) assets without consultation or oversight from Pasaca's other directors, and without observing the normal formalities usually required of the corporate form. For instance, Pasaca did not hold any shareholder meetings and held only a few board meetings. And while Innova technically had separate officers whose role was to oversee the use of corporate money, it has been reported that Huang nullified those roles to control how that money was spent (often to his own advantage). On information and belief, Huang, for example, refused to give Innova's CFO, Guzel Lumpkim, the power to access or release company funds, a role typical of CFOs in any business. In the absence of such outside control, Huang was able to divert millions of dollars from Innova's bank accounts to Pasaca and to accounts overseas in Hong Kong and Singapore.

83. On information and belief, Huang routinely drew money from Innova and Pasaca as if they were personal bank accounts set up for his own gain. In doing so, he co-mingled the very funds Innova and Pasaca received from U.K. contracts DNL had worked diligently to secure. And he wholly disregarded the corporate forms which would have otherwise distinguished Innova, Pasaca, and himself. Under these circumstances, it would be an injustice to continue the legal fiction that Innova, Pasaca, and Huang are, in fact, distinct entities and persons. As a result, Innova, Pasaca, and Huang are collectively alter egos of each other.

## CLAIMS

### FIRST CAUSE OF ACTION

***Fraud in the Inducement***

***Against Defendants Elliott, Kasprzak, Innova, Pasaca, and Huang***

84. DNL realleges and repeats the allegations in paragraphs 1 through 83 as if fully set forth herein.

85. Innova, acting through its agents Elliott and Kasprzak, misrepresented to DNL that Innova was unable to pay the 10% commission called for by the Commission Agreement due to increasing pressure on Innova's margins.

86. Innova, acting through its agents Elliott and Kasprzak, also misrepresented to DNL that the true purpose of the reduced commissions under the Purported First and Second Amendments was to provide Innova, Elliott, and Kasprzak with a kickback.

87. Innova, Elliott, and Kasprzak were aware at the time that these representations were false. They made each misrepresentation in order to reduce the amount of commission paid to DNL and to divert the amount "saved" for their own benefit.

88. Elliott and Kasprzak, acting for Innova, made these misrepresentations in order to induce DNL to agree to the Purported First, Second, and Third Amendments.

89. DNL justifiably relied on the representations made by Innova in agreeing to lower their commission rates and purportedly agree to waive its right collect unpaid commissions. DNL had no reason to distrust Innova, or its officers, particularly given (a) the senior roles occupied by Elliott and Kasprzak, and (b) DNL's history of success in obtaining large government contracts for Innova in the U.K.

90. As a result of Innova's misrepresentations, DNL was damaged because it did not receive the commissions that should have been paid to it.

91. Moreover, Innova elevated Elliott and Kasprzak to executive level positions within the company and allowed Elliott and Kasprzak to hold themselves out as representatives of the company for purposes of negotiating agreements with third parties.

92. By elevating Elliott and Kasprzak to executive level positions, Innova created a risk whereby Elliott and Kasprzak could fraudulently induce DNL into agreeing to the Purported Amendments.

93. Pasaca and Huang are also liable for Innova's fraudulent conduct as Innova's alter egos. As alleged above, Innova and Pasaca shared significant overlap in corporate officers during the relevant time period and operated out of the same office building. Moreover, on information and belief, Huang caused Innova and Pasaca to comingle billions of dollars in revenue and used those same funds for his own personal gain. Huang exerted significant control over the direction of Innova and Pasaca's assets, often without the consent or knowledge of their officers and directors. Indeed, Innova executives did not have the power to stop Huang from extracting assets from the company, and Pasaca did not observe corporate formalities. A unity of interest, therefore, exists among Innova, Pasaca, and Huang such that it would be unjust to recognize a distinction between them for purposes of satisfying a judgment.

## SECOND CAUSE OF ACTION

### *Common Law Fraud*

### *Against Defendants Elliott, Kasprzak, Innova, Pasaca, and Huang*

94. DNL realleges and repeats the allegations in paragraphs 1 through 93 as if fully set forth herein.

95. As explained above, Innova, through Elliott and Kasprzak, made a number of false representations to DNL that they knew to be false at the time.

96. In particular, Elliott and Kasprzak, acting on Innova's behalf, misrepresented to DNL that Innova was unable to pay the 10% commission called for by the Commission Agreement due to increasing pressure on Innova's margins. Elliott and Kasprzak, also acting on Innova's behalf, failed to disclose that the true purpose of the reduced commissions called for under the Purported Amendments was to provide Elliott and Kasprzak a kickback through their scheme to funnel money to Nano Holdings.

97. Elliott and Kasprzak, acting on Innova's behalf, knew that their misrepresentations were false.

98. Elliott and Kasprzak, acting on Innova's behalf, made these representations in order to induce DNL to agree to lower their contractual commission rates.

99. DNL justifiably relied on those representations and were damaged as a result.

100. Moreover, Innova elevated Elliott and Kasprzak to executive level positions within the company and allowed Elliott and Kasprzak to hold themselves out as representatives of the company for purposes of negotiating agreements with third parties.

101. By elevating Elliott and Kasprzak to executive level positions, Innova created a risk whereby Elliott and Kasprzak could fraudulently induce DNL into agreeing to the Purported Amendments.

102. Pasaca and Huang are also liable for Innova's fraudulent conduct as Innova's alter egos. As alleged above, Innova and Pasaca shared significant overlap in corporate officers during the time period relevant to this litigation and operated out of the same office building. Moreover, on information and belief, Huang caused Innova and Pasaca to comingle billions of dollars in revenue and used those same funds for his own personal gain. Huang exerted significant control over the direction of Innova and Pasaca's assets, often without the consent or knowledge of their officers and directors. Indeed, Innova executives did not have the power to stop Huang from extracting assets from the company, and Pasaca did not observe corporate formalities. A unity of interest, therefore, exists among Innova, Pasaca, and Huang such that it would be unjust to recognize a distinction between them for purposes of satisfying a judgment.

## THIRD CAUSE OF ACTION

### *Conversion*

### *Against Defendants Elliott, Kasprzak, Innova, Pasaca and Huang*

103. DNL realleges and repeats the allegations in paragraphs 1 through 102 as if fully set forth herein.

104. DNL has a right to the commission payments that Innova, through Elliott and Kasprzak, falsely claimed Innova was unable to pay due to increasing pressure on its margins.

105. Innova, through Elliott and Kasprzak, substantially interfered with DNL's commission payments by knowingly making these misrepresentations in order to induce DNL to

agree to the Purported First, Second, and Third Amendments, thereby reducing the amount of commissions paid to DNL and diverting the amount "saved" for their own benefit.

106. DNL did not consent to Innova, Elliott, and Kasprzak's wrongful reduction of its commission payments.

107. As a result of Innova's misrepresentations, DNL was harmed because it was deprived of the commissions it was properly owed.

108. Pasaca and Huang are also liable for Innova's conversion as Innova's alter egos. As alleged above, Innova and Pasaca shared significant overlap in corporate officers during the time period relevant to this litigation and operated out of the same office building. Moreover, on information and belief, Huang caused Innova and Pasaca to comingle billions of dollars in revenue and used those same funds for his own personal gain. Huang exerted significant control over the direction of Innova and Pasaca's assets, often without the consent or knowledge of their officers and directors. Indeed, Innova executives did not have the power to stop Huang from extracting assets from the company, and Pasaca did not observe corporate formalities. A unity of interest, therefore, exists among Innova, Pasaca, and Huang such that it would be unjust to recognize a distinction between them for purposes of satisfying a judgment.

## FOURTH CAUSE OF ACTION

### *Money Had and Received*

### *Against Defendants Elliott and Kasprzak*

109. Plaintiff realleges and repeats the allegations in paragraphs 1 through 108 as if fully set forth herein.

110. Innova sent commission payments to Nano Holdings with the understanding that DNL was the intended recipient of these funds. Elliott and Kasprzak owned Nano Holdings and received the commission payments that Innova intended for DNL.

111. Innova intended that the money it sent to Nano Holdings would be used for the benefit of DNL. Elliott and Kasprzak falsely represented to Innova that Nano Holdings had been established in order to receive commissions for DNL and Innova sent commissions to Nano Holdings with that understanding.

112. Because the commissions received by Nano Holdings was intended for the benefit of DNL, Elliott and Kasprzak are indebted to DNL for that amount. Elliott and Kasprzak, however, never conveyed these commissions to DNL as intended.

**FIFTH CAUSE OF ACTION**

***Unjust Enrichment***

***Against Defendants Elliott, Kasprzak, Innova, Pasaca, and Huang***

113. DNL realleges and repeats the allegations in paragraphs 1 through 112 as if fully set forth herein.

114. Innova, acting through Elliott and Kasprzak, falsely claimed that it was unable to pay DNL the 10% commission called for by the Commission Agreement due to increasing pressure on Innova's margins.

115. DNL justifiably relied on these misrepresentations in agreeing to lower its commission rates and purportedly agreeing to waive its right to collect unpaid commissions.

116. Elliott and Kasprzak received the benefit of commission payments owed to DNL when those commissions were transferred to Nano Holdings.

117. Innova also received the benefit of commission payments owed to DNL under the Commission Agreement by diverting the amount "saved" for its own benefit.

118. Pasaca and Huang also received the benefit of commission payments owed to DNL under the Commission Agreement when, on information and belief, those payments were transferred from Innova to Pasaca and Huang for their own benefit.

119. It would be unjust to allow Elliott, Kasprzak, Innova, Pasaca, and Huang to retain the benefit of these commission payments because DNL was fraudulently induced into foregoing them.

**SIXTH CAUSE OF ACTION**

***Tortious Interference with Prospective Economic Relations***

***Against Defendants Elliott and Kasprzak***

120. DNL realleges and repeats the allegations in paragraphs 1 through 119 as if fully set forth herein.

121. DNL enjoyed an economic relationship with Innova through the Commission Agreement, under which DNL earned a 10% commission on the sale of certain test kits Innova sold to third parties in the U.K.

122. Elliott and Kasprzak knew of the existence of the Commission Agreement and its terms, including that DNL's commission was contingent upon certain sales Innova made in the U.K.

123. Elliott and Kasprzak fraudulently induced DNL to purportedly alter the terms of that Commission Agreement, thus causing DNL to receive a smaller commission from Innova.

124. Elliott and Kasprzak further fraudulently took a percentage of the money Innova made on certain sales in the U.K. for themselves through their scheme to divert certain funds to Nano Holdings.

125. Elliott and Kasprzak knew that by fraudulently inducing DNL into purported amendments to the Commission Agreement, DNL would earn a lower commission on certain sales made by Innova.

126. Elliott and Kasprzak also knew that by taking a percentage of Innova's sales for themselves, they would create upward pressure on Innova's pricing and, thus, would disrupt Innova's ability to make additional sales in the U.K.

127. By engaging in this fraudulent conduct, Elliott and Kasprzak knew that disruption of the economic relationship between DNL and Innova was certain or substantially certain to occur.

128. Elliott and Kasprzak's interference disrupted DNL's relationship with Innova.

129. The amount of money DNL received through Innova's sales were reduced as a result of Elliott and Kasprzak's conduct.

130. Elliott and Kasprzak's conduct was a substantial factor in causing the reduced commissions DNL received from Innova's sales.

## SEVENTH CAUSE OF ACTION

***Tortious Interference with Contractual Relationship***

***Against Defendants Elliott and Kasprzak***

131. DNL realleges and repeats the allegations in paragraphs 1 through 130 as if fully set forth herein.

132. DNL and Innova entered into the Commission Agreement, under which DNL earned a 10% commission on the sale of certain test kits Innova sold to third parties in the U.K.

133. Elliott and Kasprzak were both aware of the Commission Agreement's existence as well as its terms.

134. Elliott and Kasprzak misrepresented to DNL that Innova was unable to pay the 10% commission called for by the Commission Agreement due to increasing pressure on Innova's margins. Elliott and Kasprzak also failed to disclose that the true purpose of the reduced commissions called for under the Purported Amendments was to provide Elliott and Kasprzak with a kickback through their scheme to funnel money to Nano Holdings. As a result of these misrepresentations, Elliott and Kasprzak disrupted performance under the Commission Agreement by causing DNL to accept, under false pretenses, lower commissions than it was entitled to under the Commission Agreement.

135. Elliott and Kasprzak also told Innova that a portion of DNL's commissions should be diverted to Nano Holdings, a company they co-owned. Innova sent commissions to Nano Holdings, but Elliott and Kasprzak did not convey these commissions to DNL as intended. Elliott and Kasprzak, therefore, disrupted performance under the Commission Agreement by using Nano Holdings to intercept commissions properly due to DNL.

136. DNL was harmed through the lower commissions it received as a result of Elliott and Kasprzak's fraudulent scheme.

## EIGHTH CAUSE OF ACTION

***Negligent Supervision***

***Against Defendants Innova, Pasaca, and Huang***

137. DNL realleges and repeats the allegations in paragraphs 1 through 136 as if fully set forth herein.

138. Innova and Pasaca hired Elliott and Kasprzak.

139. Elliott and Kasprzak were unfit to perform their duties as employees of Innova and Pasaca because they used their positions to fraudulently induce DNL into entering the Purported First, Second, and Third Amendments to the Commission Agreement.

140. Elliott and Kasprzak were further unfit to perform their duties as employees of Innova and Pasaca because they used their positions to misappropriate commission funds properly due to DNL into an LLC for their own personal gain.

141. Elliott and Kasprzak held executive level positions at Innova and Pasaca and were, therefore, highly visible within the companies. Their scheme involved the transfer of assets directly from Innova and Pasaca to Nano Holdings. Innova and Pasaca should have realized that Nano Holdings was owned by Elliott and Kasprzak, and had no connection to DNL, through basic diligence they failed to perform. Innova and Pasaca's failure to perform this diligence allowed Elliott and Kasprzak to defraud DNL through the Purported Amendments and to divert commissions to Nano Holdings despite the fact that they were properly owed to DNL.

142. Innova and Pasaca knew or should have known that Elliott and Kasprzak were unfit to perform their duties as employees and that this unfitness created the conditions under which they were both able to deceive DNL and misappropriate their commission payments.

143. Innova and Pasaca's negligence in supervising Elliott and Kasprzak was a substantial factor in allowing them to deceive DNL and misappropriate its commission payments.

144. Elliott and Kasprzak's conduct harmed DNL by deceiving them and misappropriating its commission payments.

145. Huang is also liable for Innova and Pasaca's negligent conduct as their alter ego. On information and belief, Huang caused Innova and Pasaca to comingle billions of dollars in

revenue and used those same funds for his own personal gain. Huang exerted significant control over the direction of Innova and Pasaca's assets, often without the consent or knowledge of their officers and directors. Indeed, Innova executives did not have the power to stop Huang from extracting assets from the company, and Pasaca did not observe corporate formalities. A unity of interest, therefore, exists among Innova, Pasaca, and Huang such that it would be unjust to recognize a distinction between them for purposes of satisfying a judgment.

## NINTH CAUSE OF ACTION

### *Breach of Contract*

### *Against Innova, Pasaca, and Huang*

146. DNL realleges and repeats the allegations in paragraphs 1 through 145 as if fully set forth herein.

147. DNL and Innova entered into the Commission Agreement, under which DNL would earn a 10% commission on the sale of certain test kits Innova sold to third parties in the U.K.

148. DNL fully performed under the Commission Agreement by performing substantial work to secure billions of dollars in revenue for Innova through the sale of tests to the U.K. government.

149. Innova's performance under the Commission Agreement was not excused at any point. While the Purported Amendments purported to reduce DNL's commission from 10%—first to 3%, then to 2%, and finally to 1%—as detailed above, those Purported Amendments were fraudulently induced by the misrepresentations of Innova's officers, Elliott and Kasprzak. Accordingly, those reductions are invalid, and Innova's obligations under the original Commission Agreement remain in full force and effect.

150. Innova failed to pay DNL a 10% percent commission on contracts it secured through DNL's work after October 2020. Rather, Innova paid DNL the lower commissions called for under the fraudulently induced Purported Amendments.

151. DNL has been damaged insofar as Innova has failed to pay it a 10% commission on each of the contracts it secured under the Commission Agreement after October 2020. DNL

estimates that, after accounting for (1) all the payments it has already received from Innova under the fraudulently induced commission structures and (2) the $8 million it received in connection with the fraudulently induced Purported Third Amendment, the amount of outstanding payments owed by Innova to DNL is approximately $500 million.

152. Pasaca and Huang are also liable for Innova's breach of contract as Innova's alter egos. As alleged above, Innova and Pasaca shared significant overlap in corporate officers during the time period relevant to this litigation and operated out of the same office building. Moreover, on information and belief, Huang caused Innova and Pasaca to comingle billions of dollars in revenue and used those same funds for his own personal gain. Huang exerted significant control over the direction of Innova and Pasaca's assets, often without the consent or knowledge of their officers and directors. Indeed, Innova executives did not have the power to stop Huang from extracting assets from the company, and Pasaca did not observe corporate formalities. A unity of interest, therefore, exists among Innova, Pasaca, and Huang such that it would be unjust to recognize a distinction between them for purposes of satisfying a judgment.

**TENTH CAUSE OF ACTION**

***Breach of Implied Covenant of Good Faith and Fair Dealing***

***Against Innova, Pasaca, and Huang***

153. DNL realleges and repeats the allegations in paragraphs 1 through 152 as if fully set forth herein.

154. DNL and Innova entered into the Commission Agreement, under which DNL earned a 10% commission on the sale of certain test kits Innova sold to third parties in the U.K.

155. DNL fully performed under the Commission Agreement.

156. Innova's performance under the Commission Agreement was not excused at any point during the period relevant to this litigation.

157. Innova, acting through Elliott and Kasprzak, breached the implied covenant of good faith and fair dealing by misrepresenting that DNL needed to lower the commission it was receiving under the Commission Agreement in order to allow Innova to remain competitive in

the U.K. market for COVID-19 test kits and diverting a portion of DNL's commissions to Nano Holdings for the benefit of Elliott and Kasprzak.

158. On information and belief, Innova used the commission payments that should have gone to DNL, not for legitimate business purposes, but for the personal benefit of its officers and directors. In particular, Elliott and Kasprzak used these funds for their own benefit by transferring a portion of the commission owed to DNL to Nano Holdings. And Huang used these funds to his own benefit by diverting them to Pasaca and spending them on luxury items, including a private jet and multi-million homes.

159. Because of Innova's breach, DNL has been damaged as alleged herein in an amount in excess of $500 million to be proven at trial.

160. Pasaca and Huang are also liable for this breach as Innova's alter egos. As alleged above, Innova and Pasaca shared significant overlap in corporate officers during the relevant time period and operated out of the same office building. Moreover, on information and belief, Huang caused Innova and Pasaca to comingle billions of dollars in revenue and used those same funds for his own personal gain. Huang exerted significant control over the direction of Innova and Pasaca's assets, often without the consent or knowledge of their officers and directors. Indeed, Innova executives did not have the power to stop Huang from extracting assets from the company, and Pasaca did not observe corporate formalities. A unity of interest, therefore, exists among Innova, Pasaca, and Huang such that it would be unjust to recognize a distinction between them for purposes of satisfying a judgment.

## PRAYER FOR RELIEF

WHEREFORE, DNL respectfully requests judgment and relief as follows:

A. Actual, consequential, general and special damages against Innova, Pasaca, Huang, Elliott, and Kasprzak in an amount to be determined at trial, but not less than $500 million;

B. Punitive damages;

C. Rescission of the Purported First, Second, and Third Amendments to the Commission Agreement;

D. An award of DNL's attorneys' fees, costs and expenses incurred in connection with this litigation;

E. An award of pre-judgment and post-judgment interest; and

F. Such other relief as the Court may deem just and proper.

**REQUEST FOR JURY TRIAL**

DNL hereby demands a trial by jury on all issues.

DATED: August 17, 2023

PAUL HASTINGS LLP

By: */s/ Susan K. Leader*
SUSAN K. LEADER

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**Executive Officer/Clerk of Court,**
**By N. Alvarez, Deputy Clerk**

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**
**FOR THE COUNTY OF LOS ANGELES**

ROBERT KASPRZAK

Plaintiff,

vs.

CHARLES CHUNHUA HUANG, an individual, and PASACA CAPITAL, INC., a Nevada Corporation,

Defendants.

Case No.:
Dept. No.: 23STCV09342

**COMPLAINT FOR**

**(1) BREACH OF ORAL CONTRACT;**
**(2) BREACH OF IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING;**
**(3) PROMISSORY ESTOPPEL;**
**(4) FRAUD;**
**(5) BREACH OF DUTIES OF CARE, LOYALTY, AND CANDOR;**
**(6) UNJUST ENRICHMENT;**
**(7) ACCOUNTING;**
**(8) FRAUDULENT TRANSFER;**
**(9) DEFAMATION PER SE**

**DEMAND FOR JURY TRIAL**

## INTRODUCTION

1. Plaintiff Robert Kasprzak brings this action to hold defendant Charles Huang accountable for his lies, broken promises, and shocking malfeasance and nonfeasance. Huang deceived Kasprzak for years, and when Kasprzak finally realized the true extent of Huang's self-dealing, lies, and ineptness and sought to exit their business relationship, Huang reneged on the promises he made to induce Kasprzak to remain at their company, and instead terminated Kasprzak, falsely accused him of stealing from the company, and defamed him with salacious and false statements. As alleged herein, Huang and co-defendant Pasaca Capital, Inc. ("PCI," together with Huang, "Defendants") are liable to Kasprzak for no less than $75 million.

2. Huang is a high-end con artist who claims he can "see the future." He hoodwinked his purported business partners, including Kasprzak, by falsely holding himself out as a wealthy, successful, and respected businessman and investment banker. When the company became successful, Huang plundered hundreds of millions of dollars of company resources. Without due diligence or board approval, he invested and lost more than $200 million on flailing businesses owned by friends and colleagues, and committed tens to hundreds of millions more in self-dealing transactions with shell insurance and aviation companies he owned or controlled. Huang also used PCI funds to purchase homes for himself and his mistresses, used company-owned private jets for romantic trysts, and put his girlfriends and his family members on the payroll.

3. Huang used billions of dollars generated by Kasprzak and a handful of others to enrich himself, his family, and his friends, while claiming sole credit for the company's success. Huang's astonishing megalomania is demonstrable—he is literally attempting to produce a self-aggrandizing movie telling his (fictionalized) life story, entitled "Overnight Billionaire," and has been trying (unsuccessfully) to get himself knighted in the United Kingdom.

4. The true story behind Huang's newfound fortune, however, is not so noble. A few years prior to the pandemic, Huang was chased out of Hong Kong (where his then-boss had a warrant issued for his arrest) and resettled in Pasadena. Pretending to be a successful émigré, he lured Kasprzak and other business partners into working with him in a co-venture, which was

then structured under a shell company Huang had formed, PCI. In truth, PCI had no assets, conducted no business, and Huang was essentially unemployed.

5. In 2019 and 2020, five individuals came together as co-venturers: Huang, Kening Xu, Daniel Elliott, Shuning Luo, and Kasprzak. Shortly after they came together, the co-venture began operating through PCI and ultimately also through PCI's subsidiaries and companies in which PCI invested (collectively with PCI, "Pasaca Group"). But at the beginning, the co-venturers worked without pay while they sought out business opportunities. Huang claimed he had access to hundreds of millions of dollars from ultra-high net worth individuals in China who trusted him to invest that money wisely into various ventures he deemed appropriate. In truth, the co-venture and then PCI never received any investment from these sources.

6. Unbeknownst to Kasprzak, Huang did not fund the co-venture or PCI. The initial funding came from Xu, who sold his family home in Las Vegas to help launch the business. Xu even arranged office space through a building owned by one of his relatives because Huang did not even have enough money to pay the rent. Huang rewarded Xu by cheating him out of tens if not hundreds of millions of dollars. Xu has sued Huang for fraud. *See Kening Xu v. Charles Chunhua Huang*, 23AHCV00546, (Cal. Super. Ct. Mar. 13, 2023) (Exhibit 1).

7. With the onset of the COVID-19 pandemic, the co-venturers formed Innova Medical Group, Inc. ("Innova") as a wholly-owned subsidiary of PCI for the purpose of conducting part of the business of the co-venture. Innova's primary focus in early-to-mid-2020 was on COVID-19 testing kits—first antibody test kits, and then rapid antigen test kits. In September 2020, Innova secured a contract to supply the U.K. with the rapid antigen test kits to be used for its national testing program.

8. This was a massive contract and became a stunning monetary success for Innova. But Innova had to deliver. And deliver it did, arranging for 18 million tests to arrive in the U.K. within three weeks. As a result of its solid performance, Innova secured another contract. And then another. And another. Innova ultimately performed ten contracts for rapid antigen testing kits to the U.K., generating approximately $5 billion in sales in approximately a year and a half. Innova's U.K. contracts generated substantially ***all*** of the revenue for Pasaca Group. No other

Pasaca Group entity ever made an investment, secured a contract, or made a sale nearly as lucrative as even one of the U.K. contracts. To the contrary, the Pasaca Group investments made at Huang's direction wasted hundreds of millions of the dollars generated by the U.K. contracts.

9. So how did the U.K. success happen? Not because of Huang. He did not identify the opportunity, work on the sale, develop or maintain the relationship, or administer or execute the contracts. The U.K. sales, and therefore substantially all of the money generated by the Pasaca Group to this day, were largely a result of Elliott, who negotiated and secured the initial U.K. contract, and Kasprzak, who became the primary contact with the U.K. government and oversaw the operations to fulfill Innova's duties under the contract. Others, including Luo, had a role to be sure; and Xu's early investment and work also were vital to getting Innova off the ground. But there can be no credible dispute that Elliott and Kasprzak were primarily responsible for Innova's success, as acknowledged by the U.K. government itself:



Department of Health & Social Care

POC_1273313

Daniel Elliott - President
Robert Kasprzak - General Counsel
600 E. Colorado Blvd.
Suite 288
Pasadena
California. USA

16 November 2020

Dear Daniel and Robert

I am writing to you today to thank you for working to support our country's efforts during the coronavirus pandemic. On a global level, the last nine months have been a challenging time for everyone and the work you are doing has never been more vital. You are helping us keep our country safe and leading us in the right direction to enable us to save more lives.

I have heard of the incredible work that Innova has done in helping my Department push through the innovation, production and distribution of the self-test lateral flow devices for mass self-testing in the UK.

Your hard work, due diligence and flexibility has been of utmost value and for that, I am extremely grateful. The tests that have been used so far show promising results and I very much look forward to seeing this innovative product roll out across the entire nation, in the coming weeks and its continual progress in its development.

As COVID-19 infections rise in the lead up to a tough winter, we look forward to continuing to work with you in driving your product to successful delivery and use; so as to prevent the loss of any more lives.

I would also like to ensure you take care of yourselves and your families during these unprecedented times.

On behalf of the entire country, I thank you again.

Yours ever,

MATT HANCOCK

10. Notably, this formal thanks to Elliott and Kasprzak "on behalf of the entire country" for their contribution to the U.K. National Health program does not even mention Huang. *See* Exhibit 2.

11. After revenue began pouring in from the U.K. contacts, Kasprzak pleaded with Huang to at least hold the vast sums of money generated by the U.K. contracts in a managed brokerage account to provide diversification, and generate dividends and capital gains. Huang refused, instead keeping hundreds of millions of dollars in unsecured, uninsured, non-interest bearing checking accounts that only he controlled. Kasprzak advised Huang to structure the Pasaca Group in a manner customary for private equity funds and holding companies to generate cash flow for PCI from its investments, exert management oversight, and obtain other customary rights, but Huang refused.

12. As the pandemic began to subside and the days of the multi-hundred-million-dollar contracts for testing kits were over, Elliott and Kasprzak began to look to the future. PCI was flush with what should have been billions in cash from the U.K. contracts, but had no concrete future revenue streams. Without significant due diligence, or review by Elliott, Kasprzak, or PCI's shareholders, Huang frittered away hundreds of millions of dollars on airplanes, houses for himself and his girlfriends, and investments in shaky, unproven, and ill-conceived businesses. Huang threw money blindly at ludicrous business ventures proposed by his friends, girlfriends, or others only he had met, and other equally sketchy and one-sided deals proposed by Sean Rogers, the nominal CEO of PCI and Chairman of Innova.

13. Elliott, who had been the CEO of Innova, left in May 2022. Huang, on behalf of PCI, agreed to repurchase Elliott's equity in PCI for a negotiated sum of $75 million and did so on Elliott's departure. Kasprzak, who had the same amount of equity in PCI as Elliott, likewise wanted to move on, but Huang convinced Kasprzak to stay by promising him an equity buy-out on terms at least as favorable as those provided to Elliott—i.e., at least $75 million through a stock repurchase agreement. In return, Kasprzak remained as interim CEO for the express purpose of re-positioning Innova for the future and identifying a permanent CEO, so that Kasprzak could then depart. Kasprzak attempted to manage Innova as its COVID-driven

opportunities evaporated, while trying to keep Huang from tearing through PCI's then-considerable resources.

14. Both Elliott's completed stock sale and Kasprzak's agreed-to sale were at a valuation significantly lower than the actual value of the stock. Both Kasprzak and Elliott were agreeable to take less than market value for their shares to be able to exit the company and make a clean break with Huang. Consistent with Huang's *modus operandi* of reneging on his agreements, he is now suing Elliott alleging that Elliott's stock purchase agreement is invalid.

15. Over the summer of 2022, Kasprzak's conclusion that he did not want to continue working with Huang only solidified. Beyond just wanting to move on to try something else, Kasprzak was dismayed by Huang's poor and secretive investment decisions, refusal to follow corporate protocol, ever increasing megalomania and erratic behavior, and his focus on improperly lavishing company-sponsored benefits on his collection of girlfriends rather than the growth of the business. On occasion, Kasprzak—who was at this point both the interim CEO of Innova and Chief Legal Officer of PCI—would find out after the fact that Huang had transferred substantial funds to opaque investments inside and outside the United States. Kasprzak was constantly attempting to talk Huang out of bad ideas and to follow basic corporate formalities, which Huang ignored as a matter of course.

16. Each time Kasprzak discussed his desired departure with Huang, Huang repeatedly promised that he would make it worth Kasprzak's while to remain at Pasaca Group to help stabilize the companies after Elliott's abrupt departure. By September 2022, however, Huang told Kasprzak that he intended to close Innova, fire all of its employees, and make purchasing aircraft for private aviation Pasaca Group's core business. Kasprzak disagreed with these radical changes and repeatedly asked Huang to conclude the promised repurchase of his stock. Huang, in turn, repeatedly promised that he would do so, but found excuses for delay. As a result of Huang's deceptive promises, Kasprzak remained in his roles instead of pursuing other business opportunities.

17. Huang often said that he viewed all monies paid to PCI's shareholders and employees, including Kasprzak, as a gift from Huang, which was of course inconsistent with the

understanding and agreements made among the co-venturers. Huang believed that he alone should decide stock, salaries, bonuses, and other elements of remuneration. After Kasprzak's departure, Huang claimed credit of the Pasaca Group's success, and referred to himself as Innova's "original founder."

18. In truth, Huang resented the credit Kasprzak had received, both internally within Pasaca Group and from third parties, like the U.K. government. Huang was jealous that issues relating to Pasaca Group companies went directly to Kasprzak and grew increasingly bitter that Kasprzak, not Huang, was perceived by everyone within the Pasaca Group as the operational leader of the entire enterprise.

19. Moreover, Huang had to find a way for the business to continue to sustain his lavish lifestyle, half-cocked business gambles, and luxuries for his friends and girlfriends with rapidly declining funds. To avoid paying Kasprzak, Huang continued to deceive him. Then, on September 30, 2022, the date Huang and Kasprzak had agreed that Defendants would repurchase his shares and Kasprzak would resign from his roles in the Pasaca Group, rather than honor his commitment, Huang executed the first step of his devious plan. He falsely accused Kasprzak of stealing from Pasaca Group and terminated him. Huang then maliciously sent a company-wide email throughout the Pasaca Group that intimated Kasprzak had been terminated for harassment and improper behavior. This was not only a stunning about-face, but a complete and utter fabrication, and a betrayal. Then, not satisfied with just tarnishing Kasprzak's reputation within Pasaca Group, Huang issued a press release on October 3, 2022, publicly announcing that Kasprzak had been "terminated" as CEO of Innova.

20. As it turns out, this is Huang's pattern: he makes agreements that he later decides not to honor, and justifies his actions by lobbing defamatory statements and incendiary

allegations of fraud and theft without any basis.[1] Of the original five co-venturers, only Huang remains. He is in litigation with Kasprzak, Elliott, and Xu, and bought out Luo in September 2022 for a fraction of what he should have received.

21. Over the last year, Huang's behavior has become even more erratic and self-centered. His questionable personal behavior not only has put Pasaca Group at risk, but demonstrates that he is acting without boundaries and is treating Pasaca Group property and funds as if they were his own personal assets.

22. Recently, Huang transferred more than two hundred million dollars of company funds out of the United States, which would be available to him if he decides to (or is forced to) flee the United States. Huang has also manipulated the PCI capitalization table to unilaterally award stock to friends and family. He built out two personal offices in PCI's building—one floor apart from each other. He even used Pasaca Group to funnel hundreds of thousands of dollars per year to his girlfriends in "salaries" even though they perform no meaningful work for Pasaca Group. According to at least one of these women and other witnesses, Huang engaged in sexual activity in Pasaca Group-owned jets, while purportedly on company business trips. Huang even reportedly orchestrated Pasaca Group's purchase of a condominium from one his girlfriends for greater than market value and also, on information and belief, caused PCI to purchase another $18 million house in Southern California, which Huang has reportedly dubbed "the CEO House."[2] Huang is now facing accusations of sexual misconduct by a former Pasaca

[1] To date, Huang has accused at least Kasprzak, Elliott, Xu, a former girlfriend who left him, the company's former airplane mechanic employee whom he terminated, and the third-party aircraft management services firm he fired to replace with an aircraft management services firm Huang formed with one of his girlfriends, each with theft. He has also been accused of reneging on a long-term incentive package by a large contingent of the current Innova management team. He committed to several other stock repurchases of other shareholders that have yet to be completed.

[2] https://www.dirt.com/gallery/moguls/power-players/covid-test-tycoon-drops-18-million-on-all-new-bradbury-compound-1203610526/.

Group employee who has expressed concern for her personal safety.[3]

23. Huang has squandered the assets of PCI, effectively destroying the value of Kasprzak's stock. Kasprzak brings this action to hold Huang and his alter-ego, PCI, accountable for his lies, deceit, and breach of fiduciary duty that have cost Kasprzak many tens of millions of dollars to date and threaten to destroy any remaining value PCI may have.

## THE PARTIES

24. Plaintiff Robert Kasprzak is an individual who resides in Spring, Texas. Kasprzak is a significant shareholder of PCI with at least 10% and possibly above 15% of outstanding shares.[4] He previously served as chief legal officer of PCI, lead lawyer of Innova, and briefly as interim CEO of Innova, while also serving as a member of the board of directors of each of PCI, Innova, and several related Pasaca Group subsidiaries and affiliates.

25. Defendant Charles Huang resides in Arcadia, California. Upon information and belief, Huang is the Chairman and CFO of PCI and an officer and director of Innova. After Kasprzak's departure, Huang named himself CEO of Innova.

26. Defendant Pasaca Capital, Inc. is a corporation formed and existing under the laws of the State of Nevada with its principal place of business at 800 East Colorado Boulevard, Suite 888, Pasadena, California 91101.

## JURISDICTION AND VENUE

27. The amount in controversy exceeds the sum or value of $25,000 as required for this Court's unlimited civil jurisdiction.

28. Venue is proper as to Defendant Huang in this Court pursuant to 395(a) of the Code of Civil Procedure because Defendant Huang resides in Los Angeles County, California.

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[3] In a recent incident that was recorded and posted on Twitter, this Pasaca Group employee is seen shouting at a Chinese American Federation event, "I have received physical threats. . . If you don't see me after today, it means that I'm already dead. And all of you can testify for me," before adding "Huang, Chunhua [Charles] said, if I present my evidence, he would commit suicide." *See* https://twitter.com/AsiaFinance/status/1623725938637668352.

[4] Pursuant to his rights as a shareholder under Nevada law, Kasprzak served a request for the PCI stock ledger on February 17, 2023. PCI improperly refused Kasprzak's request on February 27, 2023.

29. Venue is proper as to Defendant PCI pursuant to 410.10 of the Code of Civil Procedure because PCI's principal place of business is in Los Angeles County, California, and PCI is and was the alter ego of Defendant Huang.

## PCI IS AND WAS THE ALTER EGO OF HUANG

30. Kasprzak alleges that, at all times herein mentioned, PCI is and was the alter ego of Huang, and that at all times herein mentioned there existed such a unity of interest between Huang and PCI that any separateness has ceased to exist between them for the following reasons:

a. As alleged herein, Huang used the assets of PCI and its wholly-owned subsidiary Innova for his own benefit and has caused the assets of these corporations to be transferred to himself, his family, and others without adequate consideration and for improper purposes;

b. As alleged herein, Huang has exercised complete dominance and control over PCI and Innova such that PCI and Innova are mere shells and instrumentalities for the conduct of Huang's business and personal interests;

c. As alleged herein, Huang and PCI, are alter egos of each other based on their unity of interest, and the injustice that would result if they were treated separately; and

d. As alleged herein, Huang has carried on activities and business of PCI and Innova without holding directors and shareholders' meetings and entered into personal transactions with Pasaca Group without the approval of the other directors or shareholders.

## FACTUAL ALLEGATIONS

### A. Formation of PCI and Innova

31. PCI was formed in 2016 by Huang. It remained a dormant shell company for approximately four years.

32. At the introduction and recommendation of Elliott, Kasprzak met with Huang in early March 2020. Kasprzak thereafter became an integral part of building the co-venture. Its initial purpose was to serve as an investment advisory firm for certain ultra-high net worth individuals residing in China who, Huang claimed, had entrusted him to find and secure quality investment opportunities in the U.S. and abroad for their funds. It also pursued opportunities related to COVID. At the time, the main co-venturers were Huang, Xu, Elliott, Kasprzak and

Luo.

33. The co-venture initially existed without documentation or name. Shortly thereafter, its activities were folded into PCI.

34. Innova was formed on March 20, 2020. Innova had no bylaws, no employees, and no money at its inception, and on information and belief was wholly owned by PCI.

35. When Kasprzak met with Huang and Elliott and joined the co-venture, he and the other co-venturers had no titles. Each of the founders was wearing multiple hats, attempting to define, develop, and grow the business. When PCI assumed the co-venture's business activities, Kasprzak became a PCI officer and director, and PCI's chief legal officer. He also became Innova's chief lawyer and corporate secretary, initially in an unofficial capacity and later in an official capacity. From May 2022 until September 2022, he served as interim CEO of Innova.

36. To fund the co-venture and then PCI, Xu personally invested approximately $10,000 to $20,000 for operating expenses. Huang claimed to contribute an office building that he purportedly owned for the partnership to use. However, as Kasprzak and Elliott later came to learn, Huang rented the building from Xu's uncle, and only paid two months of rent before he ceased making payments. Huang used language barriers among the co-venturers to obfuscate and in some cases hide the truth regarding the office building and his purported wealth—Xu does not speak English, and Kasprzak and Elliott do not speak Mandarin Chinese.

37. Kasprzak, and on information and belief, Elliott, Xu, Luo, and Huang did not receive any compensation for some time following the initiation of their collaboration, as the co-venture and then the Pasaca Group initially had no revenue, and very minimal funding, chiefly provided by Xu. Because of the informality of their business relationship, initially, there was no formal documentation of the ownership structure of the co-venture, PCI, or Innova. Eventually, however, Huang divvied up ownership in PCI through equity, generally taking it upon himself to unilaterally allocate shares of PCI among himself, Kasprzak, Elliott, Xu, Luo, and others. Xu and Luo received less equity in PCI, with Huang hoarding the extra equity for himself through an entity he controls, Pasaca Capital, LLC (Pasaca Capital, LLC is not included in the definition of "Pasaca Group"). Kasprzak became a stockholder in PCI, effective March 1, 2020, by

purchasing 250,000 shares. He later purchased 500,000 additional shares, taking his total number of shares to 750,000, or roughly 11% of PCI as of September 2022. Kasprzak did not obtain his shares in PCI as a term of his employment with PCI or in connection with employment at PCI or Innova. Kasprzak's equity in PCI came from his relationship with the co-venture and his status as a co-venturer in what was ultimately the Pasaca Group business.

**B. Kasprzak Worked Tirelessly to Secure and Execute Innova's Sales Contracts with the United Kingdom**

38. When the coronavirus pandemic exploded around the world in the spring of 2020, Innova focused on supplying testing materials worldwide—first antibody test kits, and later antigen test kits.

39. In the middle of 2020, at the height of the COVID-19 pandemic, there was no vaccine available, and countries around the world were scrambling to figure out how they could get people back to work and school relatively safely. The U.K. government aggressively launched a mass testing program designed to test every citizen on a regular basis. In order to do so, they needed a massive, regular, and reliable supply of test kits.

40. Around the same time, Luo had a contact with Xiamen BioTime ("BioTime"), a Chinese company that specializes in the production and sale of in vitro diagnostic devices and reagents. Luo, Xu, and Junjun Li, Xu's contact with BioTime, who each had decades of experiences working with Chinese businesses, worked to secure a deal between Innova and BioTime, that Kasprzak ultimately drafted.

41. After securing an exclusive distribution relationship with BioTime, in or around mid-2020, Innova, through Elliott, made contact with the U.K. government to express an interest in being its supplier. Innova quickly emerged as one of only a few companies that could meet the U.K. government's needs.

42. As Innova's prospects began to pick up in the late summer of 2020, so, too, did necessary expenditures. For example, Innova needed $50,000 to secure insurance needed to satisfy the U.K. government's requirements for vendors. Unbeknownst to Kasprzak, Huang did

not have the funds. Xu funded the insurance policy. However, Huang led Kasprzak and Elliott to believe that he paid the premium, not Xu.

43. Elliott led negotiations with the U.K. government. On September 17, 2020, Innova closed on a contract with the U.K. government to supply 18 million lateral flow antigen test kits for approximately $138 million.

44. After Elliott led effort to put the September 17, 2020 sale together and negotiate the terms, Kasprzak led the documentation of the contract, implementation of the business, development of the relationship with the U.K. government, and performance of all aspects of the contract. This effort ultimately led to considerable additional orders. Kasprzak's role became a grueling job that required non-stop work and frequent international travel during the height of the pandemic. Throughout the fall of 2020, Kasprzak was working around the clock to finalize the logistics of getting supplies to the U.K. and ensuring Innova was in a place to fulfill its end of the contract. Kasprzak was the primary point of contact for Innova with the U.K. government team.

45. The U.K. government was very satisfied with the tests and wanted to order additional tests from Innova to supply its national testing program. Because Innova was able to ensure delivery of millions of reliable tests, on time, every time, the U.K. government purchased additional tests directly from Innova, interacting solely and directly with Kasprzak. When the United Kingdom needed product, they exclusively contacted and negotiated with Kasprzak.

46. Over time, as more companies began to develop COVID tests, the United Kingdom put out a public bidding process for the purchase of tests. Kasprzak was also then responsible for putting together Innova's bid packages.

47. By contrast, Huang was not involved in soliciting the U.K. order, negotiating the U.K. order, executing the U.K. order, or developing or maintaining relationships with the U.K. government. He had absolutely no involvement in the activity that generated the revenue he ultimately plundered.

### C. Despite Kasprzak's Work, Defendants Refused to Honor their Oral Agreement to Repurchase Kasprzak's Shares in PCI

48. In early 2022, Huang and Elliott began discussions regarding Elliott's departure from Pasaca Group and a buyout of Elliott's shares in PCI.

49. On or around June 10, 2022, Elliott and PCI executed a Stock Redemption Agreement in which PCI agreed to purchase Elliott's 750,000 shares in PCI for a total of $75 million—a figure all believed was less than the fair market value of the stock at that time, but one Elliott ultimately accepted in order to expedite his exit. As part of the agreement, Elliott resigned from all positions he held in Pasaca Group, effective as of May 1, 2022.

50. Also in early 2022, Kasprzak had already mentioned to Rogers, Elliott, and Huang that he wished to unwind his role in the Pasaca Group. Kasprzak and Huang began discussions regarding Kasprzak's eventual departure from Pasaca Group and a buyout of Kasprzak's interest in PCI. As Elliott's departure crystallized, Kasprzak's and Huang's discussions accelerated. To assist with the transition, Kasprzak reluctantly agreed to remain at Pasaca Group for a reasonable period as the chief legal officer and to remain at Innova as interim CEO. He did so in reliance on Huang's promise that PCI would purchase Kasprzak's 750,000 shares on terms at least as favorable to Kasprzak as the purchase of Elliott's shares.

51. After several discussions, in the summer of 2022 Kasprzak and Huang ultimately reached an agreement that PCI would repurchase Kasprzak's shares in two tranches, for a total of at least $75 million. The agreement was unambiguous. As part of the agreement, Kasprzak agreed to resign as an officer and director from PCI on a "mutually agreed upon date."

52. Kasprzak prepared a written stock repurchase agreement memorializing Kasprzak's and Huang's agreement.

53. On or about August 24, 2022, Kasprzak sent the repurchase agreement, which was already reviewed and approved by PCI's outside counsel, to Huang. Huang, without explanation, delayed signing the repurchase agreement, which memorialized their understanding.

54. On or about August 25, 2022, Kasprzak wrote to Huang, "I'm hopeful to resolve the partial stock repurchase in next few days. I've made some financial commitments on

personal investments already based on your verbal consent to repurchase these shares and I'd like to complete those soon."

55. At the same time, Kasprzak continued to assist Innova, at Huang's request. While Kasprzak was serving as interim CEO, Huang repeatedly induced Kasprzak to remain to perform the difficult and unpleasant tasks of shepherding Innova through its downsizing, various legal disputes, employee unrest, and search for a permanent CEO by repeatedly confirming his promise to repurchase Kasprzak's shares for at least $75 million and on terms at least as favorable to Kasprzak as those obtained by Elliott. Huang directed Kasprzak to prepare stock repurchase agreements for himself and for other employee/shareholders—some of which were honored and some of which were not. Kasprzak continued to perform in reliance on Huang's repeated promises that he would honor the promised repurchase agreement.

56. On or around September 1, 2022, Huang agreed to let Kasprzak resign as an officer and director of the various Pasaca Group companies contemporaneously with the repurchase of Kasprzak's shares. Kasprzak and Huang later agreed that the repurchase of Kasprzak's shares and Kasprzak's resignation from his roles would occur on September 30, 2022.

57. Thereafter, Huang provided repeated assurances that Defendants would repurchase Kasprzak's stock and scheduled a dinner with Kasprzak and his wife a restaurant near PCI's Pasadena offices ostensibly to sign his stock repurchase contract and thank Kasprzak for his support. Instead, as Kasprzak later learned, Huang's true purpose in arranging the dinner was that Huang maliciously intended to embarrass Kasprzak in front of his wife with false accusations of wrongdoing. Unforeseen circumstances arose that fortunately forced Kasprzak to cancel that dinner.

58. Rather than paying Kasprzak what he was rightfully owed, on September 30, 2022, PCI and Innova terminated Kasprzak and claimed he was under an internal investigation. Huang conjured up numerous false and salacious allegations against Kasprzak as a pretext for his termination and to avoid paying Kasprzak what he was owed.

59. Minutes after informing Kasprzak of his termination, in an apparently preprepared written company-wide message, Huang announced that Kasprzak had been terminated from Innova and PCI, that Huang was taking over as Innova's interim CEO, and then stated that "[a]s a matter of principles [sic], I have zero tolerance for internal and external corruption, racial discrimination, sexual harassment, and all other bad behaviors." *See* Exhibit 3. This was intended to and did convey that these Huang's purported "principles" and "zero tolerance" for corruption, racial discrimination, sexual harassment and "other bad behaviors" were not shared by Kasprzak as CEO and that Kasprzak engaged in such activity. The statement was knowingly false and was intended to and did harm Kasprzak's reputation. Kasprzak only found out about the company-wide defamatory statement after the fact and he could not rebut it in real time.

60. On October 3, 2022, Huang issued another company-wide email regarding Kasprzak's termination, further insinuating the false and pretextual bases for his dismissal.

61. In further efforts to bolster his decision not to honor his promise to repurchase Kasprzak's PCI shares, and to destroy Kasprzak's reputation in the business community, Huang has continued to defame Kasprzak, telling Pasaca Group personnel that Kasprzak participated in a scheme to steal from PCI and Innova.

62. Huang continues to defame Kasprzak at every opportunity. Huang knows his accusations of theft are false and is deliberately disseminating this scurrilous story within and beyond Pasaca Group with malice to create a pretext for not repurchasing Kasprzak's PCI stock and to deflect attention from his own malfeasance.

63. By depriving Kasprzak of the value of his shares, Huang is wrongfully denying the existence of his agreement with and promises to Kasprzak. Huang is effectively nullifying the value of Kasprzak's ownership interest in the PCI, unjustly retaining the consideration Kasprzak paid for his equity interests in PCI and directly violating the understandings and promises made as a co-venturer of Kasprzak's, while at the same time denying Kasprzak any involvement in Pasaca Group and denying Kasprzak information to which he is entitled to as a co-venturer and a shareholder.

**D. Huang's Engaged in Flagrant Self-Dealing, Giving Away Millions to Close Family and Friends, And Treats PCI as His Personal Alter Ego Entity**

64. As billions of dollars of revenue flowed into Innova, Huang, who previously had no income, claimed that he alone was the reason behind Pasaca Group's success. After Innova generated billions, he became even more narcissistic and controlling. He began flaunting his newfound wealth, purchasing private jets, luxury automobiles, designer and custom clothing and accessories for his girlfriends, and funneling money to them and their enterprises. He became so vain that at one point, Huang asked Elliott to "manage his trying to get Knighted."

65. Huang began throwing PCI's money at high-risk/low probability of success ventures, often associated with his close family, friends, and girlfriends, effectively squandering PCI's assets. This recently included using company money to purchase the $18 million house "CEO House."[5]

66. Since Innova struck its first deal with the U.K. government, Huang drained Innova to filter the money up to PCI, and then spent PCI's money on questionable investments without the consent or approval of other shareholders or directors, and often without any due diligence. On more than one occasion, Huang informed Kasprzak that he already executed a deal and therefore needed Kasprzak to draft the appropriate legal documents. When pressed on the terms of these deals, Huang simply responded that there was no need for due diligence since he was, in his own estimation, "gifted with the mind of master strategy on business" and he "could see the future."

67. On multiple occasions, Huang explained that he did not require due diligence or oversight, invoking his purportedly prophetic gift of being able to "see the future" to justify his investment decisions. But in reality, Huang was the opposite of a master business strategist and certainly could not predict the future. Many, if not all of, Huang's purported genius investments were in failing or failed companies. For example, Huang invested large sums of PCI's money into several companies—such as Quantum Materials Corporation ($7+ million), 3PE ($6

[5] The title to the "CEO House," attached to the Complaint as Exhibit 4, is in PCI's name, not Huang's name.

million), Standard Cytopedia ($6 million), EJoy ($8.5 million), SG Diagnostics ($7.5 million), and Sweegen ($50 million)—without any due diligence or board consultation. These investments quickly went underwater, resulting in millions of dollars of losses[6] and concern among PCI's leadership that Huang lacked the cognitive disposition to handle money, let alone effectively run a multi-billion dollar company. Even Sean Rogers, the CEO of PCI at the time, was unaware that Huang invested an additional $30 million into Sweegen, noting that "30mm [was] a tall ask" but that he only "caught wind" of it after the investment was made and it was too late.

68. Huang kept many of his deals a secret from Kasprzak because Huang knew that if Kasprzak discovered Huang's intentions, Kasprzak would try to stop Huang. For example, in late 2020, following Innova's success in the U.K., Huang invested $50 million of PCI's money in Caton Technologies ("Caton"). Kasprzak did not know what this company did, who owned it, or how the company planned to use the investment. Once it became clear that Huang's investment in Caton was a failure, Kasprzak attempted to unwind Huang's deal, albeit without success. Similarly, in or around late 2020, Huang agreed to acquire MPS, a medical device distributor in Brea, California, for $20 million, a valuation that Huang appeared to conjure out of thin air. As Kasprzak tried to mitigate the damage, Huang instead invested more, doubling down on his poor decision by purchasing 200 machines designed to kit and pouch COVID-19 test kits. However, as Kasprzak repeatedly told Huang, Innova sourced their product from BioTime and therefore had no need for MPS or machines for packaging. These, and many other investments directed by Huang, are today either significantly reduced in value or worth virtually nothing at all.

69. Not only were Huang's unauthorized, secret investments failures, more often than not Huang's dealings went to himself, or to companies controlled by or associated with Huang's

[6] For example, Huang invested at least $6 million in 3PE, a company that purportedly made personal protective equipment ("PPE") but had no assets at the time Huang invested in the company. To support his investment, Huang then leased a facility in Ontario for 3PE to manufacture PPE. However, the facility never made a single mask, and Kasprzak was able to convince Huang to put the company out of business less than a year later.

friends, family, or girlfriends. For example, on one occasion, over Kasprzak's objection, Huang invested $50 million of PCI's money in a Chinese company called ATL, which performs after-life services in China, by purchasing shares from a friend of his named Arjun Pan. In fact, as Kasprzak came to understand, Huang's investment did not go to ATL directly, but rather to Ms. Pan personally. In addition to paying his friend $50 million, Huang then unilaterally gave Ms. Pan shares in PCI without any board approval or resolution. Huang also hired Ms. Pan's assistant, Sean Shi, who, on information and belief, has no experience running a company, to run Innova's Singapore subsidiary. Like Huang's other investments, and because the deal did not involve any new monies to ATL directly, ATL never conducted any significant business while Kasprzak was with Pasaca Group and Huang conceded to regretting the investment—true to form, several times mentioning to Kasprzak that Ms. Pan had misrepresented the company to him and that he was going to get money and shares back from Ms. Pan or sue her for fraud.

70. On another occasion, Huang committed over $1.5 million to Enikam d.o.o. ("Enikam"), a Slovenian company introduced by Huang's longtime friend Goran Jovic, and employee and shareholder of PCI residing in Slovenia, without any knowledge by the PCI board of directors. Kasprzak understood that Huang was considering the investment into Enikam to advertise Enikam's single product, a mouth spray, as a "COVID killer," which Kasprzak immediately shot down due to what should have been obvious potential legal exposure, or so he thought. On a trip to Slovenia in mid-2022, Kasprzak shockingly learned that Huang had not only made the initial investment into Enikam despite Kasprzak's warnings, but he was also considering an additional investment into Enikam. After meeting with the Enikam CEO and founder for the first time in mid-2022, Kasprzak thinks he dissuaded Huang at that time from making the additional investment.

71. On yet another occasion, Huang created and invested in a subsidiary of PCI unbeknownst to PCI's other shareholders and directors. In early 2022, Kasprzak learned about a company called Pasaca Entertainment, LLC ("Pasaca Entertainment"). At the time, none of Kasprzak, Elliott, or Rogers had heard of the company. When Kasprzak asked Huang about Pasaca Entertainment, Kasprzak was directed to a young PCI employee with little to no actual

business experience as the person in charge of Pasaca Entertainment. After some additional investigation, Kasprzak discovered that PCI had invested in several feature films through Pasaca Entertainment unbeknownst to PCI's other officers and directors, including Kasprzak, Elliott, and Rogers, the CEO of PCI at the time.

72. Huang caused PCI to fund a screenplay and development of a fictionalized and idealized autobiographical motion picture entitled "Overnight Billionaire." To salvage PCI's investment in Pasaca Entertainment, Kasprzak attempted unsuccessfully to attain some level of visibility and/or involvement into the Pasaca Entertainment business and some level of oversight of its inexperienced trio of executives (all Pasaca Group employees).

73. On yet another occasion, Huang insisted that PCI's and Innova's directors' and officers' liability insurance (D&O insurance) be obtained from a company Huang personally created in Bermuda, at rates and on terms that were materially less favorable to PCI and Innova than rates and terms available from established insurance companies. On information and belief, the Bermuda company was managed by an unknown figure introduced to Huang by one of Huang's girlfriends, who had little to no experience in running an insurance company. Recognizing that Huang's request was ludicrous and bad for business, Kasprzak sought assistance in finding an affordable D&O insurance package elsewhere. Once Huang learned of Kasprzak's efforts, Huang unilaterally and without notice purchased insurance from the Bermuda company that (1) failed to satisfy the coverage demands; (2) lacked an office or claims handling support or processing capabilities; (3) had premiums over three times the premiums for insurance identified by the Kasprzak-led Innova team, and (4) had worse terms with respect to audit rights insurance.

74. On yet another occasion, Huang purchased private jets with PCI funds at a cost in excess of $70 million. After establishing an aviation management company of his own, Huang accused PCI's third-party aircraft management company, SP Aviation, which is well respected with a longstanding history in the business, of "overcharging" and "stealing" from Pasaca Group. Huang then fired SP Aviation and contracted with Prima Air, a company in which Huang has a personal and financial interest and which is managed by his primary mistress.

75. Huang's gross mismanagement did not stop at simply investing in businesses associated with family, friends, and girlfriends. On information and belief, Huang often hired or simply just paid friends, family, or girlfriends from Pasaca Group's accounts. In or around October 2022, Kasprzak came to understand that Huang had employed and paid hundreds of thousands of dollars per year in "salaries" for non-existent jobs to his daughters (who are each also shareholders of PCI) even though his daughters performed no work for any of the entities.

76. Huang hired his mistresses to work at Pasaca. One, whose background is as a fitness trainer, was appointed as the global head of PR for the entire Pasaca Group, a position for which she had no training or experience. On information and belief, another is being paid a $600,000 per year salary for doing no actual work; her job is, reportedly from a current Pasaca Group employee, "making Charles happy." On information and belief, Huang, using Pasaca Group funds, purchased the "CEO House" for $18 million, a $6 million house in Newport Beach, an approximately $3.5 million house in Arcadia, and a condominium near the PCI office in Pasadena for an above market price.

77. Each and every time Kasprzak learned of Huang's ill-advised or secretive investments, Kasprzak attempted to stop Huang, but was often unable to do so. More often than not, Kasprzak either never learned of these transactions or learned well-after they had been completed.

78. Kasprzak's efforts to make good investments, generate revenue, and cut costs on behalf of Pasaca Group were only further impeded by Rogers's efforts to enrich himself and his friends at the expense of the company. Rogers led Pasaca Group into several questionable transactions with companies owned by his friends. He also reaped the fruits of Kasprzak's labors in the U.K. with trips to Europe for no reason, lavish hotel and restaurant expenses billed back to the company, the redundant creation of the Dallas office to avoid moving to California, and continuing failures to complete tasks assigned to him or voluntarily undertaken by him. Rogers, also the Executive Chairman of the Innova board of directors, undertook the responsibility of creating a long term incentive plan for the Innova management team and never followed through, causing that management team to turn to Kasprzak to assist them. Kasprzak did so until he was

terminated under false pretenses in September of 2022. That management team is now suing Innova and PCI to enforce the promised incentive plan.

79. Rogers also conspired with Huang to make a secretive $100 million, non-cancelable investment in LivePerson, a software company run by Rogers's close friend, Rob LoCascio. That investment was completed by Rogers and a law firm handpicked by Rogers, without any oversight from the board, Elliott, Kasprzak (who was chief legal officer), or shareholders. On terms that defy custom and practice for similar investments, solely at the direction of Rogers and with Huang's approval, Pasaca Group has overpaid by up to 90% for application development services and invested—and apparently lost—tens of millions of dollars. When Kasprzak tried to undo Rogers's ill-advised investment, Kasprzak discovered that it was impossible since PCI, through Rogers, "guarantee[d] the full investment, without any milestones agreed," allowing LivePerson to spend PCI's money "without any accountability."

80. Rogers and Huang also used PCI to form Prevention, Diagnosis, Treatment, Inc. ("PDTi") to, among other things, purchase and distribute vaccines, diagnostics, and therapeutics. Huang and Rogers then invested significant PCI money into PDTi, with no performance metrics or other contingencies. Despite Kasprzak's objections and calls for oversight, Rogers and Huang were able to continue to compensate their friends and further squander corporate assets.

81. Huang was able to completely control PCI's finances because he monitored every financial transaction, personally signed all or substantially all checks, personally initiated all or substantially all other payments, and insisted he personally approve payments he did not personally initiate. He even personally went to the bank to send wires of PCI funds.

82. By contrast, Huang refused to show shareholder ledgers or financial records to officers or members of PCI's board, including those with a statutory and/or business reason for access. Indeed, Kasprzak served a proper demand for the shareholder ledger in February 2023, to which he is entitled under Nevada law. In response, PCI simply refused his request without a legitimate legal basis for doing so.

83. As alleged herein, Huang treated Pasaca Group like his personal business, where he unilaterally made decisions binding Pasaca Group entities, including PCI and Innova without

oversight, board meetings, or even reasonable discussion. In fact, on information and belief, there have been no shareholder meetings, few board meetings, and at many times Huang served as the sole member of the board of directors of PCI.

84. For example, on more than one occasion from approximately January 2022 to September 2022, Innova's chief financial officer, Guzel Lumpkin relayed to Kasprzak that she could not access or release Innova's money because "Charles never wanted to approve [her] access." Huang's actions prevented Ms. Lumpkin from building "proper entitlement control" or effectively carrying out her obligations as CFO. On information and belief, PCI's CFO, Cliff Guan, experienced such consternation from Huang's repeated and continuous mismanagement of corporate funds and assets that he developed serious health complications and ultimately resigned from his position in mid-2022.

85. Because Huang had financial control of PCI and Pasaca Group, including Innova, Huang was able to, unilaterally and without warning, pull hundreds of millions of dollars in and out of Innova's bank accounts and send money overseas to Hong Kong and Singapore. These actions hampered Innova's ability to do business. For example, on or around April 29, 2022, Guan, at Huang's instruction, requested that over $200 million be pulled from Innova's accounts to two PCI checking accounts. After Kasprzak asked Guan why Huang was "emptying the IMG coffers," Guan simply responded that "it is Charles's decision," claiming that "IMG [did] not need those money [sic] in the near future." In reality, on information and belief, Huang was creating a rainy-day fund in case his fortune in the U.S. ran dry and he chose to flee U.S. jurisdiction.

86. On information and belief, Huang has recently transferred $100 million of PCI assets to overseas bank accounts in Hong Kong and another $100 million to accounts in Singapore.

87. In response to Huang's actions, on or around May 5, 2022, Ms. Lumpkin sent a message to Kasprzak expressing her concern, stating "I am really concerned that PCI is removing all the cash from IMG all together. They could have transferred it into the separate

account where only Charles has access, if he wants, but keep it on IMG balance sheet." Kasprzak responded that he had "no visibility into the logic."

88. On or about May 6, 2022, Ms. Lumpkin sent Kasprzak an email showing "all the transfers" from Innova to PCI. According to Ms. Lumpkin, from January 2021 to March 2022, more than $1 billion was transferred out of Innova to PCI. Ms. Lumpkin stated she had "no knowledge" of some of the distributions until after the fact.

89. On the same day, Ms. Lumpkin emailed Kasprzak and Guan asking "to understand what is the overall plan and the needs for certain movements" and for "Board resolutions for all prior cash transfers out of IMG to PCI" because she did not have the information and "need[ed] to have proper documentation and back up for material cash transfers and transactions."

90. On information and belief, Huang's combination of incompetence, power, and greed has squandered, or moved to undisclosed locations and uses, more than $1 billion of PCI assets generated from the U.K. sales. Kasprzak diligently endeavored to stop Huang, but given Huang's unilateral action, power, and Pasaca Group's structures, Kasprzak's efforts were futile.

91. Huang's actions as alleged above constitute oppression, fraud, and malice with respect to Kasprzak. Huang deliberately intended to injure Kasprzak and avoid paying Kasprzak through fraud, breaching agreements and promises, looting Pasaca Group, hiding assets, and spreading lies about Kasprzak to tarnish his reputation. This egregious and intentional conduct provides ample bases for the following claims.

## CLAIMS FOR RELIEF

### CAUSE OF ACTION ONE:
**Breach of Oral Contract**
**(Against all Defendants)**

92. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-91 as if set forth fully here in.

93. In or around mid-2022 Kasprzak and Huang entered into an oral agreement in which Huang agreed that Defendants would repurchase, and Kasprzak agreed to sell, Kasprzak's outstanding shares for a total of at least $75 million.

94. At the same time, Kasprzak continued to assist Innova as interim CEO and PCI as Chief Legal Officer at Huang's request.

95. In or around May of 2022, Huang agreed that Kasprzak would resign as an officer and director PCI and Innova upon the repurchase of Kasprzak's shares for no less than $75 million. Over the next several months, Kasprzak and Huang solidified that Kasprzak's last day would be September 30, at which time Defendants would repurchase Kasprzak's shares and Kasprzak would simultaneously voluntarily resign from his positions within Pasaca Group.

96. Relying on the oral agreement, Kasprzak performed all or substantially all of his obligations under the oral agreement, or was excused from performing any things he did not perform thereunder.

97. Defendants have totally breached the oral agreement, and continue to do so, by failing to repurchase Kasprzak's shares for the agreed upon amount.

98. As a direct and proximate cause of Defendants' conduct as alleged herein, Kasprzak has been damaged in an amount in excess of $25,000 to be proven at trial, and not less than $75 million, the minimum price for which Defendants agreed to repurchase Kasprzak's shares.

99. Kasprzak has been forced to retain counsel to prosecute this action and is entitled to an award of his attorneys' fees and costs associated with bringing this action.

**CAUSE OF ACTION TWO:**
**Breach of Implied Covenant of Good Faith and Fair Dealing**
**(Against all Defendants)**

100. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-99 as if set forth fully here in.

101. In or around mid-2022 Kasprzak and Huang entered into an oral agreement in which Huang agreed to repurchase, and Kasprzak agreed to sell, Kasprzak's outstanding shares for a total of at least $75 million.

102. At all times, Kasprzak engaged with Huang in good faith, staying as an officer and director of Pasaca Group entities long past when he wanted to, relying on Huang's promises that Kasprzak's stock repurchase would occur.

103. Kasprzak has performed all or substantially all of his obligations under the oral agreement, or was excused from performing any things he did not perform thereunder. Kasprzak is entitled to receive the benefits of his oral contract with Huang.

104. Defendants have totally breached the oral agreement, and continue to do so, by failing to repurchase Kasprzak's shares for the agreed upon amount and denying the existence of the agreement, and accordingly have frustrated the purpose of the agreement. Defendants have knowingly and falsely denied the existence of the agreement, depriving Kasprzak the benefit of the agreement and frustrating its purpose.

105. Defendants also breached the implied covenant of good faith and fair dealing when Defendants pretextually terminated Kasprzak and refused to honor their agreement to repurchase Kasprzak's shares, thereby depriving Kasprzak of the entire purpose of the agreement.

106. Defendants unfairly interfered with Kasprzak's right to receive the benefits of the contract at the value promised to Kasprzak. Huang represented repeatedly to Kasprzak that Kasprzak would be entitled to at least an equal repurchase value as Elliott. Yet Huang deceptively and secretly went behind Kasprzak's back to renege on his promises, and instead manufactured a thin justification for Kasprzak's termination in an effort to avoid paying Kasprzak what everyone agreed he was owed for his shares.

107. As a direct and proximate cause of Defendants' conduct as alleged herein, Kasprzak has been damaged in an amount in excess of $25,000 to be proven at trial, and not less than $75 million, the amount Defendants agreed to repurchase Kasprzak's shares for.

108. Kasprzak has been forced to retain counsel to prosecute this action and is entitled to an award of his attorneys' fees and costs associated with bringing this action.

**CAUSE OF ACTION THREE**
**Promissory Estoppel**
**(Against all Defendants)**

109. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-108 as if set forth fully here in.

110. Defendants made a clear and unambiguous promise to Kasprzak to purchase Kasprzak's PCI shares for at least $75 million. Huang and PCI desired and reasonably expected the promise to induce action or forbearance by Kasprzak, including remaining at PCI and Innova beyond when he otherwise would have left. Huang's and PCI's promise did in fact induce the desired action and forbearance by Kasprzak. Injustice can be avoided only by enforcement of Huang's and PCI's promise.

111. Even more specifically, Huang intended Kasprzak to rely on these representations and promises and to induce Kasprzak to remain to perform the difficult and unpleasant tasks of shepherding Innova through its downsizing, various legal disputes, employee unrest, and its search for a permanent CEO. Kasprzak reasonably and justifiably relied on Huang's and PCI's promises and put his trust in Defendants that Defendants would fulfill their promises and therefore remained at PCI longer than he wished to remain in reliance on Defendants' promises.

112. Kasprzak's reliance on Defendants' promises was a substantial factor in causing Kasprzak's harm as alleged herein.

113. As a direct and proximate cause of Defendants' conduct as alleged herein, Kasprzak has been damaged in an amount to be proven at trial, and not less than $75 million, the amount for which Defendants agreed to repurchase Kasprzak's shares.

114. Kasprzak has been forced to retain counsel to prosecute this action and is entitled to an award of his attorneys' fees and costs associated with bringing this action.

**CAUSE OF ACTION FOUR**
**Fraud**
**(Against Huang)**

115. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-114 as if set forth fully here in, and alleges fraud in the alternative to breach of contract.

116. In and around mid-2022, Huang intentionally and repeatedly made false representations to Kasprzak that Defendants would repurchase Kasprzak's shares of PCI for at least $75 million when in fact, Defendants had no intention to do so. Defendants' actions have effectively nullified Kasprzak's ownership interest in PCI.

117. When pressed, Defendants continually reassured Kasprzak that he would get the money he was rightfully owed.

118. On information and belief, Defendants knew that such representations were false but continued to make false representations to Kasprzak for the purpose of inducing him to remain at Pasaca Group and continue to render services.

119. Defendants repeated false representations caused Kasprzak to remain employed by PCI and Innova, and to undertake considerable difficult and unpleasant work on behalf of Pasaca Group while forgoing other opportunities.

120. Kasprzak's reliance was reasonable, given Huang's performance of his similar agreement with Elliott and others and PCI's financial condition.

121. As a direct and proximate cause of Defendants' conduct as alleged herein, Kasprzak has been damaged in an amount in excess of $25,000 to be proven at trial, and not less than $75 million, the amount for which Defendants agreed to repurchase Kasprzak's shares.

122. Kasprzak has been forced to retain counsel to prosecute this action and is entitled to an award of his attorneys' fees and costs associated with bringing this action.

**CAUSE OF ACTION FIVE:**
**Breach of Duties of Care, Loyalty and Candor**
**(Against Huang)**

123. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-122 as if set forth fully here in.

124. Huang was a co-venturer with Kasprzak and owed duties of care, loyalty and candor to Kasprzak, as well as Elliott, Xu, and Luo and PCI, as a co-venturer in the business dealings related to the co-venture.

125. Huang knowingly breached his duties to his co-venturers by repeatedly making reckless investments with the co-venture's funds without proper due diligence and without approval of, or prior notice to, his co-venturers, and engaging in self-dealing business transactions that either Huang or Huang's family, friends, and girlfriends had financial interest in, including, but not limited to, ATL, Prima Air, Enikam, Pasaca Insurance, and Pasaca Entertainment, and creating legal risks for PCI engaging in improper activities with Pasaca Group employees, and doing so in Pasaca Group-owned property.

126. These breaches of duty have resulted in a loss of value of shares of PCI.

127. Kasprzak and the other co-venturers did not consent to any of Huang's aforementioned transactions as Kasprzak and the other partners often had no knowledge of Huang's self-dealings until it was too late.

128. As a direct and proximate cause of Huang's conduct as alleged herein, Kasprzak has been damaged in an amount in excess of $25,000 to be proven at trial.

129. Kasprzak has been forced to retain counsel to prosecute this action and is entitled to an award of his attorneys' fees and costs associated with bringing this action.

## CAUSE OF ACTION SIX
### Unjust Enrichment
### (Against all Defendants)

130. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-129 as if set forth fully here in.

131. As a co-venturer, Huang owed fiduciary duties to Kasprzak, as well as Elliott, Xu, and Luo and PCI, in the business dealings related to the co-venture.

132. Huang was unjustly enriched when he caused, without approval of, or prior notice to, his co-venturers, the co-venture to make business deals on behalf of PCI with businesses affiliated with his friends, family members, and girlfriends. Huang was unjustly enriched at Kasprzak's expense because Huang's gross mismanagement and flagrant self-dealing

substantially reduced the value of the co-venture and later Kasprzak's shares in PCI, while inequitable and undeservedly enriching Huang directly.

133. Huang also was unjustly enriched when he used PCI funds to pay for personal homes, and dwellings and salaries for his girlfriends.

134. Defendants have also unjustly enriched themselves by retaining at least $75 million that they are obligated to pay Kasprzak but have retained for themselves.

135. As a consequence of Huang's self-dealing, it would be inequitable for Huang to retain benefits gained using PCI funds. As a direct and proximate cause of Huang's conduct as alleged herein, Kasprzak has been damaged in excess of $25,000 to be proven at trial.

136. Kasprzak has been forced to retain counsel to prosecute this action and is entitled to an award of his attorneys' fees and costs associated with bringing this action.

## CAUSE OF ACTION SEVEN
### Accounting
### (Against All Defendants)

137. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-136 as if set forth fully here in.

138. On February 17, 2023, Kasprzak brought a demand on PCI for PCI's stock ledger under Nevada Revised Statute 78.105. On February 27, 2023, PCI wrongfully refused Kasprzak's request.

139. On information and belief, Huang caused PCI to transfer significant sums of money overseas and out of reach of PCI's creditors.

140. Kasprzak does not have sufficient information about PCI's assets, investments, and transactions, while Defendants have complete access to those records. Kasprzak is entitled to a complete accounting of PCI's assets, investments, and transactions as a partial owner in PCI, as evidenced by his equity stake, and as a co-venturer in PCI and Pasaca Group, but requires an accounting to assess the value of his equity interest in PCI that Defendants are wrongfully withholding from him by failing to repurchase his stock.

141. Kasprzak is entitled to damages as alleged herein to a sum no less than $75 million but the full amount of which is unknown at present and cannot be ascertained without an accounting.

**CAUSE OF ACTION EIGHT**
**Fraudulent Transfer**
**(Against all Defendants)**

142. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-141 as if set forth fully here in.

143. Kasprzak is also entitled to at least $75 million, or the amount for which Defendants agreed to repurchase, and Kasprzak agreed to sell, Kasprzak's outstanding shares.

144. On information and belief, Huang and PCI have purposefully hidden PCI's assets by transferring money to overseas bank accounts and by using millions of dollars to pay for personal residences, aircraft, and other luxuries solely for himself and his own enjoyment, and salary, clothing, vehicles, jewelry, and residences for his girlfriends.

145. On information and belief, Huang has knowingly and intentionally sent at least $200 million of PCI's assets overseas where it will be out of reach of PCI's creditors, including Kasprzak, and be available for Huang without any oversight.

146. On information and belief, the overseas transfer of assets out of PCI and Innova by Huang was designed to hinder, delay, or avoid payment of PCI's obligations, including the $75 million owed to Kasprzak for the repurchase of his stock and to remove or conceal assets to make it more difficult for PCI's creditors, including Kasprzak, to recover.

147. Kasprzak is entitled to damages as alleged herein for Huang's and PCI's fraudulent transfer activity of a sum no less than $75 million but the extent to which is unknown at present and cannot be ascertained without an accounting.

**CAUSE OF ACTION NINE**
**Defamation Per Se**
**(Against all Defendants)**

148. Kasprzak repeats and reasserts each and every allegation made in ¶¶ 1-147 as if set forth fully here in.

149. In a written company-wide message on September 30, 2022, Huang announced Kasprzak's departure from Innova and PCI, that Huang was taking over as Innova's interim CEO, and then stated that "[a]s a matter of principles [sic], I have zero tolerance for internal and external corruption, racial discrimination, sexual harassment, and all other bad behaviors." This was intended to and did convey that these Huang's purported "principles" and "zero tolerance" for corruption, racial discrimination, sexual harassment, and "other bad behaviors" were not shared by Kasprzak as CEO and that Kasprzak engaged in such activity. The statement was knowingly false and was intended to and did harm Kasprzak's reputation, had the impact of damaging Kasprzak's reputation with his former co-workers and others to whom the statement would be disseminated inside and outside Pasaca Group, and was not privileged.

150. On information and belief, after September 30, 2022, Huang also falsely told Kasprzak's former co-workers, both orally and in writing, that Kasprzak stole money from PCI and was terminated for improper activity. This includes but is not limited to an October 3, 2022 email regarding Kasprzak's pretextual termination.

151. On information and belief, Huang intentionally made these false and defamatory statements, knew they would injure Kasprzak's reputation and had malicious intent to harm Kasprzak's reputation.

152. Kasprzak's reputation was damaged as a direct and proximate cause of Huang's false and defamatory statements and is entitled to damages for pain and suffering, damage to his reputation, and lost wages in an amount to be determined at trial.

**PRAYER FOR RELIEF**

WHEREFORE, Kasprzak requests that the Court enter judgment against Defendants for:

153. Actual damages in the amount of no less than $75 million;

154. Special and general damages for pain and suffering, damage to Kasprzak's reputation, and lost wages in an amount to be determined at trial;

155. Pre- and post-judgment interest on the $75 million owed to Kasprzak pursuant to the promise and agreement by Huang on behalf of PCI, and any other award of damages;

156. Unjust enrichment in an amount to be determined at trial;

157. Punitive damages;

158. A full accounting of PCI, Pasaca Group, and Huang's finances, including full and unfettered access to books and records;

159. Affirmative injunctive relief;

160. Preliminary and permanent injunctive relief with respect to Huang, PCI, and other companies within the Pasaca Group to the extent controlled by Huang and/or PCI to preserve PCI's assets, avoid unjust enrichment of Huang, and dilution of Kasprzak's ownership interest in PCI, by preventing transfers of assets outside of Pasaca Group, new investments, compensation, distributions, or other transfers to Huang, his family and girlfriends, financial or other business activities with friends, or associates of Huang and/or Rogers, issuance of equity securities or instruments that might be exercised for, or converted into, equity instruments, incurrence of debt, or the pursuit of litigation that is bleeding the company;

161. Costs;

162. Attorneys' fees; and

163. Such further relief as the Court deems just and proper.

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**DEMAND FOR JURY TRIAL**

Plaintiff demands a jury trial on all issues so triable.

Dated: April 26, 2023

Respectfully submitted:

WILMER CUTLER PICKERING
HALE AND DORR LLP

By: _____
Christopher T. Casamassima
Allyson Slater
Andrew P. Lux

*Attorneys for Plaintiff Robert Kasprzak*

# Exhibit 1

Electronically FILED by Superior Court of California, County of Los Angeles on 03/13/2023 10:00 AM David W. Slayton, Executive Officer/Clerk of Court, by A. Oliva,Deputy Clerk

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Attorney for Plaintiff
Kening Xu

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**
**COUNTY OF LOS ANGELES**

**KENING XU**, an individual,

Plaintiff,

vs.

**CHARLES CHUNHUA HUANG**, an individual,

Defendant.

Case No. 23AHCV00546

**COMPLAINT FOR**

**(1) BREACH OF JOINT VENTURE AGREEMENT;**
**(2) BREACH OF FIDUCIARY DUTIES;**
**(3) BREACH OF SETTLEMENT AGREEMENT;**
**(4) BREACH OF IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING;**
**(5) FRAUD; AND**
**(6) ACCOUNTING**

**DEMAND FOR JURY TRIAL**

Plaintiff Kening Xu, for his complaint against Defendant Charles Chunhua Huang, alleges as follows:

## PARTIES

1. Plaintiff Kening Xu ("Mr. Xu") is a resident of Los Angeles County, California.

2. Defendant Charles Chunhua Huang ("Mr. Huang") is a resident of Los Angeles County, California.

## VENUE

3. Venue is proper in this Court pursuant to section 395(a) of the Code of Civil Procedure because the defendant resides in Los Angeles County, California.

## FACTUAL ALLEGATIONS

4. Mr. Xu and Mr. Huang have known each other for over 20 years. Beginning in 2017, they worked together in a series of business ventures, such as a paper pallet project, the potential public listing of a pharmaceutical company, a hemp production and processing facility in Nevada, and the potential public listing of a burial business, to name a few. None succeeded.

5. Following the onset of the COVID-19 Pandemic in early 2020, Mr. Huang and Mr. Xu, joined by Daniel Elliott, Robert Kasprzak, and Vincent Luo, started pursuing the sales of COVID-19-related products, COVID test kits in particular, to various government agencies.

6. Together, those five co-venturers worked for profit without pay. Mr. Huang used Innova Medical Group, Inc. ("Innova"), a company he incorporated in Nevada in March 2020, as the business entity interfacing with government agencies on behalf of the joint venture. Innova was treated by Mr. Huang as a wholly owned subsidiary of Pasaca Capital, Inc. ("Pasaca"), another company Mr. Huang incorporated in Nevada in December 2016. The other co-venturers worked on the mutual understanding that if the joint venture succeeded, their interests in the joint venture would be embodied in whichever business entity to which the interest of the joint venture would be ultimately transferred.

7. In response to the increased workload of the joint venture, Mr. Huang suggested that Mr. Xu move to Arcadia/Pasadena, California. Mr. Huang represented to Mr. Xu that Mr. Xu would receive "at least 5%" of the interest in the joint venture.

8. In mid-June 2020, Mr. Xu moved his family from Las Vegas, Nevada, to Arcadia, California and took charge of the joint venture's day-to-day operations in a newly-rented facility in

Monrovia, California. Mr. Xu also advanced substantial operational expenses for the joint venture.

9. Together, the co-venturers worked alongside each other day and night. Eventually, their efforts paid off. One particular test kit Innova promoted was on the verge of being selected by the U.K. government. Prior to the deal closing, the U.K. government required proof of an appropriate insurance policy. In or around September, 2020, Mr. Xu negotiated with an insurance company regarding the purchase of a policy that met the U.K. government's requirements and purchased the policy with his own money, thus clearing the final hurdle to closing the deal.

10. In or around September 2020, the UK government signed the first contract with Innova for over $124 million, and then second contract for over $595 million the next month. Many more followed. On information and belief, the U.K. government contracts generated a total of over $6 billion in revenue (over $2 billion in gross profit).

11. After Pasaca achieved substantial commercial success through the co-venturers' efforts, however, Mr. Huang failed to convene any meeting of the co-venturers to determine their respective shares of stocks in Pasaca. Nor did he discuss or negotiate with the other four co-venturers about the appropriate number of shares they deserved. Instead, Mr. Huang treated Pasaca as if it were his own personal property and unilaterally allocated shares to the other co-venturers without any discussion.

12. As a result, Mr. Xu, as well as the other co-venturers, received far fewer shares than they deserved. On information and belief, in contrast, Mr. Huang awarded himself, certain individuals related to him, and Pasaca Capital, LLC (a company owned and controlled by him) more than 50% of Pasaca shares. On information and belief, many newcomers to Pasaca also received more shares than Mr. Xu did.

13. Having awarded himself the controlling interest in Pasaca, Mr. Huang unilaterally made numerous reckless investments with Pasaca's funds. For instance, Mr. Huang spent $6

million to acquire a company that made personal protective equipment (PPE), and an additional $7-8 million on 60 production lines and $3-4 million on materials, only to put the company out of operation in less than one year. Mr. Huang also spent $50 million investing in a company that made natural sweeteners, which so far has returned nothing. The total amount of losses arising out of Mr. Huang's reckless investments is staggering. Mr. Huang made these and other investment decisions without approval of, or prior notice to, his co-venturers.

14. Moreover, Mr. Huang also caused Pasaca to enter into business transactions with business entities affiliated with him without approval of, or prior notice to, his co-venturers.

15. On or around December 1, 2022, Mr. Xu, through his counsel, sent a letter to Mr. Huang addressing these issues in the hope of resolving them without resorting to litigation.

16. On or around January 5, 2023, Mr. Xu and Mr. Huang reached an oral agreement to resolve these disputes. Mr. Huang agreed, among other things, that Mr. Xu would receive 5% of Pasaca shares and all past dividends those shares would have received. Mr. Huang also agreed to a $10 million initial payment to Mr. Xu. In exchange, Mr. Xu agreed, among other things, that he would not file suit once the initial payment was made. Both parties memorialized and exchanged their understanding of the agreement in writing, which was generally aligned with the terms agreed upon orally, with the understanding that they would execute a full written settlement agreement later.

17. Mr. Huang later turned to his attorneys for the preparation of the first draft of the written settlement agreement. Mr. Xu and his attorney followed up diligently but were repeatedly told that the draft was delayed for one reason or another. Most recently, on or around February 21, 2023, Mr. Huang told Mr. Xu in a WeChat message that the delay was due to some extra due diligence on the proper tax treatment of all Pasaca shares, including the 5% shares Mr. Xu was to receive.

18. On or around February 28, 2023, Mr. Huang's attorney finally forwarded a draft settlement agreement, which vastly departed from the terms agreed upon by the parties before. The draft made no mention of the 5% Pasaca shares to Mr. Xu or the past dividends on those shares; it offered only a payment of $2.2 million to Mr. Xu. Mr. Xu's demand for explanations went unanswered.

19. Being left with no other choice, Mr. Xu now brings this action to seek his fair share of the joint venture and to hold Mr. Huang responsible for his mismanagement and misappropriation of the joint venture's properties.

**FIRST CAUSE OF ACTION**
**Breach of Joint Venture Agreement**

20. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 19 as if fully set forth herein.

21. Under California law, a joint venture "is an undertaking by two or more persons jointly to carry out a single business enterprise for profit." *Nelson v. Abraham* (1947) 29 Cal.2d 745, 749.

22. Following the onset of the COVID-19 Pandemic in early 2020, Mr. Huang, Mr. Xu, Daniel Elliott, Robert Kasprzak, and Vincent Luo formed a joint venture for profit and started pursuing the sales of COVID-19-related products, COVID test kits in particular, to various government agencies.

23. There was no agreement regarding the specific distribution of ownership interest among those five co-venturers. Under *Arnold v. Humphreys* (1934) 138 Cal. App. 637, 643 ("In the absence of evidence of an agreement to the contrary, the members of a joint adventure will participate equally in the profits and losses of the enterprise."), each co-venturer, Mr. Xu included, is entitled to an equal share —20%—of this joint venture under California law.

24. Mr. Xu has provided all, or substantially all, of the services and money required of

him for fulfillment of the purpose of the joint venture agreement.

25. After Pasaca/Innova achieved substantial commercial success, Mr. Huang failed to cause Pasaca shares to be distributed among the co-venturers either by agreement or equally as provided by law. As a result, Mr. Huang breached the joint venture agreement.

26. As a direct and proximate result of Mr. Huang's breach of the joint venture agreement, Mr. Xu has suffered damages in an amount according to proof at trial, but estimated at no less than $400,000,000. Mr. Huang's breach of the joint venture agreement is a substantial factor in causing Mr. Xu harm.

## SECOND CAUSE OF ACTION
### Breach of Fiduciary Duties

27. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 26 as if fully set forth herein.

28. As a co-venturer, Mr. Huang owes fiduciary duties of care and loyalty to Mr. Xu, as well as the other co-venturers, in the business dealings related to the joint venture.

29. Mr. Huang breached his fiduciary duty of care by failing to act as a reasonably careful co-venturer, including by making numerous reckless investments with the joint venture's funds without proper due diligence and without approval of, or prior notice to, his co-venturers.

30. Mr. Huang also breached his fiduciary duty of loyalty by making business deals on behalf of Pasaca with business entities affiliated with him without approval of, or prior notice to, his co-venturers.

31. Mr. Xu was harmed by Mr. Huang's breach of fiduciary duties. Mr. Huang's conduct was a substantial factor in causing Mr. Xu harm.

## THIRD CAUSE OF ACTION
### Breach of Settlement Agreement

32. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 31 as

if fully set forth herein.

33. On or around January 5, 2023, Mr. Xu and Mr. Huang reached an oral agreement to settle then-existing claims between the parties.

34. Mr. Huang has materially breached the parties' oral settlement agreement.

35. Until Mr. Huang's material breach, Mr. Xu has performed all, or substantially all, of the terms, conditions, covenants, and promises required of him under the oral settlement agreement.

36. Accordingly, as a direct and proximate result of Mr. Huang's breach of the settlement agreement, Mr. Xu has suffered damages in an amount subject to proof at trial, but estimated at no less than $100 million.

**FOURTH CAUSE OF ACTION**
**Breach of Implied Covenant of Good Faith and Fair Dealing**

37. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 36 as if fully set forth herein.

38. Mr. Xu has performed all, or substantially all, of the services and money required of him for fulfillment of the purpose of the joint venture agreement.

39. Until Mr. Huang's material breach of the parties' oral settlement agreement, Mr. Xu has performed all, or substantially all, of the terms, conditions, covenants, and promises required of him under the agreement.

40. Each agreement contains an implied covenant of good faith and fair dealing.

41. At least by distributing Pasaca shares unfairly, Mr. Huang breached the implied covenant of good faith and fair dealing under the joint venture agreement.

42. At least by materially breaching the oral settlement agreement without explanation, Mr. Huang breached the implied covenant of good faith and fair dealing under the oral settlement agreement.

43. As a direct and proximate result of Mr. Huang's breach of the implied covenant of good faith and fair dealing, Mr. Xu has suffered damages in an amount according to proof at trial, but estimated at no less than $400,000,000. Mr. Huang's breach of implied covenant of good faith and fair dealing is a substantial factor in causing Mr. Xu harm.

## FIFTH CAUSE OF ACTION
**Fraud**

44. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 43 as if fully set forth herein.

45. In or around early 2020, Mr. Huang made representations and promises to Mr. Xu, that Mr. Xu would receive "at least 5%" of the interest in the joint venture and that the co-venturers would receive their fair share if the joint venture was eventually successful.

46. On information and belief, at the time Mr. Huang made these representations and promises, he had no intention to cause Mr. Xu to receive "at least 5%" or a fair share in the joint venture, or the business entity to which the interest of the joint venture would be ultimately transferred. If Mr. Huang had disclosed his true intention to Mr. Xu, Mr. Xu would not have been involved in the joint venture in the manner he did.

47. Moreover, in or around January 2023, to delay Mr. Xu's filing of this lawsuit, Mr. Huang made representations and promises to Mr. Xu that Mr. Xu would receive 5% of Pasaca shares as well as all past dividends for those shares and that Mr. Huang would make a $10 million initial payment to him.

48. On information and belief, at the time Mr. Huang made these representations and promises, he had no intention of cause the 5% Pasaca shares to be distributed to Mr. Xu, and the past dividends and the $10 million paid to Mr. Xu. Had Mr. Huang disclosed his true intention to Mr. Xu, Mr. Xu would not have delayed the filing of this lawsuit or entered into the oral settlement agreement with Mr. Huang.

49. Mr. Xu reasonably relied on Mr. Huang's representations and promises.

50. Mr. Xu was harmed by his reliance on Mr. Huang's representations and promises in an amount subject to proof at trial but estimated at no less than $400 million.

51. Mr. Huang's misrepresentations, promises, and omission to Mr. Xu were a substantial factor in causing Mr. Xu the harm.

## SIXTH CAUSE OF ACTION
**Accounting**

52. Plaintiff hereby re-alleges and incorporates by reference paragraphs 1 through 51 as if fully set forth herein.

53. On information and belief, Mr. Huang caused Pasaca shares to be distributed unfairly and Pasaca to suffer financial losses.

54. Mr. Xu does not have sufficient information about the distribution of Pasaca shares and details of Pasaca investments and transactions, while Mr. Huang has complete access to those records. In or around December, 2022, Mr. Xu demanded to inspect Pasaca's books and records, but Mr. Huang failed to respond to Mr. Xu's request.

55. Mr. Xu is entitled, therefore, to damages as herein alleged in a sum that is unknown to him at present and cannot be ascertained without an accounting. Mr. Xu is informed and believes and thereon alleges that the sum exceeds $400,000,000.

## PRAYER FOR RELIEF

**WHEREFORE**, Plaintiff Kening Xu respectfully requests that this Honorable Court enter judgment in his favor and order the following relief:

1. For compensatory and consequential damages in an amount according to proof but in no event less than $400,000,000;
2. For punitive and exemplary damages according to proof;
3. For an accounting of Pasaca Capital, Inc. and all of its subsidiaries.

4. For any and all recoverable costs, including attorney's fees;

5. For legal interest;

6. Such other and further relief as this Court deems just and proper.

Dated: March 10, 2023

Respectfully submitted,

The Morrow Firm, P.C.

By: */s/ Xinlin Li Morrow*
Xinlin Li Morrow
Attorney for Plaintiff Kening Xu

# Exhibit 2

Department of Health & Social Care

*From the Rt Hon Matt Hancock MP*
*Secretary of State for Health and Social Care*

*39 Victoria Street*
*London*
*SW1H 0EU*

*020 7210 4850*

POC_1273313

Daniel Elliott – President
Robert Kasprzak - General Counsel
800 E. Colorado Blvd.
Suite 288
Pasadena
California, USA

daniel.elliott@innovamedgroup.com
robert.kasprzak@innovamedgroup.com

16 November 2020

Dear Daniel and Robert,

I am writing to you today to thank you for working to support our country's efforts during the coronavirus pandemic. On a global level, the last nine months have been a challenging time for everyone and the work you are doing has never been more vital. You are helping us keep our country safe and leading us in the right direction to enable us to save more lives.

I have heard of the incredible work that Innova has done in helping my Department push through the innovation, production and distribution of the self-test lateral flow devices for mass self-testing in the UK.

Your hard work, due diligence and flexibility has been of utmost value and for that, I am extremely grateful. The tests that have been used so far show promising results and I very much look forward to seeing this innovative product roll out across the entire nation, in the coming weeks and its continual progress in its development.

As COVID-19 infections rise in the lead up to a tough winter, we look forward to continuing to work with you in driving your product to successful delivery and use, so as to prevent the loss of any more lives.

I would also like to ensure you take care of yourselves and your families during these unprecedented times.

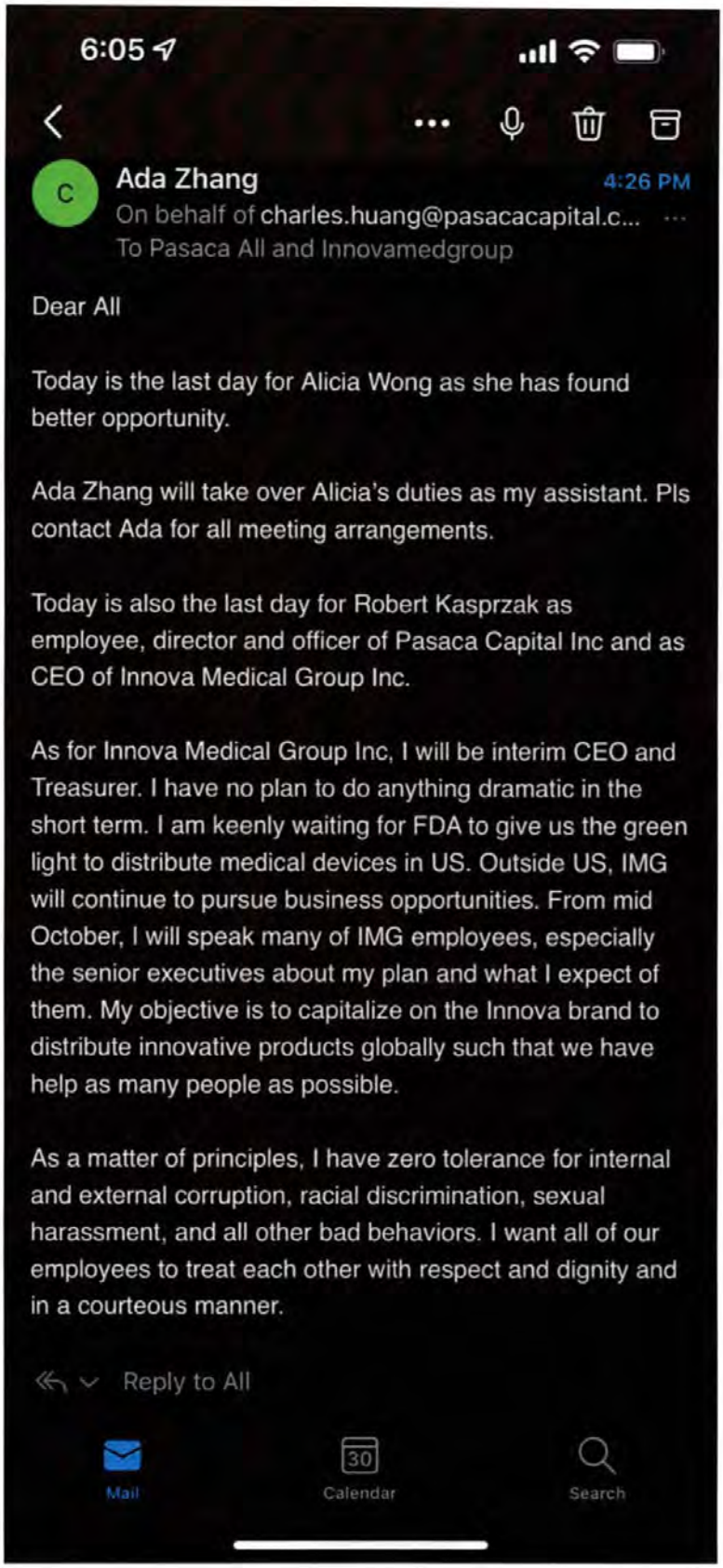
On behalf of the entire country, I thank you again.

Yours ever,

Matt

**MATT HANCOCK**

# Exhibit 3


6:05
C
Ada Zhang
4:26 PM
On behalf of charles.huang@pasacacapital.c...
To Pasaca All and Innovamedgroup
Dear All
Today is the last day for Alicia Wong as she has found better opportunity.
Ada Zhang will take over Alicia's duties as my assistant. Pls contact Ada for all meeting arrangements.
Today is also the last day for Robert Kasprzak as employee, director and officer of Pasaca Capital Inc and as CEO of Innova Medical Group Inc.
As for Innova Medical Group Inc, I will be interim CEO and Treasurer. I have no plan to do anything dramatic in the short term. I am keenly waiting for FDA to give us the green light to distribute medical devices in US. Outside US, IMG will continue to pursue business opportunities. From mid October, I will speak many of IMG employees, especially the senior executives about my plan and what I expect of them. My objective is to capitalize on the Innova brand to distribute innovative products globally such that we have help as many people as possible.
As a matter of principles, I have zero tolerance for internal and external corruption, racial discrimination, sexual harassment, and all other bad behaviors. I want all of our employees to treat each other with respect and dignity and in a courteous manner.
Reply to All
Mail
Calendar
Search

# Exhibit 4

RECORDER MEMO: This COPY has not been QUALITY ASSURED.

Recording Requested by:
Western Resources Title

**RECORDING REQUESTED BY:**
Western Resources Title

**AND WHEN RECORDED MAIL TO:**

PASACA CAPITAL INC
800 E. Colorado Blvd #888
Pasadena, CA 91101

THIS SPACE FOR RECORDER'S USE ONLY:

**Title Order No.:** [redacted] **Escrow No.:** [redacted]
**AP#:** [redacted]

# GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)
**DOCUMENTARY TRANSFER TAX is $19,800.00**
[X] computed on full value of property conveyed, or
[ ] computed on full value less value of liens or encumbrances remaining at time of sale.
[ ] Unincorporated area [X] City of Bradbury **AND**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

[redacted]

hereby GRANT(s) to:

**PASACA CAPITAL INC., a Nevada Corporation**

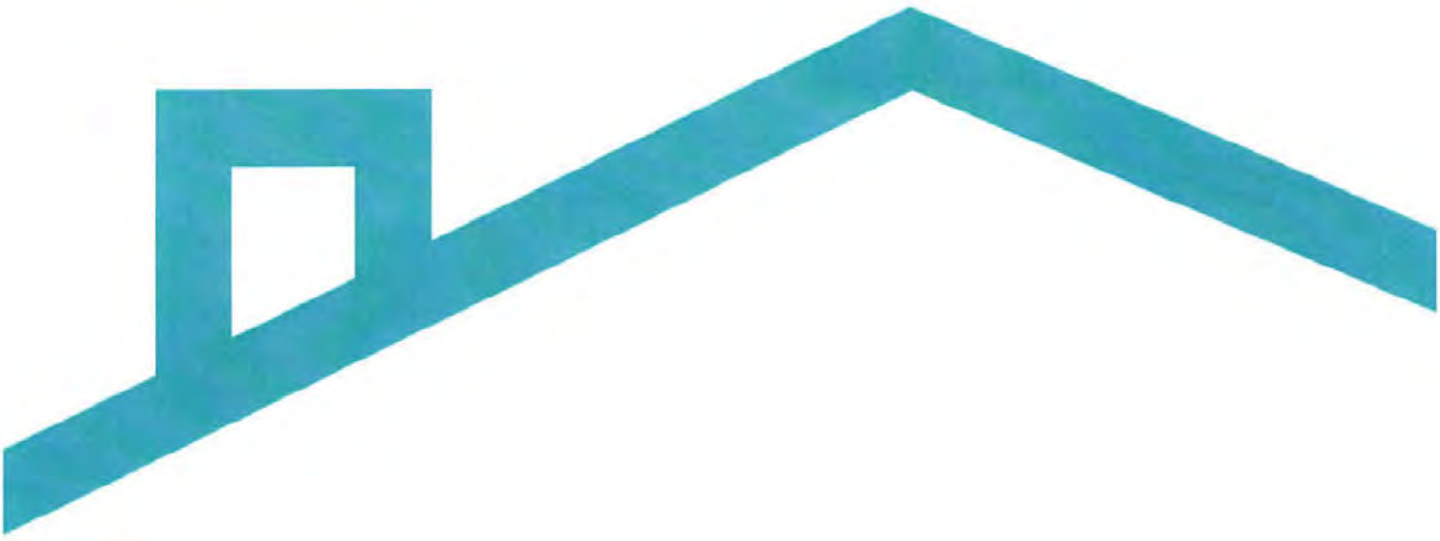
the real property in the City of Bradbury, County of Los Angeles, State of California, described as:
LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF
**Also Known as:** [redacted] **Complete Legal Description attached as Exhibit "A"**

[redacted]



RECORDER MEMO: This COPY has not been QUALITY ASSURED.

RECORDER MEMO: This COPY has not been QUALITY ASSURED.



**Date:** 12/28/2022

**Property:** [redacted]

**APN:** 8527-003-017

**County:** LOS ANGELES

# TICOR TITLE

# Property Details Report

## Subject Property Location

Report Date: 12/28/2022
Order ID: R103046787

| | | | |
|---|---|---|---|
| **Property Address** | [redacted] | | |
| **City, State & Zip** | | | |
| **County** | LOS ANGELES COUNTY | **Property Use** | Single Family Residential |
| **Mailing Address** | [redacted] | **Parcel Number** | 8527-003-017 |
| **Census Tract** | 4302.00 | **Latitude** | 34.152915 |
| Thomas Bros Pg-Grid | | **Longitude** | -117.982638 |

**Legal Description Details** Lot Number: 2 Sec/Twn/Rng/Mer: SEC 24 TWN 1N RNG 11W Brief Description: PM 59-53 LOT 2

## Current Ownership Information

**Source of Ownership data: Recorder Information*

| | | | |
|---|---|---|---|
| **Primary Owner Name(s)** | PASACA CAPITAL INC, | **Sale Price** | $18,000,000 |
| | | **Sale Date** | |
| | | **Recording Date** | 12/19/2022 |
| **Vesting** | | **Recorder Doc #** | 22-1181491 |
| | | **Book/Page** | |

## Latest Full Sale Information

| | | | |
|---|---|---|---|
| **Primary Owner Name(s)** | PASACA CAPITAL INC, | **Sale Price** | $18,000,000 |
| | | **Sale Date** | 12/12/2022 |
| | | **Recording Date** | 12/19/2022 |
| **Vesting** | | **Recorder Doc #** | 22-1181491 |
| | | **Book/Page** | |

**Financing Details at Time of Purchase**

No financing details available

## Property Characteristics

| | | | | | |
|---|---|---|---|---|---|
| **Bedrooms** | 7 | **Year Built** | 2017 | **Living Area (SF)** | 15,866 |
| **Bathrooms/Partial** | 8 | **Garage/No. of Cars** | | **Price ($/SF)** | $1,135/SF |
| **Total Rooms** | | **Stories/Floors** | | **Lot Size (SF/AC)** | 108,813/2.5 |
| **Construction Type** | Wood | **No. of Units** | | **Fireplace** | |
| **Exterior Walls** | | **No. of Buildings** | | **Pool** | Pool (yes) - P |
| **Roof Material/Type** | | **Basement Type/Area** | | **Heat Type** | Central |
| **Foundation Type** | | **Style** | | **A/C** | Y |
| **Property Type** | Residential | **View** | | **Elevator** | |
| **Land Use** | Single Family Residential | | | **Zoning** | BRA2* |

## Assessment & Taxes

| | | | | | |
|---|---|---|---|---|---|
| **Assessment Year** | 2022 | **Tax Year** | 2022 | **Tax Exemption** | |
| **Total Assessed Value** | $6,601,246 | **Tax Amount** | $138,941.96 | **Tax Rate Area** | 3-367 |
| **Land Value** | $3,454,215 | **Tax Account ID** | | | |
| **Improvement Value** | $3,147,031 | **Tax Status** | No Delinquency Found | | |
| **Improvement Ratio** | 47.67% | **Delinquent Tax Year** | | | |
| Total Value | | | Market Improvement Value | | |
| Market Land Value | | | Market Value Year | | |

## Lien History

| Trans. ID | Recording Date | Lender | Amount | Purchase Money |
|---|---|---|---|---|

No details available

## Loan Officer Insights

No details available

PATRICIA L. GLASER – State Bar No. 55668
pglaser@glaserweil.com
KERRY GARVIS WRIGHT - State Bar No. 206320
kgarviswright@glaserweil.com
MARC A. INDEGLIA - State Bar No. 180635
mindeglia@glaserweil.com
ALEXANDER J. SUAREZ - State Bar No. 289044
asuarez@glaserweil.com
GLASER WEIL FINK HOWARD
JORDAN & SHAPIRO LLP
10250 Constellation Boulevard, 19th Floor
Los Angeles, California 90067
Telephone: (310) 553-3000
Facsimile: (310) 556-2920

Attorneys for Petitioner
SEAN E. ROGERS

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Superior Court of California,
County of Los Angeles
11/13/2023 1:01 PM
David W. Slayton,
Executive Officer/Clerk of Court,
By A. Oliva, Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

SEAN E. ROGERS, an individual,

Petitioner,

v.

PASACA CAPITAL, INC., a Nevada Corporation, CHUNHUA "CHARLES" HUANG, an individual, and DOES 1-50, inclusive,

Respondent.

Case No. 23AHCP00478
*Unlimited Jurisdiction*

**VERIFIED PETITION FOR WRIT OF MANDATE TO COMPEL CORPORATION TO PERMIT INSPECTION OF CORPORATE RECORDS DEMANDED BY PETITIONER IN HIS CAPACITY AS DIRECTOR AND AS SHAREHOLDER**

[Code Civ. Proc., §§ 1085, 1086; Corp. Code, §§ 1600, 1601, 1603]

Glaser Weil

Petitioner Sean E. Rogers ("Rogers" or "Petitioner"), who is a shareholder and a former director of Respondent Pasaca Capital, Inc. ("Pasaca"), hereby petitions this Court for a Writ of Mandate [or other extraordinary Writ or Order] to Pasaca and its controlling stockholder, Respondent Charles Huang ("Huang" and, collectively, with Pasaca "Respondents"), ordering and directing Respondents to immediately make available to Petitioner for inspection and copying all corporate records of Pasaca that Petitioner sets forth in this Petition, or to which Petitioner may demand access from time to time.

## I. INTRODUCTION

1. During the COVID-19 crisis, Respondents solicited Rogers' services and induced him to serve as a director and officer of Pasaca with promises of being part of a company that would help address many of the challenges caused by the pandemic and to participate in building a diverse and revolutionary collection of businesses. Respondents promised Rogers grants of significant equity of Pasaca and other companies in Pasaca's "portfolio," including shares of Pasaca stock and warrants to purchase additional Pasaca stock. Rogers was also promised broad directorial and executive control over Pasaca.

2. Lured by Respondent's promises and the chance to make positive and meaningful corporate change, Rogers agreed to join Pasaca and to serve as a director and as its Chief Executive Officer ("CEO"). Rogers also joined as a director of Pasaca's most profitable subsidiary, Innova Medical Group, Inc. ("Innova").

3. Over time, Huang's behavior became erratic, and a pattern of waste, mismanagement, and self-dealing by Huang emerged. The corporate environment at Pasaca began to sour. Huang refused to conduct himself or allow Pasaca to conduct itself in a professional, appropriate, or compliant manner. Ultimately, Respondents terminated Rogers' employment at both Pasaca and Innova and wrongfully accused Rogers of self-dealing and other malfeasance.

4. Prior to his removal as a director of Pasaca, Rogers made a demand, pursuant to Corporations Code § 1602, to inspect and copy all of the books, records and documents of every kind of Pasaca's and also of its subsidiary corporations, domestic or foreign.



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5. Pasaca responded by immediately removing Rogers as a director and then summarily refusing Rogers' inspection demand on the basis of his removal.

6. Undaunted, Petitioner then made a demand, pursuant to Corporations Code § 1601, to inspect the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of Pasaca.

7. Respondent Pasaca responded by summarily rejecting the demand on the purported basis that Rogers' demand did not "reliably demonstrate" that it was "made for a proper purpose."

8. Rogers now files this Petition for Writ of Mandate in order to force Pasaca to honor the inspection demands that Rogers made first in his capacity as a director of Pasaca and then as a shareholder of Pasaca.

## II. THE PARTIES

9. Petitioner Sean Rogers is an individual who resides in Dallas, Texas. Rogers is a significant shareholder of Pasaca, holding no less than 5% of Pasaca's outstanding shares. Rogers is also a former director and former officer of Pasaca, having served as Pasaca's Chief Executive Officer. Rogers also served as a director of Innova.

10. Respondent Pasaca is a corporation organized and existing under the laws of the State of Nevada and registered as a foreign corporation in the State of California. Pasaca is engaged in the business of investment activities. Pasaca's principal place of business in located in California, at 800 E. Colorado Blvd., Suite 900, Pasadena, CA 91101. Petitioner is informed and believes, and based thereon alleges, that Pasaca is a foreign corporation subject to the requirements of California Corporations Code § 2115 (a "Quasi-California Corporation").

11. Respondent Chunhua "Charles" Huang ("Huang") is an individual who, upon information and belief, resides in Arcadia, California. Huang is Pasaca's majority shareholder and, upon information and belief, Huang is also the current Chairman and CFO of Pasaca and is currently a director and the CEO of Innova. At all times herein relevant, Huang was and is the controlling officer, director, and stockholder of Pasaca and is, in fact, the alter ego of Pasaca, in that there exists, and at all times herein mentioned there existed, a unity of interest and ownership between Huang and Pasaca, such that any individuality and separateness between each of them has ceased,



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and Pasaca is, and at all times mentioned herein was, a mere shell, instrumentality, and conduit through which Huang carries on his business in the corporate name exactly as he had conducted it prior to formation, exercising complete control and dominance of such business to such an extent that any individuality or separateness of Huang and Pasaca do not, and at all times mentioned did not, exist. Adherence to the fiction of the separate existence of Pasaca as an entity distinct from Huang would permit an abuse of the corporate privilege and would sanction fraud and promote injustice.

12. The true names and capacities, whether individual, corporate, associate or otherwise, of the Respondents named herein as DOES 1 through 50, inclusive, are unknown to Petitioner, who therefore sues said Respondents by such fictitious names and will amend this Complaint to show their true names and capacities when the same are ascertained. Petitioner is informed and believes, and based thereon alleges, that all Respondents, and DOES 1 through 50, inclusive, are and were the alter ego of the other Respondents, that the actions, representations, and other conduct alleged herein of the one were and are the actions, representations, and conduct of the others, that each of them is and was bound thereby as having done, made, and/or committed the same directly, and that each of the Respondents designated herein as a DOE is legally responsible for the events and happenings designated herein and caused injury and damages proximately thereby to Petitioner as hereinafter alleged.

13. At all times herein mentioned, Respondents, both named and fictitious, were the principals, beneficiaries, agents, co-conspirator, joint ventures, subcontractors, alter egos, third party beneficiaries, partners, servants, contractors, trustees, employees, or otherwise, of the remaining Respondents, and each of them, for the agreements, transactions, events, omissions, and/or acts hereinafter described, and that the acts and omissions herein alleged were done by them, acting individually, through such capacity and within the scope of their authority, employment, and/or agency and that said conduct was ratified and adopted by each of the remaining Respondents.

14. At all times herein mentioned, Respondents, both named and fictitious, whether all of them or some combination thereof, conspired together for the purpose of accomplishing an unlawful purpose and/or a lawful purpose unlawfully.



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Finally, "[t]he right of inspection does not extend to records not reasonably related to the proper purpose for which it is sought." *Schnabel v. Superior Court*, 5 Cal.4th 704, 717 (1993). Rather, the inspection must be "for a purpose reasonably related to the holder's interest as a shareholder." Cal. Corp. Code § 1601(a)(1). You claim that the purpose for Rogers' inspection is to ascertain the value of his shares and to determine whether to sell his interests in PCI. But the majority of the records he seeks does not appear reasonably related to such a purpose. Courts will deny a shareholder's right to inspect corporate records when it appears the shareholder is on a fishing expedition. *See Dandini v. Superior Court in and for Alameda County*, 38 Cal.App.2d 32, 35 (1940); *Homestake Mining Co. v. Superior Court of City and County of San Francisco*, 11 Cal.App.2d 488, 496 (1936). Given the scope of Rogers' requests for records and [redacted], PCI has reason to believe that Rogers' inspection is not for a proper purpose relating to his shareholder interest, and that his inspection amounts to a fishing expedition. Accordingly, Rogers is not entitled to inspection of all of the documents contained in his demand.

For these reasons, PCI declines to make all of the documents requested in Schedule II of your October 20, 2023 correspondence available for Rogers' inspection.

**Limited Inspection Upon Execution of Confidentiality and Non-Disclosure Agreement**

Notwithstanding PCI's objections as stated above, PCI may be willing to provide certain of its records for Rogers' inspection as a showing of good faith. Given the proprietary and confidential nature of these records, however, PCI requests that Rogers execute a confidentiality and non-disclosure agreement prior to such inspection. This agreement would require Rogers to agree that he keep any information he inspects confidential, and to not utilize such confidential information for any other purpose than to assess the value of his shares.

If your client is amenable to this proposition, please let us know and we can provide a confidential and non-disclosure agreement for Rogers' execution. Please contact my office if you wish to discuss this matter further. We look forward to hearing from you.

Squire Patton Boggs (US) LLP

Helen Yang

stands for the proposition that a former director has no right to demand inspection of corporate records. 185 Cal.App.4th at 919 ("*[C]urrent* director status is required to pursue *current* inspection rights.") (emphasis in original); *see also Fowler v. Golden Pacific Bancorp, Inc.*, 80 Cal.App.5th 205, 216 (2022) ("It is well established that a director's right to inspect corporate books and records ends upon his or her removal from office. A former director has no right to an ongoing and enforceable right to inspect corporate records."). As you were informed by PCI's prior counsel, Sidley Austin LLP, at PCI's May 9, 2023 stockholder meeting, Rogers was not re-elected as a director of PCI.

You claim [redacted] justifies Rogers' inspection demand because a former director retains the right to inspect corporate records when there is a "potential exposure to personal liability for his own acts as a director." *See, e.g., Wolf*, 185 Cal.App.5th at 922. Irrespective of whether this may be true, as you note yourself, [redacted]. As such, Rogers' cited bases [redacted].

Thus, Rogers has no basis to demand inspection of PCI's records pursuant to Corporations Code section 1602.[1] PCI denies Rogers' inspection demand, which include all of the requests contained in Schedule I of your October 20, 2023 correspondence.

**Rogers' Inspection Demand Pursuant to Corporations Code section 1601**

With respect to Rogers' inspection demand made pursuant to Corporations Code section 1601, "shareholder status does not in and of itself entitle an individual to unfettered access to corporate confidences and secrets." *National Football League Properties, Inc. v. Superior Court*, 65 Cal.App.4th 100, 107 (1998); *see also Thomas v. Gordon*, 85 Cal.App.4th 113, 122 (2000) ("Even a shareholder has only a limited right to access to corporate financial records."). Indeed, section 1601 only explicitly allows inspection of "[t]he accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board." Cal. Corp. Code § 1601(a)(1).

As the California Court of Appeal noted in *Farnum v. Iris Biotechnologies, Inc.*, No. H042858, 2018 WL 6251416 (Cal. Ct. App. Nov. 29, 2018), "[i]t is clear from [section 1601] that the Legislature did not intend to permit a shareholder to inspect, for example, the contract files or property files of the corporation ***or any files other than the accounting records***." 2018 WL 6251416, at *7 (emphasis added). Here, the requests that Rogers seeks pursuant to section 1601 plainly go beyond mere accounting records.

California courts also impose other limitations on shareholder inspections. For instance, when considering a shareholder's right of inspection, privacy interests must also be weighed accordingly. *See Schnabel*, 5 Cal.4th at 718. And, "[i]n California, the appellate courts have refused to carve out a shareholder exception to the statutory attorney-client privilege accorded to corporations." *National Football League Properties, Inc.*, 65 Cal.App.4th at 107. Because many of the documents Rogers seeks are protected by privacy interests and/or attorney-client privilege as between PCI and its legal counsel, PCI will not give Rogers access to that information.

[1] It is also worth noting that a director's right to inspect records is not necessarily absolute: "courts may limit inspection rights when a director intends to misuse those rights to harm the corporation." *Fowler*, 80 Cal.App.5th at 220.

SQUIRE PATTON BOGGS

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Helen Yang
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October 27, 2023

Alexander J. Suarez
Glaser Weil
10250 Constellation Blvd., 19th Floor
Los Angeles, CA 90067
asuarez@glaserweil.com

**Re: Sean Rogers' Demand to Inspect Books, Records, and Minutes of Pasaca Capital, Inc.**

Dear Mr. Suarez:

We are in receipt of your correspondence, dated October 20, 2023, in which you demand that your client Sean Rogers ("Rogers") be given access to inspect records from Pasaca Capital, Inc. ("PCI"). In your correspondence, you assert that Rogers has a right to inspect PCI's records pursuant to California Corporations Code sections 1601 and 1602.

As an initial matter, the California Corporations Code does not apply to PCI, a Nevada corporation. As articulated by the Supreme Court of the United States, "[t]he internal affairs doctrine is a conflict of laws principle which recognizes that only one State should have the authority to regulate a corporation's internal affairs." *Edgar v. MITE Corp.*, 457 U.S. 624, 645 (1982). As the Court of Chancery of Delaware explained, "[u]nder constitution principles outlined by the Supreme Court of the United States . . . stockholder inspection rights are a matter of internal affairs." *Juul Labs, Inc. v. Grove*, 238 A.3d 904, 917 (Del. Ch. 2020). Because PCI is a Nevada corporation, only the state of Nevada should govern the inspection rights of its stockholders.

Nevertheless, assuming *arguendo* that California Corporations Code could apply to PCI, Rogers' status as a former PCI director and PCI shareholder does not entitle him to all of the documents requested in your correspondence. Not only is the inspection demand incredibly overbroad in scope, but most of the requests seek personal, privileged, confidential and/or proprietary business information. For this reason, the bulk of documents that Rogers seeks is improper. Nonetheless, and as a show of good faith, PCI is willing to make certain of its records available for inspection provided Rogers executes a confidentiality and non-disclosure agreement.

**Rogers' Inspection Demand Pursuant to California Corporations Code section 1602**

California Corporations Code section 1602 grants corporate directors the right to inspect records of a foreign corporation with its principal office in California. However, this right only applies to current directors. Indeed, the case to which you cite, *Wolf v. CDS Devco*, 185 Cal.App.4th 903 (2010), clearly

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# EXHIBIT 1

## VERIFICATION

I, Sean E. Rogers, am the Petitioner in this proceeding. I have read the foregoing PETITION FOR WRIT OF MANDATE TO COMPEL CORPORATION TO PERMIT INSPECTION OF CORPORATE RECORDS DEMANDED BY PETITIONER IN HIS CAPACITY AS DIRECTOR AND AS SHAREHOLDER and the matters stated in it are true of my own knowledge, except as to the matters which are stated therein based upon information or belief and, as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Forth Worth, Texas this 9th day of November 2023.

By: _____

SEAN E. ROGERS

Glaser Weil

board and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California, or to appear before this court and show cause why respondents have not done so.

81. Issue injunctive relief prohibiting Respondents from continuing to refuse to comply with Respondents' obligations under Section 1601 and 1602.

82. Impose Civil penalties pursuant to Corp. Code § 2200.

83. Award petitioner the costs of this proceeding, including attorneys' fees incurred, as permitted by law; and

84. Grant such further other and relief as the Court deems just and proper.

DATED: November 13, 2023

GLASER WEIL FINK HOWARD JORDAN & SHAPIRO LLP

By: _____

PATRICIA L. GLASER
KERRY GARVIS WRIGHT
MARC A. INDEGLIA
ALEXANDER J. SUAREZ
Attorneys for Petitioner
SEAN E. ROGERS

Glaser Weil

74. Respondents have a clear and present legal duty to permit inspection of *all* of Pasaca's accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of Pasaca and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California.

75. Respondents' refusal to comply with Petitioner's inspection demand was and is without justification in that Petitioner's inspection demand is authorized by law, and in that Respondents have failed to show or even assert that the inspection demand is not for a purpose reasonably related to Petitioner's interests as a shareholder.

76. Petitioner has incurred and will continue to incur costs and expenses, including attorneys' fees, in enforcing Petitioner's right to inspect Pasaca's records.

## PRAYER FOR RELIEF

**WHEREFORE,** Petitioner requests that the Court:

77. After a hearing, issue a peremptory writ of mandate commanding Respondents to permit Petitioner's inspection of Pasaca's books, records and documents and to make copies thereof, pursuant to Petitioner's demand under Section 1602.

78. Issue an alternative writ of mandate commanding Respondents, and each of them, to permit Petitioner, or Petitioner's attorneys, to inspect and copy Pasaca's books, records and documents and to make copies thereof, pursuant to Petitioner's demand under Section 1602 or to appear before this court and show cause why respondents have not done so.

79. After a hearing, issue a peremptory writ of mandate commanding Respondents to permit Petitioner's inspection and copying of Pasaca's accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the corporation's board—and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California, pursuant to Petitioner's demand under Section 1601.

80. Issue an alternative writ of mandate commanding Respondents, and each of them, to permit Petitioner, or Petitioner's attorneys, to inspect and copy Pasaca's accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the corporation's



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68. Section 1601 grants every shareholder the right to inspect "[t]he accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board ... at the corporation's principal office in California ... upon the written demand on the corporation ... at any reasonable time during usual business hours, for a purpose reasonably related to the holder's interests as a shareholder[.]"

69. Petitioner's demand letter specified that the purpose for the inspection and copying, which was reasonably related to his interests in Pasaca, was twofold: (1) to determine the value of his shares, and (2) to determine whether to sell his interests in the corporation.

70. Petitioner requested that Pasaca produce, electronically, all accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of Pasaca and of each of Pasaca's subsidiaries keeping any records in California or having its principal office in California, and deliver them to Petitioner's counsel on his behalf. A true and correct copy of Petitioner's shareholder inspection demand, pursuant to Section 1601 is attached hereto as **Exhibit 3**.

71. On June 1, 2023, Pasaca's attorneys, Sidley Austin LLP, responded by denying Petitioner's inspection demand. Respondents' attorney questioned the applicability of Section 1601 and responded that Petitioner's inspection demand did not "reliably demonstrate that [Petitioner's] demand has been made for a proper purpose," citing to inapposite authority. A true and correct copy of Respondents' denial of Petitioner's demand pursuant to Section 1601 is attached hereto as **Exhibit 4**.

72. On October 20, 2023, Petitioner renewed his demand that Pasaca permit Petitioner to inspect Pasaca's books, records, and documents at the corporation's headquarters in Pasadena, and demanded a response by no later than October 27, 2023. A true and correct copy of Petitioner's renewed inspection demand, pursuant to Section 1601 and Section 1602 is attached as **Exhibit 5** hereto.

73. On October 27, 2023, Respondents declined to produce all of the records to which Petitioners is entitled. A true and correct copy of Respondents' denial of Petitioner's renewed inspection demand pursuant to Section 1601 and Section 1602 is attached as **Exhibit 6** hereto.



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**SECOND CAUSE OF ACTION—ENFORCEMENT OF SHAREHOLDER INSPECTION DEMAND**

**(Against all Respondents)**

62. Petitioner realleges and hereby incorporates by reference Paragraphs 1 through 63 hereof, inclusive, as though fully set forth herein.

63. Petitioner is the holder of record of 250,000 shares of Pasaca's outstanding stock, representing five percent (5%) of the outstanding shares of Pasaca.

64. Pasaca is a corporation organized and existing under the laws of the State of Nevada and registered as a foreign corporation in the State of California. Pasaca is engaged in the business of investment activities. Pasaca's principal place of business in located at 800 E. Colorado Blvd., Suite 900, Pasadena, CA 91101. Petitioner is informed and believes, and based thereon alleges, that Pasaca is a Quasi-California corporation.

65. Petitioner has been told, but has never seen proof, that he was removed as a director of Pasaca. However, if Petitioner was duly removed as a director of Pasaca, Petitioner is informed and believes, and based thereon alleges, that Pasaca's remaining board members are Derrick Sun, Jianguo Xu, and Respondent Huang.

66. Petitioner is informed and believes that Pasaca maintains copies of the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of Pasaca's board of directors and those of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California. Respondents, collectively and individually, have possession and control of the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of Pasaca's board of directors and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California.

67. On May 26, 2023, Petitioner invoked in writing, pursuant to Section 1601, his right to inspect the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of Pasaca and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California.

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purportedly undertaken in his capacity as a director of Pasaca, including his recommendation to invest in Claire together with LivePerson.

56. Pasaca continues to accuse Sean Rogers of fraud in connection with the Claire joint venture. Given Pasaca's repeated threats against Rogers, Rogers faces potential exposure to personal liability for his own acts as a director of Pasaca, including for purported commission of fraud.

57. Therefore, even though Rogers is allegedly no longer a current director of Pasaca, Rogers has an inspection right covering the period of his directorship in order to protect his personal responsibility interest as well as the interest of Pasaca's stockholders.

58. On October 20, 2023, Petitioner renewed his demand that Pasaca permit Petitioner to inspect all Pasaca's books, records, and documents at the corporation's headquarters in Pasadena, and demanded a response by no later than October 27, 2023. A true and correct copy of Petitioner's renewed inspection demand, pursuant to Section 1601 and Section 1602 is attached as **Exhibit 5** hereto. Petitioner's renewed inspection demand explained why Petitioner should be allowed a limited inspection right under Section 1602, despite the fact that Petitioner was not longer serving as a director of Pasaca.

59. On October 27, 2023, Respondents denied Petitioner's demand, arguing again that Petitioner was not a director of Pasaca and, therefore, did not have any rights under Section 1602. A true and correct copy of Respondents' denial of Petitioner's renewed inspection demand pursuant to Section 1601 and Section 1602 is attached hereto as **Exhibit 6**.

60. Respondents' refusal to comply with Petitioner's inspection demand was and is without justification in that Petitioner's inspection demand is authorized by law.

61. Petitioner has incurred and will continue to incur costs and expenses, including attorneys' fees, in enforcing Petitioner's right to inspect Pasaca's records.



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California corporation.

49. Petitioner demanded that Pasaca permit Petitioner to inspect all Pasaca's books, records, and documents by no later than May 18, 2023, at the corporation's headquarters in Pasadena. A true and correct copy of Petitioner's corporate director's inspection demand, pursuant to Section 1602, is attached hereto as **Exhibit 1**.

50. On May 17, 2023, Pasaca's attorneys, Sidley Austin LLP, responded by denying Petitioner's demand, based on Respondents' argument that Petitioner was not a director of Pasaca and, therefore, did not have any rights under Section 1602. A true and correct copy of Respondents' denial of Petitioner's demand pursuant to Section 1602 is attached hereto as **Exhibit 2**.

51. While he was a director of Pasaca, including at the time of his inspection demand, Petitioner had "the absolute right at any reasonable time to inspect and copy all books, records and documents of every kind and to inspect the physical properties of Pasaca and also of its subsidiary corporations, domestic or foreign."

52. Respondents had a clear legal duty to permit Petitioner to inspect of all books, records and documents of every kind and to inspect the physical properties of Pasaca and also of its subsidiary corporations, domestic or foreign all books, records, and documents of every kind of Pasaca and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California.

53. Instead, Respondent Huang, who has exclusive control of Pasaca, purportedly caused Rogers to be removed from the board of Respondent Pasaca, in order to thwart Rogers' inspection rights.

54. When Rogers attempted to get information from Pasaca in his capacity as a shareholder, Pasaca's then-attorneys at Sidley Austin argued, in support of Pasaca's denial of Rogers' inspection rights, that "[Pasaca] is currently investigating whether your client has defrauded [Pasaca]. Further, [Pasaca] understands that your client maintains a personal friendship with Daniel Elliott, whom [Pasaca] has accused of fraud and absconding with more than $100 million."

55. Before and after removing Rogers as a director of Pasaca, Huang and other employees and agents of Pasaca threatened litigation against Rogers in connection with acts



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**FIRST CAUSE OF ACTION—ENFORCEMENT OF DIRECTOR INSPECTION DEMAND**

**(Against all Respondents)**

42. Petitioner realleges and hereby incorporates by reference Paragraphs 1 through 41 hereof, inclusive, as though fully set forth herein.

43. Pasaca is a corporation organized and existing under the laws of the State of Nevada and registered as a foreign corporation in the State of California. Pasaca is engaged in the business of investment activities. Pasaca's principal place of business in located at 800 E. Colorado Blvd., Suite 900, Pasadena, CA 91101. Petitioner is informed and believes, and based thereon alleges, that Pasaca is a Quasi-California corporation.

44. Petitioner is informed and believes that Pasaca maintains copies of its books, records, and documents. Respondents, collectively and individually, have possession and control of the corporation's books, records and documents.

45. As described above, until recently, Petitioner was the Chief Executive Officer and a director of Pasaca.

46. On May 8, 2023, while he was still a director of Pasaca, Petitioner invoked in writing, pursuant to Section 1602, his right to inspect the books, records, and documents of Pasaca and to make copies thereof.

47. Petitioner has been told, but has never seen proof, that he was removed as a director of Pasaca. However, if Petitioner was duly removed as a director of Pasaca, Petitioner is informed and believes, and based thereon alleges, that Pasaca's remaining board members are Derrick Sun, Jianguo Xu, and Respondent Huang.

48. Section 1602 grants every corporate director "the absolute right at any reasonable time to inspect and copy all books, records, and documents of every kind and to inspect the physical properties of the corporation of which such person is a director and also of its subsidiary corporations, domestic or foreign." Though Pasaca is a Nevada corporation, it is headquartered in Pasadena, California, making Pasaca subject to Section 1602, which, by its terms, "applies to a director of any foreign corporation having its principal office in California[.]" Moreover, as set forth above, Petitioner is informed and believes, and based thereon alleges, that Pasaca is a Quasi-



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herein by this reference.

39. Pasaca's attorneys added "as you may know, [Pasaca] is currently investigating whether your client has defrauded [Pasaca]. Further, [Pasaca] understands that your client maintains a personal friendship with Daniel Elliott, whom [Pasaca] has accused of fraud and absconding with more than $100 million. As such, your client's interests appear to be diametrically opposed to [Pasaca's]." As with Pasaca's mischaracterization of Rogers' relationship with Robert LoCascio, this claim that Rogers maintained a "personal friendship with Daniell Elliott" was false. Rogers did not maintain a relationship with Mr. Elliott after Rogers learned that Elliott had been accused of defrauding Pasaca.

40. On October 20, 2023, in a last ditch effort to avoid filing this Petition, Rogers sent a renewed demand, pursuant to California Corporations Code Section 1601 and Section 1602, again demanding, in his capacity as a former director and as a current shareholder of Pasaca, to inspect the corporations books and records—and those of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California—identifying with great particularity corporate records that Petitioner demanded to inspect. Attached as **Exhibit 5** hereto is a true and correct copy of Petitioner's renewed demand for inspection in his capacity as a former director and as a current shareholder of Pasaca, pursuant to Section 1601 and Section 1602, which is incorporated herein by this reference.

41. On October 27, 2023, Pasaca, through its new attorneys, Squire Patton Boggs (US) LLP, refused Petitioner's inspection demand in his capacity as a former director and declined to allow Petitioner to inspect the majority of the records to which Petitioner is entitled to inspect as a shareholder of Pasaca. Attached as **Exhibit 6** hereto is a true and correct copy of Respondents' response to Petitioner's renewed demand for inspection, pursuant to Section 1601 and Section 1602, which is incorporated herein by this reference.

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33. Petitioner is informed and believes that, shortly after his inspection demand pursuant to Section 1602, he was removed as one of Respondents directors.

34. On May 17, 2023, Pasaca, through its attorneys at the time, Sidley Austin LLP, responded that Rogers was no longer a director of Pasaca and therefore did not have any rights under Section 1602. As of the date hereof, Rogers has never seen any resolution from Pasaca's board of directors or shareholders removing him from his position as a director of Pasaca. Attached as **Exhibit 2** hereto is a true and correct copy of Respondents' response to Petitioner's demand for inspection pursuant to Section 1602, which is incorporated herein by this reference.

35. On May 26, 2023, Rogers sent a demand, pursuant to California Corporations Code § 1601 ("Section 1601"), in his capacity as a shareholder of Pasaca, to inspect the accounting books, records, and minutes of proceedings of the shareholders and of the board and committees of the board of Pasaca—and of each of Pasaca's subsidiaries keeping any records in, or having its principal office in, California. Attached as **Exhibit 3** hereto is a true and correct copy of Petitioner's demand for inspection in his capacity as shareholder of Pasaca, pursuant to Section 1601, which is incorporated herein by this reference.

36. In his shareholder's inspection demand, Rogers identified the purposes for the requested inspection and copying, which was reasonably related to his interests in Pasaca, were: (1) to determine the value of his Pasaca shares (citing, *Schnabel v. Superior Ct.*, 5 Cal. 4th 704, 715 (1993) and *Homestake Mining Co. v. Superior Court of City and County of San Francisco*, 11 Cal. App. 2d 488, 496 (1st Dist. 1936)); and (2) to determine whether to sell his interests in Pasaca (citing, *Hartman v. Bandini Petroleum Co.*, 107 Cal. App. 659, 661 (2d Dist. 1930)).

37. The purposes identified in Petitioner's inspection demand pursuant to Section 1601 were, and are, reasonably related to Petitioner's interests as a shareholder of Pasaca.

38. Nevertheless, On June 1, 2023, Pasaca, through its then-attorneys, Sidley Austin LLP, refused Rogers' shareholder's inspection demand without justification, claiming that Rogers was required to demonstrate that his demand was not made for a proper purpose, based on wholly-inapposite authority. Attached as **Exhibit 4** hereto is a true and correct copy of Respondents' response to Petitioner's demand for inspection, pursuant to Section 1601, which is incorporated



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million in cash. Rogers was and remained a director of Claire until he was removed by Huang several months after he was removed from Pasaca's board of directors.

27. Negotiations regarding the formation of a joint venture with LivePerson commenced before Rogers began his employment at Pasaca and continued for a year after Rogers joined Pasaca. At all times, Pasaca's board of directors and Huang were fully aware of the terms of the Claire JV Agreement being negotiated, and Pasaca's board of directors unanimously approved the Claire JV Agreement. Pasaca and LivePerson entered into the Claire JV Agreement in February 2022.

28. Huang's "questioning" of Rogers' support of the Claire JV Agreement soon turned into accusations, first implied and then express, that Rogers defrauded Pasaca with respect to Claire. In short, Huang falsely claimed that Rogers was a childhood friend of LivePerson's then-CEO, Robert LoCascio ("LoCascio") and claimed that Rogers induced Pasaca to invest in Claire to transfer wealth from Pasaca to LivePerson, for the benefit of Rogers' alleged childhood friend LoCascio, by allowing LivePerson to charge excessive and inappropriate prices to Claire.

29. In truth LoCascio was merely a business associate of Rogers and Rogers felt neither compelled nor motivated to enrich or otherwise benefit LoCascio, or even himself.

30. Fueled by Huang's suspicions, Pasaca breached its funding obligations under the Claire JV Agreement. Pasaca has repeatedly threatened and continues to threaten, and has insinuated that it intends, to sue Rogers in connection with Pasaca's investment in Claire.

31. Ultimately, on April 27, 2023, Pasaca terminated Rogers as CEO of Pasaca. At this time, however, Rogers remained a director of Pasaca.

**C. Rogers Invokes His Rights of Inspection, But Respondents Deny His Rights.**

32. On May 8, 2023, while he was still a director of Pasaca, Rogers sent a demand, pursuant to California Corporations Code § 1602 ("Section 1602"), in his capacity as a director of Pasaca, to inspect the books, records, and documents of Pasaca and to make copies thereof. Attached as **Exhibit 1** hereto is a true and correct copy of Petitioner's demand for inspection in his capacity as a director of Pasaca, pursuant to Section 1602, which is incorporated herein by this reference.

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22. In consideration for his services, Rogers was also granted a warrant to purchase an additional 250,000 shares of Pasaca's outstanding common stock at $800 per share. However, in February 2022, when Rogers asked Pasaca's then-CFO, Cliff Guan, about his warrants, Rogers was informed that his warrant had been "cancelled" without any advance notification.

**B. Petitioner's and Respondents' Relationship Deteriorates and Respondents Accuse Petitioner of Fraud**

23. Over time, Huang's behavior became erratic, and a pattern of waste, mismanagement, and self-dealing by Huang emerged. The corporate environment at Pasaca began to sour.

24. The relationship between Rogers and Huang grew increasingly strained. Rogers attempted to establish a corporate compliance program, corporate governance policies, and controls and procedures at Pasaca and its portfolio companies. Huang resisted at every turn. Moreover, Rogers made constant attempts to reign in Huang's questionable investments, self-dealing or otherwise conflicted transactions, and Huang's treatment of Pasaca and its assets as Huang's personal property. Huang refused to conduct himself or allow Pasaca to conduct itself in a professional, appropriate, or compliant manner. Rogers also sought to cause Pasaca to perform its contractual obligations, particularly payment obligations, but time and again, Huang would override Rogers and refuse to allow Pasaca to make contractually required payments.

25. Huang responded to Rogers's efforts by questioning Rogers' support of a joint venture between Pasaca and LivePerson, Inc. ("LivePerson"), a publicly-traded company that produces artificial intelligence software. The joint venture resulted from a subscription agreement (the "Claire JV Agreement") between Pasaca and LivePerson entered into to form Claire Holdings, Inc. ("Claire"), which would build, create, and administer a marketplace for health and well-being diagnostic testing.

26. The Claire JV Agreement provided that Pasaca would contribute $80 million to Claire and that LivePerson would contribute $20 million to Claire. At the same time, Claire entered into a Build-Out Services Agreement (the "Build-Out Agreement") that provides for Claire to purchase products and services from LivePerson with a value of $100 million in exchange for $80



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15. Hereinafter, "Respondents" shall refer to respondents collectively—i.e., Huang, Pasaca, and Does 1 through 50. Whenever in this Petition reference is made to "Respondents," such allegation shall be deemed to mean the acts of Respondents acting individually, jointly, and/or severally.

## III. JURISDICTION AND VENUE

16. Venue is proper as to respondent Pasaca pursuant to Code of Civil Procedure § 395.5 because Pasaca's principal place of business is situated in Los Angeles County, California.

17. Venue is proper as to Respondent Huang in this Court pursuant to Code of Civil Procedure § 395(a) because Respondent Huang resides in Los Angeles County, California.

18. Additionally, jurisdiction is proper in this county pursuant to California Code of Civil Procedure §§ 1085 and 1086 because Petitioner has no alternative plain, speedy and adequate remedy in the ordinary course of law. The proper means for applying to the Court for relief for a refusal of a corporate inspection demand pursuant to the Corporations Code is by requesting the issuance of a writ of mandate requiring the actions and relief requested. *See, e.g., Mooney v. Bartenders Union Local No. 284*, 48 Cal. 2d 841 (1957).

## IV. PASACA UNJUSTIFIABLY REFUSED ROGERS' INSPECTION DEMANDS

### A. Rogers Joins Pasaca and Innova

19. During the COVID-19 crisis, Respondents solicited Rogers' services and induced him to serve as a director and officer of Pasaca with promises of being part of a company that would help address many of the challenges caused by the pandemic and to participate in building a diverse and revolutionary collection of businesses.

20. On or about February 11, 2021, Rogers received an employment offer letter from Pasaca for him to serve as Pasaca's CEO and as a member of its Board of Directors.

21. Concurrently with his employment offer, Rogers was also given the opportunity to purchase 5% of Pasaca's outstanding stock via a subscription agreement—i.e. 250,000 shares—of which he took advantage. Rogers is currently the owner of 250,000 shares of Pasaca's common stock, representing 5% of Pasaca's outstanding stock.

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# EXHIBIT 2

Please advise of the date and time that the books, records, and documents will be available for inspection. In the meantime, all of Mr. Rogers' rights and remedies are expressly reserved.

Sincerely,

*Patricia L. Glaser*

PATRICIA L. GLASER
of GLASER WEIL FINK HOWARD JORDAN & SHAPIRO LLP

cc: Marc A. Indeglia
Kerry Garvis Wright
Sean E. Rogers
Patrick Wong

# Glaser Weil

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Marc A. Indeglia

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310.785.3545
**Email**
mindeglia@glaserweil.com

May 8, 2023

VIA E-MAIL

Pasaca Capital Inc.
c/o Blair Hu
Secretary and Agent for Service of Process
800 E Colorado Blvd., Ste. 888
Pasadena, CA, 91101

Pasaca Capital Inc.
c/o Legalinc Corporate Services Inc.
Attn: Erik Treutlein
1810 E Sahara Ave., Ste. 215
Las Vegas, NV, 89104

Re: **Sean Rogers' Demand to Inspect the Books, Records, and Documents of Pasaca Capital, Inc.**

Dear Ms. Hu and Mr. Treutlin:

This firm represents Sean Rogers, who, as you know, is a director, stockholder, and the former CEO of Pasaca Capital, Inc. ("PCI"). Pursuant to California Corporations Code section 1602 ("Section 1602"), Mr. Rogers invokes his right to inspect the books, records and documents of PCI and to make copies thereof.

Section 1602 grants every corporate director "the absolute right at any reasonable time to inspect and copy all books, records and documents of every kind and to inspect the physical properties of the corporation of which such person is a director and also of its subsidiary corporations, domestic or foreign." Cal. Corp. Code § 1602. Though PCI is a Nevada corporation, it is headquartered in Pasadena, California, making PCI subject to Section 1602, which "applies to a director of any foreign corporation having its principal office in California[.]" *Id.*

We therefore demand on Mr. Rogers' behalf to inspect all PCI's books, records, and documents by no ***later than May 18, 2023***, at the corporation's headquarters in Pasadena. Should PCI fail to honor Mr. Rogers' absolute right to inspect PCI's books, records, and documents, we will take action to enforce Mr. Rogers' rights and will seek all appropriate remedies against PCI.

# EXHIBIT 3

SIDLEY

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May 17, 2023

**VIA EMAIL**

Patricia L. Glaser
Glaser Weil Fink Howard Jordan & Shapiro LLP
10250 Constellation Blvd., 19th Floor
Los Angeles, CA 90067
Email: pglaser@glaserweil.com

Re: Sean Rogers' Demand to Inspect the Books, Records and Documents of Pasaca Capital Inc.

Dear Ms. Glaser:

This is in response to your May 8, 2023, letter on behalf of Sean Rogers. Mr. Rogers purports to have a right to inspect and make copies of books, records, and documents of Pasaca Capital Inc. ("PCI") under Section 1602 of the California Corporation Code. Mr. Rogers is not a director of PCI and does not have such rights under Section 1602. PCI declines his demand.

Sincerely yours,

Sean A. Commons

cc: Kerry Garvis Wright
Marc A. Indeglia

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# EXHIBIT 4

We therefore demand, on Mr. Rogers' behalf, that PCI produce, electronically, all accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of PCI *and* of each of PCI's subsidiaries keeping any records in California or having its principal office in California, and deliver them to us on Mr. Rogers' behalf on or before 5:00 p.m. Pacific Daylight Time on June 1, 2023. Should PCI fail to honor Mr. Rogers' right to inspect PCI's accounting books, records, and minutes, we will take action to enforce Mr. Rogers' rights and will seek all appropriate remedies against PCI.

In regards to your May 17, 2023 letter, wherein you assert that Mr. Rogers is no longer a director of PCI, please provide any documentation that Mr. Rogers has been duly removed as a director of PCI.

In the meantime, all of Mr. Rogers' rights and remedies are expressly reserved.

Very truly yours,

MARC A. INDEGLIA
of GLASER WEIL FINK HOWARD JORDAN & SHAPIRO LLP

cc: Patricia L. Glaser
Kerry Garvis Wright
Alexander Suarez
Sean E. Rogers

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May 26, 2023

VIA E-MAIL

Sean A. Commons
Sidley Austin LLP
555 West Fifth Street
Los Angeles, CA 90013
scommons@sidley.com

Re: **Sean Rogers' Demand to Inspect the Books, Records, and Documents of Pasaca Capital, Inc.**

Dear Mr. Commons:

As you are aware, this firm represents Sean Rogers, who, is a shareholder and the former CEO of Pasaca Capital, Inc. ("PCI"). Pursuant to California Corporations Code section 1601 ("Section 1601"), Mr. Rogers hereby invokes his right to inspect the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of PCI—and of each of PCI's subsidiaries keeping any records in, or having its principal office in, California.

Section 1601 grants every shareholder the right to inspect "[t]he accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board ... at the corporation's principal office in California ... upon the written demand on the corporation ... at any reasonable time during usual business hours, for a purpose reasonably related to the holder's interests as a shareholder[.]" Mr. Rogers' purpose for the inspection and copying, which is reasonably related to his interests in PCI, is: (1) to determine the value of his shares (see, *Schnabel v. Superior Ct.*, 5 Cal. 4th 704, 715 (1993); see also, *Homestake Mining Co. v. Superior Court of City and County of San Francisco*, 11 Cal. App. 2d 488, 496 (1st Dist. 1936)); and (2) to determine whether to sell his interests in the corporation (see, *Hartman v. Bandini Petroleum Co.*, 107 Cal. App. 659, 661 (2d Dist. 1930)).

Though PCI is a Nevada corporation, it is headquartered in Pasadena, California, making PCI subject to Section 1601, which extends to "any foreign corporation keeping any records in this state or having its principal office in California" and to "each subsidiary ... subject to" Section 1601—i.e., "any domestic corporation, and ... any foreign corporation keeping any records in this state or having its principal office in California[.]" Cal. Corp. Code § 1601(a)(1), (3).

# EXHIBIT 5

*re Facebook, Inc. Shareholder Derivative Privacy Litigation*, 411 F. Supp. 3d 649, 657-58 (denying § 1601 demand where Plaintiff failed to establish that inspection demand was not for an "improper purpose").

Regarding your request for documentation that Mr. Rogers is no longer a director of PCI, PCI's by-laws provide that directors "shall be elected at each annual meeting of the Stockholders to hold office until the next annual meeting." PCI's latest stockholder meeting took place on May 9, 2023. And during that meeting, by consent of the stockholders owning more than 50% of the outstanding shares of PCI, the Board size was fixed at three members, and Charles Huang, Derrick Sun, and Jason Xu were elected as directors of PCI. Therefore, Mr. Rogers' term as a director of PCI has expired.

PCI reserves all rights with respect to each of these issues, all rights, interests, and privileges in relation to all of its documents and all of the information they contain, and all rights to seek relief from Mr. Rogers.

Sincerely,

Sean A. Commons

SAC:

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June 1, 2023

**By Email**

Marc A. Indeglia
Glaser Weil Fink Howard Jordan & Shapiro LLP
10250 Constellation Boulevard, 19th Floor
Los Angeles, CA 90067
Email: mindeglia@glaserweil.com

Re: Sean Rogers' May 26 Demand to Inspect the Books, Records and Documents of Pasaca Capital Inc.

Dear Mr. Indeglia:

We write in response to your letter dated May 26, 2023, in which your law firm demands, on behalf of Sean Rogers, to inspect the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of Pasaca Capital, Inc. ("PCI") pursuant to Section 1601 of the California Corporations Code ("Inspection Demand").

It is unclear Section 1601 applies to a Nevada corporation. *See, e.g., Juul Labs, Inc. v. Grove*, 2020 Del. Ch. LEXIS 264 (Del. Ch. Aug. 13, 2020). But assuming for the sake of argument it could, shareholders have a limited right to inspect the books and records of a corporation. *See Schnabel v. Sup. Ct.*, 5 Cal. 4th 704, 716 (1993) (quoting *Goldstein v. Lees*, 46 Cal. App. 3d 614, 621 (1975)) ("although shareholders have some rights to corporate information not available to the general public, shareholder status does not in and of itself entitle an individual to unfettered access to corporate confidences and secrets."); *Thomas v. Gordon*, 85 Cal. App. 4th 113, 122 (2000) ("[e]ven a shareholder has only a limited right to access to corporate financial records"). Shareholder demands must be made "for a purpose reasonably related to the holders interests as a shareholder" (Cal. Corp. Code § 1601), not whenever or for whatever a shareholder desires (*Schnabel*, 5. Cal. 4th at 715-16).

In addition, as you may know, PCI is currently investigating whether your client has defrauded PCI. Further, PCI understands that your client maintains a personal friendship with Daniel Elliott, whom PCI has accused of fraud and absconding with more than $100 million. As such, your client's interests appear to be diametrically opposed to PCI's.

In light of these circumstances, the Inspection Demand's boilerplate language does not reliably demonstrate that your client's demand has been made for a proper purpose. *See, e.g., In*

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# EXHIBIT 6

agreements, (e) pre-emptive purchase rights agreements, (f) agreements regarding restrictions on share transfers, (g) agreements relating to redemption or repurchase of securities, (h) agreements relating to repurchase of shares in connection with the exercise of dissenter's rights, (i) registration rights agreements, and (j) other similar arrangements or agreements.

6. Summary of all outstanding or proposed options, warrants, convertible debentures or other rights to purchase securities of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California, showing dates of issuance or grant, amounts issued or granted, exercise prices and exercise and expiration dates, and copies of the form of any options agreements, warrants or convertible securities.

7. A description and list of all issuances of securities of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California, since inception, including (a) date of issuance and title and amount sold; (b) underwriters or agents involved, if any, (c) persons or class of individuals to whom securities were sold, (d) if for cash, the aggregate offering price and aggregate underwriting or agent discounts or commissions, (e) if not for cash, a description of the transaction, and the nature and aggregate amount of consideration received, and (f) the exemption, if any, claimed from federal and state securities law registration.

8. All private placement memoranda, prospectuses and offering circulars, and any and all supplements and amendments thereto, used in connection with issuing securities, since inception, by PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

9. All documents filed with the Securities & Exchange Commission, under both the Securities Act of 1933, as amended, and the Securities Exchange Act of 1934, as amended, by PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

10. All documents filed with any state securities regulators under any state "blue sky" laws for any of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

6. All information related to any audit of any return or report filed by or on behalf of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California, for the last three fiscal years and pending audits for any prior periods that could affect the tax liability, credits, or other tax attributes of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

7. A schedule describing any ongoing tax disputes, together with copies of revenue agents' reports, correspondence, etc. with respect to any pending national, state, provincial or similar tax proceedings, with regard to open years or items relating to PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California, including deficiency notices, audit and settlement proposals.

8. All information concerning any significant claim asserted or threatened by any taxing authority against PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California, or other entity for whose taxes any of them could be liable, whether directly, indirectly, as transferee, or under a tax indemnity or tax-sharing agreement.

C. **Security Issuances and Sales.**

1. The record of shareholders of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

2. The current list of the names, addresses, and share holdings of the voting shareholders of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

3. A copy of the stock ledger (certified by the transfer agent) for PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

4. Current list of Non-Objecting Beneficial Owners ("NOBO List") of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

5. Any of the following types of agreements relating to any of the membership interests of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California: (a) voting trusts, (b) stockholder agreements, (c) buy-sell agreements, (d) stockholder voting

## Schedule 2
## Documents Requested Pursuant to California Corporations Code § 1601

**A. General Corporate Matters.**

1. All organizational documents (articles, charters, bylaws) of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

2. Minutes of all meetings of the stockholders, board of directors, and committees of the board of directors of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

3. List of all subsidiaries of PCI, and/or of each of PCI's subsidiary corporations, or other equity investments of PCI's, and/or of each of its subsidiary corporations, including percentage and nature of the interest.

**B. Accounting Books and Records.**

1. Most recent audited financial statements for the two (2) most recent fiscal years or, if none, unaudited financial statements for the same time period, for PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

2. Interim unaudited financial statements, prepared since the financial statements provided in response to item C.1. above for PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

3. All independent auditors and management letters for the most recent five (5) fiscal years, and any management responses thereto, for PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California.

4. Copies of all of PCI's, and/or any of PCI's subsidiary corporations, tax sharing and other tax-related agreements.

5. All federal, state, provincial, local and other tax returns and reports filed by or on behalf of PCI, and/or any of PCI's subsidiary corporations incorporated in California, keeping any records in California, or having its principal office in California, or copies of extensions of time within which to file such reports as have been obtained, for the last three fiscal years, and any years prior thereto that remain open and subject to adjustment, audit, or review by any governmental (whether national, state, provincial or local) taxing authority, and copies of all audit, determination, and other correspondence pertaining thereto.

11. Any other documents or information which, in your judgment, are significant with respect to the business of PCI, or any of its subsidiaries, or which should be considered and reviewed in making disclosures to prospective investors and/or regulators regarding the business, operations, and financial condition of PCI, or any of its subsidiaries.

4. Copies of all reports provided by PCI, and/or any of PCI's subsidiary corporations, to state and federal regulatory agencies.

**M. Miscellaneous.**

1. Copies of all press releases issued by PCI, and/or any of PCI's subsidiary corporations, in the past five (5) years.

2. Copies of all market research reports, management consultant reports, future business plans, material studies concerning research and development and industry analyses prepared in the past five (5) years by or for PCI, and/or any of PCI's subsidiary corporations.

3. Analyses of PCI, and/or any of PCI's subsidiary corporations, or their respective industries prepared by management consultants, engineers, accountants or others, including other types of reports or memoranda relating to broad aspects of the business, operations or products of PCI, and/or any of PCI's subsidiary corporations.

4. List of the twenty suppliers of goods or services that are most important to PCI, and/or any of PCI's subsidiary corporations.

5. List of the twenty biggest customers of PCI, and/or any of PCI's subsidiary corporations, by dollar amount paid or payable to each of them.

6. Any and all documents related to the acquisition of Biological Laboratory Inc., also known as BIOLAB.

7. Any and all documents related to the distribution of stock of Biological Laboratory Inc., also known as BIOLAB.

8. Any and all agreements by and between PCI and LivePerson, Inc.

9. Any and all documents related to PCI's, or any of its subsidiaries', investment in Claire Holdings, Inc.

10. Any and all nonprivileged documents related to PCI's investigation into any alleged wrongdoing by Sean Rogers.

**K. Intellectual Property.**

1. Schedule of all US and foreign patents issued and applications filed by PCI, and/or any of PCI's subsidiary corporations, and a schedule of all trademarks, service marks and trade names owned or applied for.

2. List of all applications for US and foreign patents currently being prepared or which are intended to be filed by PCI, and/or any of PCI's subsidiary corporations, in the next twelve months.

3. Copies of all agreements (including agreements with employees and consultants) relating to PCI's, and/or any of PCI's subsidiary corporations', patents, trade secrets, trademarks, tradenames, service marks or names, and logos and copyrights, including a list of any relevant marks and names.

4. All patent counsel opinions or reviews provided to PCI, and/or any of PCI's subsidiary corporations.

5. All significant correspondence of PCI, and/or any of PCI's subsidiary corporations, with the US Patent and Trademark office or foreign equivalents thereof.

6. Description of any pending, threatened, possible or past challenge to PCI's, and/or any of PCI's subsidiary corporations', ownership of or right to use intellectual property.

7. Description of any potential or past infringements by a third party of any intellectual property known to PCI, and/or any of PCI's subsidiary corporations, and the action taken, if any.

8. Copies of any agreements or documents relating to the disclosure of PCI's, and/or any of PCI's subsidiary corporations', confidential information or trade secrets to third parties.

**L. Governmental Regulation.**

1. All business licenses, permits or other approvals required by any federal, state or local governmental agencies for the conduct of the business of PCI, and/or any of PCI's subsidiary corporations.

2. Summaries of all EPA, EEOC, OSHA, Department of Labor, or similar state or local governmental agency inquiries to PCI, and/or any of PCI's subsidiary corporations.

3. Copies of all documents related to investigations of PCI, and/or any of PCI's subsidiary corporations, by any state and federal regulatory agencies.

other proprietary rights to which PCI, and/or any of PCI's subsidiary corporations, is a party (whether granting the right or receiving it). Also, list and briefly describe any design, formulas, manufacturing processes, trade secrets, or technical know-how which is owned or used by PCI, and/or any of PCI's subsidiary corporations, or any employee in the conduct of the business of PCI, and/or any of PCI's subsidiary corporations.

5. A schedule listing and describing (briefly) all confidentiality agreements, trademarks, patents, service marks, or tradenames either held by PCI, and/or any of PCI's subsidiary corporations, or used (by means of a royalty or licensing arrangement or otherwise) by it in any of its businesses.

6. Copies of all documents evidencing title to PCI's, and/or any of PCI's subsidiary corporations', real property and copies of policies of title insurance or title searches relating thereto.

J. Taxes.

1. Copies of all of PCI's, and/or any of PCI's subsidiary corporations, tax sharing and other tax-related agreements.

2. All federal, state, provincial, local and other tax returns and reports filed by or on behalf of PCI, and/or any of PCI's subsidiary corporations, or copies of extensions of time within which to file such reports as have been obtained, for the last three fiscal years, and any years prior thereto that remain open and subject to adjustment, audit, or review by any governmental (whether national, state, provincial or local) taxing authority, and copies of all audit, determination, and other correspondence pertaining thereto.

3. All information related to any audit of any return or report filed by or on behalf of PCI, and/or any of PCI's subsidiary corporations, for the last three fiscal years and pending audits for any prior periods that could affect the tax liability, credits, or other tax attributes of PCI, and/or any of PCI's subsidiary corporations.

4. A schedule describing any ongoing tax disputes, together with copies of revenue agents' reports, correspondence, etc. with respect to any pending national, state, provincial or similar tax proceedings, with regard to open years or items relating to PCI, and/or any of PCI's subsidiary corporations, including deficiency notices, audit and settlement proposals.

5. All information concerning any significant claim asserted or threatened by any taxing authority against PCI, and/or any of PCI's subsidiary corporations, or other entity for whose taxes PCI, and/or any of PCI's subsidiary corporations, could be liable, whether directly, indirectly, as transferee, or under a tax indemnity or tax-sharing agreement.

subsidiary corporations, may be a surety or guarantor, or as to which it might otherwise become liable.

3. All agreements and letters confirming available or outstanding lines of credit.

4. All material correspondence with lenders during the last five (5) years, including all compliance reports submitted by PCI, and/or any of PCI's subsidiary corporations, or its accountants.

5. Any of PCI's, and/or any of PCI's subsidiary corporations', waivers or agreements canceling claims or rights of substantial value other than in the ordinary course of business or any documents relating to material write-downs and write-offs of notes or accounts receivable other than in the ordinary course of business.

6. All security agreements or other documents purporting to create any lien, mortgage, pledge or other encumbrance affecting any of PCI's, and/or any of PCI's subsidiary corporations', assets or properties, and all currently-effective refinancing documents, such as sale and leasebacks and installment sales, and all liens and financing statements.

**I. Properties.**

1. All lists of land, buildings, equipment, leasehold improvements, and office equipment held by PCI, and/or any of PCI's subsidiary corporations, including a legal description of real estate owned and leased. Also, provide the state and county of each site where land, leaseholds and equipment are located. For any owned or leased real property for which a title report or title policy is not available, provide the address and tax block and lot information for such property to enable a title report to be ordered.

2. Recent title and appraisal reports, if any, with respect to all real property and other assets of PCI, and/or any of PCI's subsidiary corporations, including, but not limited to, UCC searches in all state and local jurisdictions in which filings might be made regarding PCI, and/or any of PCI's subsidiary corporations.

3. Description and age of principal items or classes of equipment and a schedule of costs, depreciation reserve, depreciation rates and methods, present book value, and all liens and encumbrances applicable to each for PCI, and/or any of PCI's subsidiary corporations.

4. List and briefly describe any patents, patent applications, trademarks, service marks, tradenames, fictitious business names, brands, copyrights and other similar proprietary rights issued to, licensed by, owned by, or used by PCI, and/or any of PCI's subsidiary corporations, or any of the employees or affiliates of PCI in the business of PCI, and all licenses, leases, and transfers of patents, trademarks, tradenames, copyrights, and

6. Copies of, or descriptions of, any contracts, transactions or arrangements between PCI, and/or any of PCI's subsidiary corporations, and any stockholder, director, officer or key employee of PCI, and/or any of PCI's subsidiary corporations, including loans to or from such persons.

**G. Litigation, Defaults, and Contingent Liabilities.**

1. Summary of pending or threatened litigation and contingent liabilities (including insurance coverage) of PCI, and/or any of PCI's subsidiary corporations.

2. A list or description of all consent decrees, judgments or other decrees or orders, settlement agreements and other agreements to which PCI, and/or any of PCI's subsidiary corporations, is a party or is bound, requiring or prohibiting any future activities.

3. Any reports to creditors, waivers, default notices and correspondence relating to possible defaults under any material contracts or financing arrangements to which PCI, and/or any of PCI's subsidiary corporations, is a party or is bound.

4. PCI, and/or any of PCI's subsidiary corporations', lawyers' litigation letters to auditors for the last three years.

5. Summary of any of PCI's, and/or any of PCI's subsidiary corporations', customer complaints or cancellations of material contracts.

6. Copies of all of PCI's, and/or any of PCI's subsidiary corporations, product warranties.

7. Information on defaults by PCI's, and/or any of PCI's subsidiary corporations', customers.

**H. Present Indebtedness.**

1. A schedule summarizing short-term and long-term debt (including intercompany debt and contingent debt under guarantees or otherwise) and capital lease obligations of PCI, and/or any of PCI's subsidiary corporations, (setting forth the obligor, the lender, principal amounts outstanding, interest rates and maturity dates, or, in the case of capital lease obligations, payment schedules, for each such item).

2. All agreements and other documents evidencing, securing or otherwise relating to any outstanding or proposed indebtedness of PCI, and/or any of PCI's subsidiary corporations, or any indebtedness of any person as to which PCI, and/or any of its

3. Copies of any agreements providing personnel or other services to PCI, and/or any of PCI's subsidiary corporations.

4. For each employee benefit plan, policy or practice maintained or contributed to by PCI, and/or any of PCI's subsidiary corporations, or with respect to which PCI, and/or any of its subsidiary corporations, could reasonably be expected to have any liability (including any multi-employer plans):

    a. plan document and trust agreement (last restatement and all subsequent amendments);

    b. current insurance contracts;

    c. current summary plan description with all subsequent summaries of material modification;

    d. all current administrative forms, procedures and interpretations;

    e. copies of participant communications during the last three years;

    f. all communications to or from the IRS, Department of Labor, PBGC, trustees or administrators of multi-employer plans and state regulators relating to employee benefit matters within last three years;

    g. copies of Forms 5500 for the three most recent years;

    h. copies of the most recent IRS determination letter and application therefor and copies of any subsequent application for which a determination letter has not been received;

    i. files on all pending benefit claims (other then uncontested claims in the ordinary course);

    j. list of outside vendors (i.e., third party administrators, trustees, investment advisors) relating to employee benefit matters; and

    k. evidence of COBRA compliance and copies of COBRA notices provided to qualified beneficiaries during the last three years.

5. All documentation or correspondence relating to any former employee of PCI, and/or of any of PCI's subsidiary corporations, whose employment was terminated within the past two years.

5. A description and list of all issuances of securities of PCI, and/or any of PCI's subsidiary corporations, since inception, including (a) date of issuance and title and amount sold; (b) underwriters or agents involved, if any, (c) persons or class of individuals to whom securities were sold, (d) if for cash, the aggregate offering price and aggregate underwriting or agent discounts or commissions, (e) if not for cash, a description of the transaction, and the nature and aggregate amount of consideration received, and (f) the exemption, if any, claimed from federal and state securities law registration.

6. All private placement memoranda, prospectuses and offering circulars, and any and all supplements and amendments thereto, used by PCI, and/or any of PCI's subsidiary corporations, in connection with issuing securities since inception.

7. All documents filed with the Securities & Exchange Commission by PCI, and/or any of PCI's subsidiary corporations, under both the Securities Act of 1933, as amended, and the Securities Exchange Act of 1934, as amended.

8. All documents filed with any state securities regulators by PCI, and/or any of PCI's subsidiary corporations, under any state "blue sky" laws.

E. **Financial Statements.**

1. Most recent audited financial statements of PCI, and/or any of PCI's subsidiary corporations, for the two (2) most recent fiscal years, or, if none, unaudited financial statements of PCI for the same time period.

2. Interim unaudited financial statements of PCI, and/or any of PCI's subsidiary corporations, prepared since the financial statements provided in response to item E.1. above.

3. All of PCI's, and/or any of PCI's subsidiary corporations', independent auditors and management letters for the most recent five (5) fiscal years and any management responses thereto.

F. **Employee Matters.**

1. List of managers and officers for PCI, and/or for any of PCI's subsidiary corporations, (indicating name, title, salary for previous fiscal year, present annual salary and shareholdings).

2. All of PCI's, and/or any of PCI's subsidiary corporations', employment agreements, including any confidentiality or non-compete agreements and consulting agreements.

13. Copies of any loan or financing agreements or instruments of PCI, and/or any of PCI's subsidiary corporations, such as lines of credit, term loans, capital leases, indentures, debentures, sinking fund agreements, corporate guaranties and other material debt or financing instruments, and the original and current amounts outstanding under each.

14. All ongoing financing proposals currently being considered by PCI, and/or any of PCI's subsidiary corporations, and all documentation and correspondence relating thereto.

15. All deeds of trust, mortgages, security agreements, pledge agreements and other agreements or arrangements whereby any assets or properties of PCI, and/or any of PCI's subsidiary corporations, are subject to any lien, encumbrance, security interest or charge.

16. All material correspondence with PCI's, and/or any of PCI's subsidiary corporations', lenders during the last five years.

17. Documentation supporting any advances to stockholders or other notes payable to stockholders entered into during the last three years and documentation supporting any advances or other notes payable to stockholders currently outstanding.

**D. Stockholders and Security Issuances.**

1. Current list of stockholders of PCI, and/or any of PCI's subsidiary corporations, (indicating name and number and type of securities held) and a copy of the stock ledger (certified by the transfer agent).

2. Current list of Non-Objecting Beneficial Owners ("NOBO List") of PCI, and/or any of PCI's subsidiary corporations.

3. Any of the following types of agreements relating to any of the membership interests of PCI, and/or any of PCI's subsidiary corporations: (a) voting trusts, (b) stockholder agreements, (c) buy-sell agreements, (d) stockholder voting agreements, (e) pre-emptive purchase rights agreements, (f) agreements regarding restrictions on share transfers, (g) agreements relating to redemption or repurchase of securities, (h) agreements relating to repurchase of shares in connection with the exercise of dissenter's rights, (i) registration rights agreements, and (j) other similar arrangements or agreements.

4. Summary of all outstanding or proposed options, warrants, convertible debentures or other rights to purchase securities of PCI, and/or any of PCI's subsidiary corporations, showing dates of issuance or grant, amounts issued or granted, exercise prices and exercise and expiration dates, and copies of the form of any options agreements, warrants or convertible securities.

correspondence, documents or memoranda regarding any proposals currently being considered for the foregoing.

3. List of PCI's, and/or each of PCI's subsidiary corporations', major suppliers, including actual purchases made during prior fiscal year and an estimate of purchases to be made by such suppliers during current fiscal year, copies of material contracts and agreements with suppliers.

4. Copies of all of PCI's, and/or each of PCI's subsidiary corporations', purchase agreements, marketing agreements, domestic and international distribution agreements, sales representative agreements and OEM agreements.

5. All of PCI's, and/or each of PCI's subsidiary corporations', agreements relating to the research or development of existing or new products.

6. All licensing or royalty agreements to which PCI, and/or of any of PCI's subsidiary corporations, is a party.

7. All computer software and hardware license agreements to which PCI, or any of PCI's subsidiary corporations, is a party (excluding shrink-wrap licenses for off-the-shelf software).

8. List of significant customers of PCI, and/or any of PCI's subsidiary corporations, including amount of sales for each customer for prior fiscal year and an estimate of such sales, by customer, for current fiscal year, and copies of material contracts and agreements with customers.

9. Copies (and in the case of oral agreements, a summary) of all of PCI's, and/or any of PCI's subsidiary corporations', other contracts, agreements undertakings, obligations, commitments and instruments that are material to the conduct of PCI's, and/or any of PCI's subsidiary corporations', business, including standard invoice and purchase order forms.

10. Description of , and/or any of PCI's subsidiary corporations',insurance policies, including names of insurer, nature of coverage and coverage limits.

11. Copies of deeds, leases, conditional sale agreements or title reports relating to real property and material personal property owned or leased by PCI, and/or any of PCI's subsidiary corporations.

12. Any contracts for the purchase or construction of fixed assets by PCI, and/or any of PCI's subsidiary corporations.

## Schedule 1
## Documents Requested Pursuant to California Corporations Code § 1602

**A. General Corporate Matters.**

1. All organizational documents (articles, charters, bylaws) of PCI and/or of each of PCI's subsidiary corporations.

2. Minutes of all meetings of the stockholders, directors, and committees of PCI and/or of each of PCI's subsidiary corporations since inception.

3. List of all subsidiaries of PCI, and/or of each of PCI's subsidiary corporations, or other equity investments of PCI's, and/or of each of its subsidiary corporations, including percentage and nature of the interest.

**B. Assets and Liabilities.**

1. A list of real property and material personal property owned or leased by PCI, and/or of each of PCI's subsidiary corporations.

2. All documents relating to PCI's, and/or each of its subsidiary corporations', accounts payable, including a list of significant accounts and balances.

3. List of pending purchase orders to PCI's, and/or any of its subsidiary corporations', suppliers.

4. All documentation relating to PCI's, and/or its subsidiary corporations', accounts receivable, including a schedule of accounts with balances, aging and information with respect to material amounts in dispute.

5. Analysis of PCI's, and/or of each of PCI's subsidiary corporations', allowance of for bad debt.

6. PCI's, and/or of each of PCI's subsidiary corporations', backlog data and supporting documentation.

7. PCI's, and/or each of PCI's subsidiary corporations', maintenance records for fixed assets.

**C. Material Contracts.**

1. Documents concerning PCI's, and/or each of PCI's subsidiary corporations', limited partnerships, partnerships, joint venture affiliations or franchise relationships.

2. All documents concerning mergers, acquisitions and dispositions entered into by PCI, and/or each of PCI's subsidiary corporations, since inception. Please include any

Though PCI is a Nevada corporation, it is headquartered in Pasadena, California, making PCI subject to Section 1601, which extends to "any foreign corporation keeping any records in this state or having its principal office in California" and to "each subsidiary … subject to" Section 1601—i.e., "any domestic corporation, and … any foreign corporation keeping any records in this state or having its principal office in California[.]" Cal. Corp. Code § 1601(a)(1), (3).

On Sean Rogers' behalf, we renew his Shareholder Inspection Demand, pursuant to Section 1601, for the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of PCI, and of each of PCI's subsidiary corporations, domestic or foreign, that are listed on Schedule 2 hereto: "Documents Requested Pursuant to California Corporations Code § 1601."

* * * * *

We demand, on Mr. Rogers' behalf, to inspect all of the books, records, minutes, and other documents listed on Schedule 1 and Schedule 2 hereto by no later than Friday, **October 27, 2023, beginning at 10:00 a.m.**, at the corporation's principal office at 800 E Colorado Blvd., Ste. 888; Pasadena, CA, 91101. Should PCI fail to honor Mr. Rogers' rights under Section 1601 and/or 1602, we will take action to enforce Mr. Rogers' rights and will seek all appropriate remedies against PCI.

In the meantime, all of Mr. Rogers' rights and remedies are expressly reserved.

Sincerely,

ALEXANDER J. SUAREZ
of GLASER WEIL FINK HOWARD JORDAN & SHAPIRO LLP

cc: Patricia L. Glaser
Kerry Garvis Wright
Marc Indeglia

***Sean Rogers' Renewed Director Inspection Demand (Corp. Code, § 1602)***

California Corporations Code section 1602 ("Section 1602") grants every corporate director "the absolute right at any reasonable time to inspect and copy all books, records and documents of every kind and to inspect the physical properties of the corporation of which such person is a director and also of its subsidiary corporations, domestic or foreign." Cal. Corp. Code § 1602. Though PCI is a Nevada corporation, it is headquartered in Pasadena, California, making PCI subject to Section 1602, which "applies to a director of any foreign corporation having its principal office in California." *Id.*

Though Mr. Rogers may be a *former* director of PCI, which PCI has failed to substantiate, former directors have a right to inspect corporate records to the extent necessary to protect them from personal liability for acts purportedly committed during their term as a director. *See, e.g., Wolf v. CDS Devco*, 185 Cal. App. 4th 903, 921-922 (2010). PCI's denial of Mr. Rogers' Shareholder Inspection Demand expressly based PCI's denial on the representation that "PCI is currently investigating whether your client has defrauded PCI." And, as you surely know, [redacted] Therefore, Sean Rogers is inarguably at risk of personal exposure for acts that were purportedly committed during his term as a director of PCI.

On Sean Rogers' behalf, we renew his Director Inspection Demand, pursuant to Section 1602, for the accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board of PCI, and of each of PCI's subsidiary corporations, domestic or foreign, that are listed on Schedule 1 hereto: "Documents Requested Pursuant to California Corporations Code § 1602."

***Sean Rogers' Shareholder Inspection Demand (Corp. Code, § 1601)***

California Corporations Code section 1601 ("Section 1601") grants every shareholder the right to inspect "[t]he accounting books, records, and minutes of proceedings of the shareholders and the board and committees of the board ... at the corporation's principal office in California ... upon the written demand on the corporation ... at any reasonable time during usual business hours, for a purpose reasonably related to the holder's interests as a shareholder[.]" Mr. Rogers' purpose for the inspection and copying, which is reasonably related to his interests in PCI, is: (1) to determine the value of his shares (see, *Schnabel v. Superior Ct.*, 5 Cal. 4th 704, 715 (1993); see also, *Homestake Mining Co. v. Superior Court of City and County of San Francisco*, 11 Cal. App. 2d 488, 496 (1st Dist. 1936)); and (2) to determine whether to sell his interests in the corporation (see, *Hartman v. Bandini Petroleum Co.*, 107 Cal. App. 659, 661 (2d Dist. 1930)).

# Glaser Weil

10250 Constellation Blvd.
19th Floor
Los Angeles, CA 90067
310.553.3000 TEL
310.556.2920 FAX

Alexander J. Suarez

**Direct Dial**
310.556.7828
**Direct Fax**
310.843.2628
**Email**
asuarez@glaserweil.com

October 20, 2023

VIA E-MAIL

James L. Hsu
Squire Patton Boggs (US) LLP
555 South Flower Street, 31st Floor
Los Angeles, California 90071

Re: **Sean Rogers' Renewed and Final Demand to Inspect the Books, Records, and Minutes of Pasaca Capital, Inc. Pursuant to Cal. Corp. Code §§ 1601 & 1602**

Dear Ms. Hsu:

We write to follow-up on our previous requests, made on behalf of Sean Rogers, for documents from Pasaca Capital, Inc. ("PCI") and to describe in greater detail the records sought thereby. As you know, Sean Rogers is a current shareholder and a former director (and officer) of PCI. On or about May 8, 2023, Mr. Rogers invoked his rights, as a director of PCI, to inspect PCI's books and records (the "Director Inspection Demand"). PCI rejected Mr. Rogers' Director Inspection Demand on the grounds that Mr. Rogers had allegedly been removed as a director of PCI. On or about May 26, 2023, Mr. Rogers invoked his rights, as a shareholder of PCI, to inspect PCI's books and records (the "Shareholder Inspection Demand"). PCI rejected Mr. Rogers' Shareholder Inspection Demand, purportedly because (1) PCI was not sure if Corporations Code section 1602 applies to a Nevada corporation (it does); (2) Mr. Rogers' Shareholder Inspection Demand failed to demonstrate that it was for a purpose reasonably related to his interests as a shareholder (it did); (3) PCI was investigating whether Sean defrauded PCI (he did not); and (4) Mr. Rogers' Shareholder Inspection Demand did not "reliably demonstrate" that it had not been made for an "improper purpose" (both irrelevant and untrue).

On August 21, 2023, you confirmed that Squire Patton Boggs (US) LLP had replaced Sidley Austin LLP as PCI's outside counsel. During our various meet and confer efforts, you agreed to follow-up on Mr. Rogers' Director Inspection Demand and Shareholder Inspection Demand (together, the "Inspection Demands"). We write to provide further guidance on the documents sought by Mr. Rogers' Inspection Demands and in a final attempt to avoid burdening the Courts with a Petition to Compel PCI's compliance with Mr. Rogers' Inspection Demands.

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12A

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# Pharmaceutical Technician IN TRAINING (PTT) Application

**Non-Refundable $50 fee**

Rev (03/16/2023)

## Section 1: General Information

First: ANDREW Middle: SCOTT Last: HANSEN

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: LAS VEGAS State: NV Zip: 89102

Telephone: [redacted] Email: [redacted]

## Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

## Section 3: Employment Information

Pharmacy Name: WALGREENS License #: 12495-EXL-D

Address: 2427 S LAS VEGAS BLVD

City: LAS VEGAS State: NV Zip: 89104

| Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.) | Yes | No |
|---|---|---|
| 1. Are you 18 years of age or older? | X | |
| 2. Are you a high school graduate or the equivalent? | X | |

High School Name: Davenport North Graduation Date OR Date GED obtained (mm/yy): 06/95

Address: 626 W 53rd St

City: Davenport State: IA Zip: 52806

| Section 5: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | X | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | X | |

| Section 7: Personal and Professional History | | |
|---|---|---|
| **Before answering the questions below, please INITIAL to the right to attest you have read and understand the following:**<br>**WARNING**<br>**You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.** | **Initials** | |
| | **Yes** | **No** |
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged? | X | |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in any state? | | X |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/19/95 | | IA | Iowa City | Johnson |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| [redacted] | District Court Iowa City |

| Reason/Charge | |
|---|---|
| Poss Contr Subs Sch I-Marij | |
| **Plaintiff/Defendant/Claimant/Respondent** | **Lawsuit/Arbitration/Bankruptcy** |
| State of Iowa | |
| **Name of Business/Industry/Entity** | |
| | |

**Provide explanation below:**

was in college at a party

Original Signature (electronic, copies or stamps not accepted)

12/19/24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 11/19/97 | | IL | URBANA | CHAMPAign County |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| [redacted] | State OF Illinois / Sheriffs Off. OF URBAN |

| Reason/Charge |
|---|
| POSSESSION CON SUBSTANCE 10 GRAMS - CLASS 4 FELONY |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| State OF Illinois | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

AT A CONCERT & HAD MUSHROOMS

Original Signature (electronic, copies or stamps not accepted)

12/9/24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/14/03 | | IA | Altoona | Polk |
| **Case #** [redacted] | | **Governing, licensing, Arresting Presiding Body/Agency/Court** Police Department Altoona | | |
| **Reason/Charge** OWI | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** State of Iowa | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

Driving Home From A Bar After watching Sports (World Series)

Original Signature (electronic, copies or stamps not accepted)

12/9/24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/22/17 | | IA | Davenport | Scott |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| [redacted] | | Police Department Davenport | | |
| **Reason/Charge** | | | | |
| Operating under the influence | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| State of Iowa | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Got Divorced was drinking @ Father invited me to Dinner. was on phone @ hit car At Stoplight.

Original Signature (electronic, copies or stamps not accepted)

12/19/24
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/29/22 | | NV | LAS VEGAS | CLARK |
| **Case #** [redacted] | | **Governing, licensing, Arresting Presiding Body/Agency/Court** Metro Police LAS VEGAS | | |
| **Reason/Charge** 1- POSS SCH I C/S LT 14 GRAMS 2- USE/POSS DRUG-PARA | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** State of NEVADA | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

CAUGHT WITH METH & PIPE BY POLICE

Original Signature (electronic, copies or stamps not accepted)

12/9/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

ANDREW HANSEN

Print Name

Original Signature (electronic, copies or stamps not accepted)

12/9/24

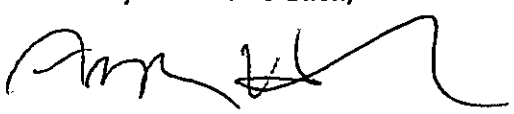
Date

| Board Use Only | Date Received: 12/18/24 | Amount: $50 cc |
|---|---|---|

To Board of Pharmacy:

I am currently a Assisstiant Store Manager at Walgreens and need to be able to work in the Pharmcey to advance my carrer with the company. I am writting this letter as a explanation of my criminal records. I have enclosed with the paper a copy of my FBI crimianl background check for your review with my application. Through out my life I struggled with alcohol and drugs, I made some mistakes in my past that I can not change. I found the ansewer I have been looking for in the 12 step program that I am a member. I have been sober for 11 months and found a new way of living by this program that I am invoved in. I now help others who have suffered like I did. I wanted to be honest and inculde my histroy.

Thanks for your consideration,



Andrew Hansen

12/9/2024

1-787a (Rev. 08-10-2016)

**U.S. Department of Justice**
Federal Bureau of Investigation
Criminal Justice Information Services Division
*Clarksburg, WV 26306*

ANDREW SCOTT HANSEN
[redacted]

Date: 11-22-2024

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

**Subject Name**
ANDREW SCOTT HANSEN

**Search Completed Result** 11-22-2024 [redacted]

**A SEARCH OF THE FINGERPRINTS PROVIDED BY HIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.**

Date of Birth: [redacted]
Social Security number: [redacted]

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the Web site at www.fbi.gov/checks for further instructions.

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USNCRD09Z
[redacted]

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME HANSEN,ANDREW SCOTT

| SEX | RACE | BIRTH DATE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

STATE ID
NULL

BIRTH PLACE
[redacted]

CITIZENSHIP
UNITED STATES

| OTHER BIRTH DATES | SCARS-MARKS-TATTOOS | SOCIAL SECURITY | MISC NUMBERS |
|---|---|---|---|
| NONE | NONE | NONE | NONE |

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USNCRD09Z NCN [redacted]

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE
FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USNCRD09Z
PART 2

NCN [redacted]

- FBI IDENTIFICATION RECORD - FBI UCN-450371AB8

| NAME | FBI UCN | DATE REQUESTED |
|---|---|---|
| HANSEN,ANDREW SCOTT | [redacted] | 2024/11/22 |

| SEX | RACE | BIRTH DATE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

BIRTH PLACE
ILLINOIS

PATTERN CLASS
LS LS LS LS LS LS LS LS LS LS

CITIZENSHIP
UNITED STATES

1-ARRESTED OR RECEIVED 1995/08/19 SID- IA00505555
AGENCY-UNIV IOWA-DPS IOWA CITY (IA0520400)
AGENCY CASE-59695

CHARGE 1-POSS SCH I-MARIJ 3562

COURT-DISTRICT COURT IOWA CITY (IA052015J)
CHARGE-POSS CONTR SUBS SCH I-MARIJ MISDEMEANOR CONVIC
PROBATION 1YRS 25HRS COMM SERVICE

2-ARRESTED OR RECEIVED 1997/11/19 SID- IL40161680
AGENCY-SHERIFF'S OFFICE URBANA (IL0100000)
AGENCY CASE-51537

CHARGE 1-POSS OF CONT SUBS 10 GRAMS

COURT- ()
CHARGE-III/720 ILCS 570-0/402-C, POSSESSION CONTROLLD
SUBSTANCE-CLASS 4 FELONY
III/CDD-19980217 GUILTY SENTENCED TO CONDITIONAL DISCHARGE 24 MOS -
FINE AND/OR COSTS $1168 - PUBLIC SERVICE 50 HRS

END OF PART 2 - PART 3 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USNCRD09Z NCN E2024327000000353861
PART 3

- FBI IDENTIFICATION RECORD - FBI [redacted]

3-ARRESTED OR RECEIVED 2003/10/14 SID- IA00505555
AGENCY-POLICE DEPARTMENT ALTOONA (IA0770800)
AGENCY CASE-036044

FINGERPRINT INFORMATION
BSI/40032501292
PRINT DATE/2003/10/14

CHARGE 1-O.W.I.

4-ARRESTED OR RECEIVED 2017/08/22 SID- IA00505555
AGENCY-POLICE DEPARTMENT DAVENPORT (IA0820200)
AGENCY CASE-1762138

FINGERPRINT INFORMATION
BSI/40184209438
PRINT DATE/2017/08/22

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/40184209437
POSE/ DESC/
PHOTO DATE/2017/08/22

PALMPRINT INFORMATION
BSI/40184209436
PRINT DATE/2017/08/22

CHARGE 1-321J.2(2)(A) OPERATING WHILE UNDER THE INFLUENCE 1

END OF PART 3 - PART 4 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USNCRD09Z NCN E2024327000000353861
PART 4

- FBI IDENTIFICATION RECORD - FBI UCN-450371AB8

5-ARRESTED OR RECEIVED 2018/08/03 SID- IA00505555
AGENCY-POLICE DEPARTMENT DAVENPORT (IA0820200)
AGENCY CASE-[redacted]

FINGERPRINT INFORMATION
BSI/[redacted]
PRINT DATE/2018/08/03

PHOTO INFORMATION - 3 PHOTOS AVAILABLE
BSI/[redacted]
POSE/ DESC/
PHOTO DATE/2018/08/03
BSI/[redacted]
POSE/ DESC/
PHOTO DATE/2018/08/03
BSI/[redacted]
POSE/ DESC/
PHOTO DATE/2018/08/03

PALMPRINT INFORMATION
BSI/[redacted]
PRINT DATE/2018/08/03

CHARGE 1-PUBLIC INTOXICATION

6-ARRESTED OR RECEIVED 2022/10/29 SID- NV04752189
AGENCY-METRO POLICE DEPT LAS VEGAS (NV0020100)
AGENCY CASE-[redacted]

FINGERPRINT INFORMATION
BSI/[redacted]
PRINT DATE/2022/10/29

CHARGE 1-62073F POSS SCH I, II C/S LT 14 GRAMS, 1ST OR 2ND OFF
CHARGE 2-51339M USE/POSS DRUG-PARA

RECORD UPDATED 2024/11/22

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

12B

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

**Section 1: General Information**

First: NICHOLAS Middle: JASON Last: DIPIRRO

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Henderson State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

**Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258**

Program/School Name:

Address:

City: State: Zip:

Name of Program Director:

Signature of Program Director:

**Section 3: Employment Information**

Pharmacy Name: WALGREENS License #:

Address: 401 ARROYO GRANDE AVE

City: HENDERSON State: NV Zip: 89014

| **Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)** | **Yes** | **No** |
|---|---|---|
| 1. Are you 18 years of age or older? | Y | |
| 2. Are you a high school graduate or the equivalent? | Y | |

High School Name: RANCHO Graduation Date OR Date GED obtained (mm/yy): 06/97

Address: 1900 SEARLES AVE

City: N. LAS VEGAS State: NV Zip: 89101

| **Section 5: Military Service (NRS 622.120)** | **Yes** | **No** |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | Y | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | Y |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | Y |

| Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 7: Personal and Professional History | | |
|---|---|---|
| **Before answering the questions below, please INITIAL to the right to attest you have read and understand the following:**<br>WARNING<br>You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board. | Initials<br>WD | |
| | **Yes** | **No** |
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged? | X | |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in any state? | | X |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

7-10-24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Nicholas DiPirro

Print Name

Original Signature (electronic, copies or stamps not accepted)

7/10/24

Date

| Board Use Only | Date Received: 7/23/24 | Amount: $50 cc |
|---|---|---|

SCOPE II - R211 ▸ Dissemination - Citizens

LVMPD CITIZENS REPORT

SCOPE RESPONSE

**PERSON BASE RECORD**

**ID #:** [redacted]

**NAM:** DIPIRRO, NICHOLAS JASON **DOB:** [redacted]

**SEX:** [redacted] **RAC:** [redacted] **HGT:** [redacted] **WGT:** [redacted] **HAIR:** [redacted] **EYE:** [redacted]

**ADR:** RS [redacted] BOULDER HWY
LAS VEGAS NV 89122

**AKA [3]**

| NAME | AGY | ENTRY DATE |
|---|---|---|
| DIPIRRO, NICHOLAS | LAS VEGAS METRO PD | 3/6/2018 |
| DIPERRO, NICHOLAS J | LAS VEGAS METRO PD | 9/4/2019 |
| DIPIRRO, NICHOLAS JASON | LAS VEGAS METRO PD | 11/19/1996 |

**ADDITIONAL DOB [1]**

| DOB | AGY | ENTRY DATE |
|---|---|---|
| [redacted] | LAS VEGAS METRO PD | 11/19/1996 |

**EVENT REPORTS [2]**

| TYPE: | ASSOCIATION: | AGY: | REPORTED: | ENTERED: | EVENT#: |
|---|---|---|---|---|---|
| OTHER | UNKNOWN | LAS VEGAS METRO PD | 08/31/2001 00:00:00 | 08/31/2001 00:00:00 | [redacted] |

**COMMENT [1]**

**COMMENT:** **AGY:** LAS VEGAS METRO PD **COMMENT DATE:** 05/18/2013 15:40:23
T/C MANDALAY BAY (STA RPT PRK GAR)

| TYPE: | ASSOCIATION: | AGY: | REPORTED: | ENTERED: | EVENT#: |
|---|---|---|---|---|---|
| OTHER | UNKNOWN | LAS VEGAS METRO PD | 11/16/1996 00:00:00 | 11/16/1996 00:00:00 | [redacted] |

**COMMENT [1]**

**COMMENT:** **AGY:** LAS VEGAS METRO PD **COMMENT DATE:** 05/18/2013 15:40:23
T/C EASTERN/RENO

**CRIMINAL HISTORY** **ARR [4] CIT [1] SUM [0]**

**ARREST DATE: 4/23/2022** **AGY: LAS VEGAS METRO PD** **PCN#: DSD1105000C** **BK#: -**

**RN#:** [redacted] **CHARGE:** 1 **TYPE:** PC **OFF:** 51448 DISCHG GUN/OTHER WEAPON WHERE PERS MIGHT BE ENDANG (G) **COUNTS:** 1 **EVT#:** [redacted]

**CCN:** [redacted] LAS VEGAS JUSTICE COURT **SEQ#:** 1 **CREATED:** 4/24/2022 **UPDATED:**

**JUV/CERT/ADULT:** ADULT

| FINAL DISPO DATE: | FINAL OFF: | DISPO: | SENTENCED: |
|---|---|---|---|
| 5/25/2022 | 51444 DISCHG GUN W/I STRUCT/VEH NOT W/I PROHIBIT AREA (M) | FOUND GUILTY | 5/25/2022 |

**CCN:** [redacted] **UPDATED:**

| FINE | EXCUSE | RESTITUTION |
|---|---|---|
| $ | $ | $ |

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD LORALI WOODS/L19972W 02/12/2024 14:49:27

RELEASE TO: DIPIRRO, NICHOLAS

| | MIN | YRS | MOS | DAYS | HRS | | MIN | YRS | MOS | DAYS | HRS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TERM OF SENTENCE | | | | | | COMMUNITY SERVICE | | | | | |
| CREDIT TIME SERVED | | | | | NO | PROBATION | | | | | |

**CITE DATE:** 8/30/2019 **AGY:** LAS VEGAS METRO PD **PCN#:**

**RN#:** 0005 **CHARGE:** 1 **TYPE:** CRIM **OFF:** 51453 DRAW DW IN THREATENING MANNER (M) **COUNTS:** 1 **EVT#:** [redacted]
**CITE#:** 1-05741270A **CREATED:** 9/4/2019 **UPDATED:** **JUV/CERT/ADULT:** ADULT

| FINAL DISPO DATE: | FINAL OFF: | DISPO: |
|---|---|---|
| 10/14/2019 | 51453 DRAW DW IN THREATENING MANNER (M) | DISMISSED |

**CCN:** [redacted] **UPDATED:**

| FINE | EXCUSE | RESTITUTION |
|---|---|---|
| $ | $ | $ |

| | MIN | YRS | MOS | DAYS | HRS | | MIN | YRS | MOS | DAYS | HRS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TERM OF SENTENCE | | | | | | COMMUNITY SERVICE | | | | | |
| CREDIT TIME SERVED | | | | | NO | PROBATION | | | | | |

**ARREST DATE:** 1/15/2019 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

**RN#:** 0004 **CHARGE:** 1 **TYPE:** WA **OFF:** 51453 DRAW DW IN THREATENING MANNER (M) **COUNTS:** 1 **EVT#:** [redacted]
**CCN:** [redacted] LAS VEGAS JUSTICE COURT **CREATED:** 1/16/2019 **UPDATED:** **JUV/CERT/ADULT:** ADULT

| FINAL DISPO DATE: | FINAL OFF: | DISPO: |
|---|---|---|
| 2/20/2019 | 51453 DRAW DW IN THREATENING MANNER (M) | DISMISSED |

**CCN:** [redacted] **UPDATED:** 2/11/2020

| FINE | EXCUSE | RESTITUTION |
|---|---|---|
| $ | $ | $ |

| | MIN | YRS | MOS | DAYS | HRS | | MIN | YRS | MOS | DAYS | HRS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TERM OF SENTENCE | | | | | | COMMUNITY SERVICE | | | | | |
| CREDIT TIME SERVED | | | | | NO | PROBATION | | | | | |

**ARREST DATE:** 3/4/2018 **AGY:** LAS VEGAS METRO PD **PCN#:** 25739016 **BK#:** -

**RN#:** 0002 **CHARGE:** 1 **TYPE:** PC **OFF:** 53815 PEDESTRIAN/ANIMAL RIDER FAIL WALK/RIDE ON SIDEWALK (M) **COUNTS:** 1 **EVT#:** [redacted]
**CCN:** [redacted] LAS VEGAS JUSTICE COURT **SEQ#:** 1 **CREATED:** 3/6/2018 **UPDATED:** **JUV/CERT/ADULT:** ADULT

**RN#:** 0003 **CHARGE:** 2 **TYPE:** PC **OFF:** 53819 INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD (M) **COUNTS:** 1 **EVT#:** [redacted]
**CCN:** [redacted] LAS VEGAS JUSTICE COURT **SEQ#:** 2 **CREATED:** 3/6/2018 **UPDATED:** **JUV/CERT/ADULT:** ADULT

**ARREST DATE:** 1/15/2016 **AGY:** LAS VEGAS METRO PD **PCN#:** 25602452 **BK#:** -

**RN#:** 0001 **CHARGE:** 1 **TYPE:** PC **OFF:** 50235 DOM BATTERY, (1ST) (M) **COUNTS:** 1 **EVT#:** [redacted]
**CCN:** [redacted] LAS VEGAS JUSTICE COURT **SEQ#:** 1 **CREATED:** 1/15/2016 **UPDATED:** **JUV/CERT/ADULT:** ADULT

| FINAL DISPO DATE: | FINAL OFF: | DISPO: |
|---|---|---|

**PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.**

**LAS VEGAS METRO PD LORALI WOODS/L19972W 02/12/2024 14:49:27**

**RELEASE TO: DIPIRRO, NICHOLAS**

6/13/2016 50235 DOM BATTERY, (1ST) (M) DISMISSED
**CCN:** [redacted] **UPDATED:** 1/28/2020

| | FINE | EXCUSE | RESTITUTION |
|---|---|---|---|
| | $ | $ | $ |

| | MIN | YRS | MOS | DAYS | HRS | | MIN | YRS | MOS | DAYS | HRS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TERM OF SENTENCE | | | | | | COMMUNITY SERVICE | | | | | |
| CREDIT TIME SERVED | | | | | NO | PROBATION | | | | | |

**WORK CARD/BUSINESS LICENSE - INACTIVE [1]**

| TYPE: | DESCRIPTION: | JURISDICTION: |
|---|---|---|
| WORKCARD | SEC GRD – UNARMED | COUNTY |
| **STATUS:** | **ISSUE DATE:** | **EXPIRATION DATE:** |
| APPROVED | 4/4/2017 | 4/4/2022 |

**EMPLOYER INFORMATION [1]**

| EMPLOYER: | POSITION: | NOTIFIED: |
|---|---|---|
| ALEXIS PARK HOTEL | UNARMED SECURITY | |

**COMMENTS:**

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD LORALI WOODS/L19972W 02/12/2024 14:49:27

RELEASE TO: DIPIRRO, NICHOLAS

13

# 13A

**Hao Di Pham**
[redacted]
**Henderson, NV** [redacted]
[redacted]
[redacted]
**01/08/2025**

**Nevada State Board of Pharmacy**
**4985 Damonte Ranch Pkwy, Suite 206**
**Reno, NV 89521**

Subject: Request for Permission to Retake the NAPLEX

Dear Members of the Nevada Board of Pharmacy,

I hope this letter finds you well. I am writing to respectfully request permission to retake the North American Pharmacist Licensure Examination (NAPLEX) for the sixth time.

I fully understand the significance of this request and the importance of ensuring that candidates who pass the exam meet the high standards required to protect public health. Despite my challenges, including ongoing family issues overseas and struggles with anxiety and depression, I remain committed to this goal and have made significant strides toward overcoming these barriers.

I am proud to share that I have recently passed the Nevada Multistate Pharmacy Jurisprudence Examination (MPJE), which demonstrates my growing readiness and commitment to the pharmacy profession. This accomplishment is a reflection of the hard work I have put in to strengthen my knowledge base and test-taking abilities.

Since my last attempt at the NAPLEX, I have taken additional steps to prepare thoroughly. These include significatly reducing working hours, enrolling in prep courses, working with tutors, and creating a structured study plan with other fellow classmates. I have also sought professional support to address my mental health challenges and have implemented strategies to manage stress effectively during the preparation process.

I am confident that with the experience I have gained, the resources I have utilized, and my recent success with the MPJE, I am now better positioned to pass the NAPLEX and fulfill my dream of serving as a licensed pharmacist in Nevada.

Thank you for considering my request. I would be happy to provide any additional information or documentation to support my application.

Sincerely,

**Hao Di Pham**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

**Section 1: Select how will you be obtaining your Nevada Pharmacist Registration**

☒ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☒ Yes ☐ No

**Section 2: General Information**

First: Hao Middle: Di Last: Pham

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Henderson State: NV Zip [redacted]

Telephone: [redacted] Email: [redacted]

**Section 3: Employment Information**

Pharmacy Name: Walgreens NV Pharmacy License # (if applicable):

Address: 1500 S Boulder Hwy

City: Henderson State: NV Zip: 89015

Telephone: (702) 567-5454 Email:

**Section 4: College of Pharmacy Information**

School Name: Roseman University

Address: 11 Sunset Way

City: Henderson State: NV Zip: 89014

Country/Territory/Province: USA

Graduation Date: 05/15/2022 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

**Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.**

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: License #: Date of Issuance: Expiry Date:

| Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | License/ Registration # | Issued Date | Expiry Date | License/Registration Status (check applicable box) | | | | |
| | | | | Active | Inactive | Expired | Revoked | Surrendered |
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| Section 7: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

| Section 9: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in any state? | | ✔ |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Hao Di Pham

Print Name

Original Signature, no copies or stamps accepted

1/8/25

Date

| Board Use Only | Date Received: 1/16/25 | Amount: $750-CH1019 |
|---|---|---|
| | NAPLEX: | MPJE: |

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14A

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# CONTROLLED SUBSTANCE APPLICATION

**Non-Refundable $200 fee**

Rev (01/05/2023)

**(This application cannot be used by PA's or APRN's)**

**Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)**

☑ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

**Section 1: Personal Information**

First: John Middle: Henry Last: Vennochi

Date of Birth [redacted] SSN or ITIN [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted]

City [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: DMD Practitioner License #: 2510 Specialty: General Dentist

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

**Section 2: Practice Information (A practice address is required for processing of your application.)**

Practice Name (if any): College of Southern Nevada Dental Faculty Practice

Practice Address: 6375 West Charleston Blvd. Suite #: A500

City: Las Vegas State: NV Zip: 89146

Telephone: 702-651-5510 Fax: 702-651-7383 Email: patientservicesdfp@csn.edu

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 5: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ✓ | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✓ |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 99-526 | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

Provide explanation below:

Please see attached

[redacted]

Original Signature (electronic, copies or stamps not accepted)

5/7/2024

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

John Vennochi

Print Name (First, Last)

[redacted]

Original Signature (electronic, copies or stamps not accepted)

5/7/2024

Date

5/7/24

Date

Board Use Only: Date Processed: 5/7/24 Amount: $200.00

| Credentials | Practitioner Name | Speciality Details | Location | Status | Public Health | Action |
|---|---|---|---|---|---|---|

| | |
|---|---|
| **Full Name :** | Vennochi, John Henry , DMD |
| **Primary Office Address :** | 7180 Cascade Valley Ct, Suite 240 |
| **City, State Zip :** | Las Vegas, NV 89128 |
| **Office Phone :** | |
| **License Number :** | 2510 |
| **License Date :** | 03/22/1989 |
| **Status :** | Active |
| **Expiration Date :** | 06/30/2025 |
| **Graduated From :** | Massachusetts-Tufts University School of Dental Medicine |
| **Graduation Date :** | 06/01/1981 |

**Permits :**

| Permit | Permit Number | Issue Date | Exp Date |
|---|---|---|---|

**Board Action / Malpractice :**

| Action Type | Date | Document Link |
|---|---|---|
| Board Action | 05/26/2005 | |
| Board Action | 06/27/2008 | |
| Board Action | 06/01/2000 | |
| Board Action | 10/15/2010 | |

← Close detail



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STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA

| | |
|---|---|
| NEVADA STATE BOARD OF DENTAL EXAMINERS,<br>Complainant,<br>vs.<br>JOHN H. VENNOCHI, D.M.D.,<br>Respondent. | CASE NO.: 05-1160<br>**STIPULATION** |

**IT IS HEREBY STIPULATED AND AGREED** by and between JOHN H. VENNOCHI, D.D.S. (Hereinafter "Respondent"), by and through his counsel, JOHN R. LUSK, ESQ., and THE NEVADA STATE BOARD OF DENTAL EXAMINERS (hereinafter "Board") by and through Disciplinary Screening Officer, J. PAUL ANDERSON, D.M.D., D.S.O., and Board's counsel, JOHN A. HUNT, ESQ., of the law firm of RALEIGH, HUNT & McGARRY, P.C. as follows:

1. On December 13, 2002, Respondent entered into a memorandum of understanding with Zinovi Ladizhensky, a/k/a Zori Ladin, a/k/a Zori Ladizhensky, d/b/a Paradise Village Dental Center ("Zori"), wherein Zori would provide administrative/support services to Respondent.

2. On October 28, 2003, the Board notified Respondent of a verified complaint received from John Flood. On November 10, 2003, Respondent filed an answer to the complaint with the Board.

3. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, J. Paul Anderson, D.M.D., applying the administrative burden of proof of substantial evidence as set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); *and see Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, finds there is substantial evidence that Respondent rendered treatment below the standard of care to John Flood in violation of NRS

JRL JHV

RALEIGH, HUNT & McGARRY, P.C.
Law Offices
112 GARCES AVENUE
SUITE 200
LAS VEGAS, NEVADA 89101
(702) 386-4841

631.3475(1) &(4).

4. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, J. Paul Anderson, D.S.O., under the administrative standard of proof as set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986);, *and see Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P.2d 1339 (1994), but not for any other purpose, finds there is substantial evidence Respondent, on more than one occasion, allowed Zori, to perform dental treatments beyond the scope of practice set forth in NAC 631.220 in violation of NRS 631.3475(1) & (4).

5. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, J. Paul Anderson, D.M.D., applying the administrative burden of proof of substantial evidence as set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); *and see Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, finds there is substantial evidence that Respondent did not report to the Board the civil malpractice lawsuit, *John J. Flood v. Mohamad Malaki, D.D.S., John H. Vennochi, D.M.D. et al*, filed on September 21, 2004, in the Eighth Judicial District Court, Case No. A492330, in violation of NAC 631.155(5).

6. The pertinent part of the statutes and regulations cited are as follows:

**NRS 631.3475** The following acts among others, constitute unprofessional conduct:

1. Malpractice;

* * *

4. More than one act by the dentist or dental hygienist constituting substandard care in the practice of dentistry or dental hygiene.

**NAC 631.220**

A dentist who is licensed in the state of Nevada may authorize a dental assistant in his employ and under his supervision only to do one or more of the following:

1. Expose radiographs.

JRL JHV

2. Retract a patient's cheek, tongue or other tissue during a dental operation.

3. Remove the debris which normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.

4. Place or remove a rubber dam and accessories used for its placement.

5. Place and secure an orthodontic ligature.

6. Remove sutures.

7. Place and remove a periodontal pack.

8. Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.

9. Administer a topical anesthetic in any form except aerosol.

10. Train and instruct persons in the techniques of oral hygiene and preventive procedures.

11. Take the following types of impressions:

(a) Those used for the preparation of diagnostic models;
(b) Those used for the preparation of counter or opposing models;
(c) Those used for the fabrication of temporary crowns or bridges; and
(d) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.

12. Fabricate and place temporary crowns\ and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

13. Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.

14. Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

15. Administer a topical fluoride.

JRL JHV

16. Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

17. Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure.

NAC 631.155
Each licensee shall, within 30 days after the occurrence of the event, notify the Board in writing by certified mail of:

*****

5. The filing and service upon him of any claim or complaint of malpractice.

7. Applying the administrative burden of proof of substantial evidence as set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); see also NRS 233B.135, *and see Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, Respondent stipulates the rendered treatment to John Flood was below the standard of care in violation of NRS 631.3475(1) and (4).

8. Applying the administrative burden of proof of substantial evidence as set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); see also NRS 233B.135. *and see Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, Respondent stipulates that on more than one occasion Respondent allowed Zori to perform procedures beyond the permissible scope set forth in NAC 631.220 in violation of NRS 631.3475(1) and (4).

9. Applying the administrative burden of proof of substantial evidence as set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); see also NRS 233B.135, *and see Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, Respondent stipulates that he failed to report to the Board the filing of the civil malpractice complaint, *John J. Flood v. Mohamad Malaki, D.D.S., John H. Vennochi et al*, filed in the Eighth Judicial District Court, Case No. A492330, in

JRL JHV

violation of NRS 631.155.

10. Based upon the stipulations contained in paragraphs 7, 8 and 9, the parties have agreed to resolve the pending disciplinary action pursuant to the following terms:

a. Pursuant to NRS 631.350(h), Respondent's dental practice shall be supervised for a period of two (2) years from the adoption of this Stipulation. During the two (2) year period, Respondent shall allow either the Executive Director of the Board and/or the agent appointed by the Executive Director of the Board to inspect Respondent's records and observe the daily operation of Respondent's dental practice during normal business hours without notice to insure compliance of this Stipulation. The supervision shall include, but will not be limited to, personally observing the treatment rendered to patient(s) as well as contacting patients who have received treatment. In the event the Board's Executive Director finds there is substantial evidence Respondent has refused to either allow the copying of patient records or observation of Respondent's practice during the supervisory period, the Executive Director, shall automatically without any further action by the Board, issue an order suspending Respondent's license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his license prior to the Board having a hearing and issuing a final order determining whether there was substantial evidence to justify the Executive Director's suspension of Respondent's license to practice dentistry in Nevada. In the event Respondent does not actively practice dentistry in the State of Nevada, the supervisory period shall be tolled for the period of inactive practice.

b. Pursuant to NRS 631.350(h), during the two (2) year supervisory period, Respondent agrees to the following conditions:

i. Patient(s) may not receive treatment(s) or be seated in an operatory unless there is a dentist licensed in the State of Nevada physically present or unless a hygienist licensed in the State of Nevada is performing hygiene treatments in compliance with NRS and NAC 631;

ii. Respondent shall obtain a written acknowledgment from present and future employees and/or independent contractors that they have received and read a copy of this Stipulation. Respondent shall maintain the written acknowledgment(s) in Respondent's office for inspection.

iii. In the event the Board's Executive Director finds there is substantial evidence Respondent has violated any of the provisions contained in either paragraph 10(b)(i) or 10(b)(ii) during the supervised period the Executive Director shall, automatically without any further action by the Board, issue an order suspending Respondent's license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his license prior to the Board having a hearing and issuing a final order determining whether there was substantial evidence to justify the Executive Director's suspension of Respondent's license to practice dentistry in Nevada.

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c. Based upon the stipulation set forth in paragraph 8, and the anticipated continuing relationship between Respondent and Zori, Respondent agrees as long as Zori performs any services in any capacity to Respondent, Respondent agrees to the following conditions:

i. Zori, shall not at any time perform dental assisting duties as set forth in either NRS or NAC 631 while associated with Respondent or any other licensed dentist in Nevada;

ii. Zori is prohibited from being physically present at any time in the operatory(s) when patient(s) are seated in a dental chair;

iii. Zori is prohibited from participating in the negotiation of any disputes between Respondent and/or dentist or hygienist employed by Respondent regarding the treatment(s) of patient(s). Resolution of any disputes with patients must be contained in a patient's chart and sign off by Respondent; and

iv. In the event the Board's Executive Director finds there is substantial evidence Respondent has violated any of the provisions contained in either paragraph 10(c)(i) or 10(c)(ii) or 10(c)(iii), the Executive Director shall, automatically without any further action by the Board, issue an order suspending Respondent's license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate her license prior to the Board having a hearing and issuing a final order determining whether there was substantial evidence to justify the Executive Director's suspension of Respondent's license to practice dentistry in Nevada.

d. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, Respondent shall obtain a total of twenty-four (24) additional hours of supplemental education. Twelve hours (12) hours of supplemental education must be received in the area of diagnosis and treatment planning and twelve (12) hours of supplemental education must be received in the area of fixed prosthetics. All supplemental education must be completed within two (2) years of the approval of this Stipulation by the Board. The supplemental education must be submitted in writing to the Executive Director of the Board for approval prior to attendance. Upon receipt of a written request to attend supplemental education the Executive Director of the Board shall notify Respondent in writing whether the requested supplemental education is approved for attendance. All costs associated with this supplemental education shall be paid by Respondent. In the event Respondent fails to complete all of the supplemental education within two (2) years, Respondent agrees his license to practice dentistry in the State of Nevada shall automatically be suspended without any further action of the Board other than the issuance of an order by the Executive Director. Upon submitting written proof of completion of the supplemental education, Respondent's license to practice dentistry in the State of Nevada will be automatically reinstated. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent's license to practice dentistry in the State of Nevada due to Respondent's failure to comply with Paragraph 10(d). Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek

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injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

e. Respondent agrees to reimburse the Board for costs of the investigation and to monitor this Stipulation in the amount of Seven Thousand Five Hundred Dollars ($7,500.00), pursuant to the following payment schedule:

i Prior to the adoption of this Stipulation, Respondent shall deliver the initial sum of Three Thousand Dollars ($3,000.00) to the Board. If the Board does not adopt this Stipulation the Three Thousand Dollars ($3,000.00) will be returned in full to Respondent.

ii. Thereafter, for the next twenty-four (24) months, on the first business day of each month, Respondent shall deliver to the Board's office located at 6010 S. Rainbow Blvd. Bldg. A, Suite 1, Las Vegas, Nevada, the sum of One Hundred Eighty-Seven and 50/100 Dollars ($187.50) to satisfy the remaining balance due of Four Thousand Five Hundred Dollars ($4,500.00) for costs of this investigation and to monitor this Stipulation.

f. Pursuant to NRS 631.350(1), Respondent agrees to reimburse, Mr. John Flood the amount of Ten Thousand Dollars ($10,000.00) pursuant to the following payment schedule:

i Prior to the adoption of this Stipulation, Respondent shall deliver the initial sum of One Thousand Dollars ($1,000.00) to the Board. If the Board does not adopt this Stipulation the One Thousand Dollars ($1,000.00) will be returned in full to Respondent.

ii. Thereafter, for the next twenty-four (24) months, on the first business day of each month, Respondent shall deliver to the Board's office located at 6010 S. Rainbow Blvd. Bldg. A, Suite 1, Las Vegas, Nevada, the sum of Three Hundred Seventy-Five Dollars ($375.00) to satisfy the remaining balance due of Nine Thousand Dollars ($9,000.00) to reimburse Mr. John Flood.

g. In the event Respondent fails to deliver any of the payments required pursuant to Paragraph 10(e) or 10 (f), Respondent agrees his license to practice dentistry in the State of Nevada shall automatically be suspended without any further action of the Board other than issuance of an order by the Executive Director. Failure to deliver payment would include any checks returned for insufficient funds. Respondent agrees to the payment of twenty-five dollars ($25.00) for each day Respondent fails to deliver any of the payments required by Paragraph(s) 10(e) or 10(f). Respondent may cure any default regarding the payments set forth in Paragraph 10(e) or 10(f), by delivering to the Board's Executive Director the total amount in default, plus the twenty-five dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the twenty-five dollar ($25.00) per day assessment, the Executive Director shall without any further action of the Board reinstated Respondent's license to practice dentistry in the State of Nevada, assuming there are no other violations of any of the provisions contained in this Stipulation. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his license prior to curing any default on the amounts due and owing.

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h. In the event Respondent fails to cure any default in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.

i. Respondent waives any right to have the amounts owed pursuant Paragraph 10(e) or 10(f) discharged in bankruptcy.

j. Respondent, pursuant to NRS 631.350(1)(j), shall retake the jurisprudence test as required by NRS 631.240(2) on the contents and interpretation of NRS 631 and the regulations of the Board. Respondent shall have ninety (90) days assuming adoption of the Stipulation to complete the re-examination. The jurisprudence examination is administered on the first Monday of each month at 10:00 a.m. and 2:00 p.m. at the Board's office. Respondent shall contact the Board to schedule a time to submit to the re-examination. In the event Respondent fails to successfully complete the re-examination within ninety (90) days of adoption of this Stipulation, Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than issuance of an order by the Executive Director. Upon successful completion of the re-examination, Respondent's license to practice dentistry in the State of Nevada will be automatically reinstated. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent's license to practice dentistry in the State of Nevada due to Respondent failure to comply with Paragraph 10(j). Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

k. Respondent agrees a representative of the Board shall make a presentation to Respondent's staff regarding the scope of practice of dental assistants and those procedures which the staff may perform in compliance with NRS 631 and NAC 631.

**CONSENT**

11. Respondent has read all of the provisions contained in this Stipulation and agrees with them in their entirety.

12. Respondent is aware by entering into this Stipulation he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

13. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Stipulation in the event this matter was to proceed to a full Board hearing.

14. Respondent has reviewed the Stipulation with his attorney, John R. Lusk, Esq., who has explained each and every provision contained in this Stipulation to the Respondent.

15. Respondent acknowledges he is consenting to this Stipulation voluntarily, without

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coercion or duress and in the exercise of his own free will.

16. Respondent acknowledges no other promises in reference to the provisions contained in this Stipulation have been made by any agent, employee, counsel or any person affiliated with the Nevada State Board of Dental Examiners.

17. Respondent acknowledges the provisions in this Stipulation contain the entire agreement between Respondent and the Board and the provisions of this Stipulation can only be modified, in writing, with Board approval.

18. Respondent agrees in the event the Board adopts this Stipulation he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.

19. This Stipulation will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation and, if the Stipulation is rejected by the Board, further disciplinary action may be implemented. This Stipulation will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this Stipulation, such adoption shall be considered a final disposition of a contested case. Respondent acknowledges and agrees of this Stipulation shall be made available to the public inspection and copying. Respondent acknowledges and agrees copies of this Stipulation may be disseminated by the Board to the public, or any licensing board or any agency which is investigating Respondent, including but not limited to any law enforcement agency. Respondent agrees and acknowledges this Stipulation shall be reported to the National Practitioners Data Bank.

DATED this 17th day of March, 2005.

JOHN H. VENNOCHI, D.M.D.
Respondent

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SUBSCRIBED and SWORN to before me this 17th day of March, 2005.

NOTARY PUBLIC

GENELLE L. PRESCOTT
Notary Public State of Nevada
No. 94-0450-1
My appt. exp. Dec. 16, 2006

APPROVED AS TO FORM & CONTENT

JOHN A. HUNT, ESQUIRE
Raleigh, Hunt & McGarry, P.C.
Board Counsel

APPROVED AS TO FORM & CONTENT

J. PAUL ANDERSON, D.M.D., D.S.O.
Disciplinary Screening Office/Informal Hearing Officer

APPROVED AS TO FORM & CONTENT

JOHN R. LUSK, ESQ.
Attorney for Respondent

The foregoing Stipulation was approved/disapproved by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 6 day of June, 2005.

NEVADA STATE BOARD OF DENTAL EXAMINERS

TONY GUILLEN, D.D.S.
President

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**BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS**

| | |
|---|---|
| NEVADA STATE BOARD OF DENTAL EXAMINERS,<br><br>Complainant,<br><br>vs.<br><br>JOHN VENNOCHI, DMD<br><br>Respondent. | CASE NO: 07-1519 |

**NOTICE OF ENTRY OF FINDINGS AND RECOMMENDATIONS OF THE INFORMAL HEARING HELD PURSUANT TO NRS 631 AND NAC 631 & CONSENT OF JOHN VENNOCHI, DMD TO THE FINDINGS AND RECOMMENDATIONS PURSUANT TO N.R.S. § 631.363(5)**

TO: Respondent, JOHN VENNOCHI, DMD; and

TO: JOHN R. LUSK, ESQ., Respondent's attorney:

YOU, AND EACH OF YOU WILL PLEASE TAKE NOTICE that the Findings and Recommendations of the Informal Hearing Held Pursuant to NRS 631 and NAC 631 & Consent of John Vennochi, DMD To The Findings and Recommendations Pursuant to N.R.S. 631.363(5) was entered in the above-entitled matter on June 27, 2008, a copy of which is attached hereto.

RESPECTFULLY SUBMITTED this 21 day of July, 2008.

FOX ROTHSCHILD, LLP

John A. Hunt, Esq.
Nevada Bar No. 1888
3800 Howard Hughes Pkwy., Suite 500
Las Vegas, Nevada
Attorneys for Complainant



: Rothschild LLP
) Howard Hughes Parkway
e 500
Vegas, Nevada 89169

## CERTIFICATE OF MAILING

I HEREBY CERTIFY that on the 21 day of July, 2008, I served a true copy of the above and foregoing **NOTICE OF ENTRY OF FINDINGS AND RECOMMENDATIONS OF THE INFORMAL HEARING HELD PURSUANT TO NRS 631 AND NAC 631 & CONSENT OF JOHN VENNOCHI, DMD TO THE FINDINGS AND RECOMMENDATIONS PURSUANT TO N.R.S. § 631.363(5)** by causing same to be deposited in the United States Mail, at Las Vegas, Nevada, in a sealed envelope, first class postage thereon fully prepaid, addressed as follows:

John R. Lusk, Esq.
517 South Third Street
Las Vegas, NV 89101
Attorney for Respondent

Employee of Fox Rothschild, LLP

BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

| | |
|---|---|
| NEVADA STATE BOARD OF DENTAL EXAMINERS,<br><br>Complainant,<br><br>vs.<br><br>JOHN VENNOCHI, DMD<br><br>Respondent. | CASE NO: 07-1519 |

**FINDINGS AND RECOMMENDATIONS OF THE INFORMAL HEARING HELD PURSUANT TO NRS 631 AND NAC 631**
**&**
**CONSENT OF JOHN VENNOCHI, DMD TO THE FINDINGS AND RECOMMENDATIONS PURSUANT TO N.R.S. § 631.363(5)**

## I.

## INTRODUCTION

1. On December 10, 2007, an informal hearing was held in Las Vegas, Nevada, regarding alleged violations of chapter 631 of the Nevada Revised Statutes ("NRS") and chapter 631 of the Nevada Administrative Code ("NAC") by licensee, JOHN VENNOCHI, DMD. The informal hearing was held pursuant to NRS § 631.363 and NAC §§ 631.250 and 631.255.

2. In attendance at the informal hearing was J. GORDON KINARD, D.D.S., Informal Hearing Officer assigned to this matter; Debra Shaffer, Deputy Executive Director of the Board and Board attorney, JOHN A. HUNT, ESQ., licensee, JOHN VENNOCHI, D.M.D. (hereinafter referred to as "Respondent" or "Dr. Vennochi"), and his attorney, JOHN R. LUSK, ESQ.



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3. Discussed at length during the informal hearing was the following matters:

A. Whether Respondent had administered, dispensed or prescribed any controlled substance or any dangerous drugs drug as defined in Chapter 454 of NRS to Patients "A", "B" , "C", "D", "E" or "F" that were not required for a dental treatment in violation of NRS 631.3475(5).

B. Whether Respondent issued any controlled substances on more than one occasion as defined in Chapter 454 to Patients "A", "B" , "C", "D", "E" or "F" while Respondent did not possess a valid license to prescribe control substances from the Nevada State Board Pharmacy in violation of NRS 631.3485(2) or NAC 631.230(1)(d) and/or NRS 631.349.

C. Whether Respondent failed to provide the records for Patients "A", "B" , "C", "D", "E" or "F" in violation of NRS 631.3485(4) or NAC 631.230(1)(q) and/or NAC 631.240(1)(c).

D. Whether Respondent's record keeping for Patients "A", "B" , "C", "D", "E" or "F", was in violation of NRS 631.3475(4) and/or NAC 631.230(1)(c).

E. Whether Respondent issued prescriptions for controlled substances for Patients "A", "B" , "C", "D", "E" or "F" in such excessive amounts to constitute a departure from prevailing standards of acceptable dental practice in violation of NAC 631.230(1)(b).

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F. Pursuant to NRS 629.061(4) the identity of Patients "A", "B" , "C", "D", "E" or "F" must remain anonymous. Respondent has been provided with the identity of Patients "A", "B" , "C", "D", "E" and "F" and each were discussed during the course of the Informal Hearing held on December 10, 2007.

## II.

## FINDINGS OF FACT

4. Based upon the investigation conducted to date; the information presently available for review, including Dr. Vennochi's response to questions posed during the informal hearing, Dr. J. Gordon Kinard, as the Informal Hearing Officer assigned, issues for following findings of fact:

A. According to the testimony of Respondent, prior to 1993 a patient of Respondent acquired Respondent's prescription pad and issued numerous unauthorized prescriptions. As a result the Massachusetts Dental Board conducted an investigation. On March 27, 1997 an Order to Show Cause was made by the Massachusetts Dental Board charging that Respondent had issued eleven (11) prescriptions for controlled substances to different patients which were not issued for a legitimate medical purposed in the usual course of Respondent's dental practice and Respondent's conduct in issuing the eleven (11) prescriptions did not meet the generally accepted standards of the practice of dentistry. As a result of the Order to Show Cause, Respondent entered into a Consent Agreement with the Massachusetts Dental Board dated September 3, 1997. Pursuant to the terms of the Consent Agreement Respondent, without admitting guilt, consented to the findings that sufficient facts existed from which the Board

could conclude that regarding four of the eleven prescriptions were not issued for a legitimate medical purposed in the usual course of Respondent's dental practice and did not meet the generally accepted standards of the practice of dentistry in violation of G. .L. c . 94C, s. 19(a) and G. L. C. 112, s. 61. As a result Respondent was placed on probation for a minimum of two (2) years and Respondent was required to attend drug and alcohol counseling and submit to random drug testing.

B. On June 1, 2000, Respondent entered into a Stipulation with the Board consenting and agreeing to the following pertinent terms and conditions:

> (1). Respondent did not contest and consented to a finding that Respondent violated NRS 631.3475(5), which states the following acts, among other, constitute unprofessional conduct:
>
> ". . . .5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;. . . ."
>
> (2). Respondent did not contest and consented to a finding that Respondent violated NAC 631.230(1)(b) which states the following acts, among other, constitute unprofessional conduct:
>
> " . . . .(b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.. . . ."
>
> (3). Respondent did not contest and consented to a finding that his charting and record keeping practices violated NRS 631.075, NRS 631.095, NRS 631.3475(4), and NAC 631.230(1)(c).
>
> (4). Respondent did not contest and consented to a finding that Respondent tested positive for illegal drugs on July 6, 1999.
>
> (5). Respondent agreed to suspension of his license to practice dentistry in the

State of Nevada for a period of six (6) months, effective from the date the Board approves this Stipulated Settlement.

(6). Respondent agreed to attend sixteen (16) hours of supplemental education in the field of pharmacology and pain management prior to completion of the six (6) month suspension period.. . . .

(7). Respondent agreed to submit to random sampling of urine and/or bodily fluids for a period of five (5) years when so ordered by the Executive Director of the Board. In addition to the random drug tests which may be ordered during the five (5) year period, for one (1) year subsequent to the Board's adoption of this Stipulated Settlement, Respondent agreed to submit to urinalysis testing on the first day of the each month at Associated Pathology Laboratories (APL). . . .

. . . . .

(8). Respondent agreed to surrender his license No. CS7855 with the Nevada State Board of Pharmacy, to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V for a period of five (5) years commencing from the time the Respondent originally entered into a Stipulation with the Board on July 6, 1999. . . . .

(9). Respondent agrees to surrender his Registration Certificate No. BV3942477 with the United States Department of Justice, D.E.A., to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V for a period of five (5) years commencing from the time the Respondent originally entered into a Stipulation with the Board on July 6, 1999. . . . .

(10). Respondent's agreed his practice would be supervised for a period of five (5) years to review patient records to assure Respondent's prescription practice are in compliance with NRS 631 and NAC 631. . . . . Respondent was required to maintain, for a period of five (5) years, a list of any prescriptions issued to any of Respondent's patients by any other licensed dentist in the State of Nevada. The list of prescriptions to Respondent's patients written by any other license dentist in the State of Nevada had to include patient's name, date of issuance, licensed dentist who issued the prescription, units and amount of prescription narcotics issued.. . . . .

(11). Respondent agreed to a fine in the amount of $2,000.00 for violations of NRS 631 and NAC 631, . . .

. . . .

(12). Respondent agreed to reimburse the Board the sum of $9500.00 for the cost of this investigation and subsequent monitoring. . . . .



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Respondent successfully completed the terms and conditions of the Stipulation entered with the Board on May 31, 2005.

C. On June 13, 2005, Respondent entered into a Second Stipulation with the Board consenting and agreeing to the following pertinent terms and conditions:

(1). Respondent agreed his dental practice would be supervised for a period of two (2) years from the adoption of this Stipulation. . . . .

(2). During the two (2) year supervisory period, Respondent agreed to the following conditions:

i. Patient(s) may not receive treatment(s) or be seated in an operatory unless there is a dentist licensed in the State of Nevada physically present or unless a hygienist licensed in the State of Nevada is performing hygiene treatments in compliance with NRS and NAC 631;

ii. Respondent shall obtain a written acknowledgment from present and future employees and/or independent contractors that they have received and read a copy of this Stipulation. Respondent shall maintain the written acknowledgment(s) in Respondent's office for inspection.

. . .

(3). Based upon the anticipated continuing relationship between Respondent and Zori, Respondent agreed as long as Zori performs any services in any capacity to Respondent, Respondent agreed to the following conditions:

i. Zori, shall not at any time perform dental assisting duties as set forth in either NRS or NAC 631 while associated with Respondent or any other licensed dentist in Nevada;

ii. Zori is prohibited from being physically present at any time in the operatory(s) when patient(s) are seated in a dental chair;

iii. Zori is prohibited from participating in the negotiation of any disputes between Respondent and/or dentist or hygienist employed by Respondent regarding the treatment(s) of patient(s). Resolution of any disputes with patients must be contained in a patient's chart and sign off by Respondent; and

. . . .

(4). Respondent agreed to obtain a total of twenty-four (24) additional hours



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of supplemental education. Twelve hours (12) hours of supplemental education must be received in the area of diagnosis and treatment planning and twelve (12) hours of supplemental education must be received in the area of fixed prosthetics. . . . .

(5). Respondent agreed to reimburse the Board for costs of the investigation and to monitor this Stipulation in the amount of Seven Thousand Five Hundred Dollars ($7,500.00) . . . .

(6). Respondent agreed to reimburse, Mr. John Flood the amount of Ten Thousand Dollars ($10,000.00) . . . .

. . . .

(7). Respondent, agreed to retake the jurisprudence test as required by NRS 631.240(2) on the contents and interpretation of NRS 631 and the regulations of the Board.. . . .

(8). Respondent agreed a representative of the Board would make a presentation to Respondent's staff regarding the scope of practice of dental assistants and those procedures which the staff may perform in compliance with NRS 631 and NAC 631.

Respondent successfully completed the terms and conditions of the Stipulation entered with the Board on June 12, 2007.

D. Respondent failed to renew his controlled substances registration (CS07588) with the Nevada State Board of Pharmacy prior to the renewal dead line of October 31, 2006.

E. On May 30, 2007, Respondent attempted to reinstate his controlled substances registration (CS07588) by submitting a license renewal application with the Nevada State Board of Pharmacy . Upon submission of the application of renewal from May 30, 2007 until October 17. 2007, Respondent did not receive any correspondence from the Nevada State Board of Pharmacy reinstating Respondent's controlled substances registration (CS07588). During the



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period of October 31, 2006 until submission of his application for renewal on May 30, 2007, Respondent issued a number of prescriptions for controlled substances while not possessing a valid license to issued controlled substances in the State of Nevada. From May 30, 2007 when Respondent submitted his application to reinstate his controlled substance registration (CS07588) through October 17, 2007, Respondent issued a number of prescriptions for controlled substances while not possessing a valid license to issued controlled substances in the State of Nevada.

F. On June 21, 2007 at a properly noticed meeting the Board approved and authorized an investigation whether Respondent had possibly violated NRS 631.3475(5) regarding patients "A" and "B". On July 17, 2007, Respondent was given notice of the authorized investigation complaint. On July 30, 2007, Respondent submitted answer to the authorized investigation complaint which included but was not limited to Respondents contention that Patient "A" has forged Respondent signature on the prescriptions in question for Patients "A", "B" and "C". On October 16, 2007, Respondent was given supplemental information and documentation obtained by the Board during the course of the investigation regarding Patients "A" and "B". On October 24, 2007, Respondent submitted a supplemental response to the authorized investigation complaint stating the prescriptions issued to Patients "A", "B" , and "C", on October 17, 2006, December 4, 2006, December 11, 2006, January 12, 2007, February 26, 2007 and April 17, 2007 were forgeries.

G. On October 17, 2007 the Board received a copy of correspondence from Louis Ling, General Counsel for the Nevada State Board of Pharmacy to Respondent regarding Respondent's status with the Pharmacy Board. General Counsel Louis Ling stated the



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following:

(1). Respondent did not timely renew his controlled substances registration (CS07588) by October 31, 2006. Therefore Respondent's registration lapsed as of November 1, 2006 which meant Respondent could not lawfully prescribe, possess, administer or dispense, controlled substances in Nevada effective November 1, 2006.

(2). On May 30, 2007, Respondent submitted a late renewal application along with a check. The check was not deposited by the Pharmacy Board. That Respondent did not receive any indication from the Pharmacy Board that Respondent's registration was renewed.

(3). Respondent's renewal was not processed and would not be possessed until the pending investigation with the Nevada State Board of Dental Examiners was resolved

H. On October 23, 2007, Respondent was served with a Notice of Inspection of Patient Records for Patients "D", "E" and "F".

I. On October 24, 2007, Respondent sent correspondence to the Culinary Free Pharmacy indicating a generic Rx pad had been stolen from his practice in October 2006. Subsequently there had been numerous Rx written for Lortab 10. Those Rx's were all made out to Patients "A", "B" , and "C", and that all were forgeries. Respondent further instructed the Culinary Free Pharmacy not to fill any prescriptions written on Paradise Village Dental Center Rx paper and to contact Respondent immediately.

J. On October 31, 2007, Respondent was served with the Notice of Informal Hearing and a Subpoena Duces Tecum regarding Patients "A", "B", "D", "E" and "F".

K. On December 10, 2007 an Informal Hearing was held at Respondent's attorney's office located at 517 South Third Street , Las Vegas, Nevada. Those individuals present were Respondent, his attorney John R. Lusk, Esq., Disciplinary Screening Officer James G. Kinard,

Debra A. Shaffer, Board Deputy Executive Director and Board Counsel John A. Hunt, Esq.

L. The Massachusetts Consent Order dated September 3, 1997; the Stipulation with the Board date June 1, 2000; and the present authorized investigation complaint dated July 17, 2007; all involved whether Respondent issued of controlled substances that were either not related to dental treatments or involved. The Massachusetts Consent Order and the present authorized complaint both involve the issuance of forged prescription using of Respondent's prescription pads.

M. At the Informal Hearing held on December 10, 2007, Respondent gave the following testimony:

i. Respondent did not have any records for Patients "A". "B" or "C" related to the prescriptions issued and discussed to these patients. Respondent believes these prescriptions to be forgeries.

ii. Respondent has been aware since 1998 he could do a self profile with the Nevada State Board of Pharmacy, but Respondent has never done a self profile.

iii. Respondent acknowledges since November 1, 2006, Respondent has issued on more than one occasion prescriptions for controlled substances while not possessing a valid license with the Nevada State Board of Pharmacy.

iv. Respondent did not report on his attempted license renewal of May 30, 2007 the Consent Order with the Massachusetts Dental Board or the Second Stipulation entered into with the Nevada State Board of Dental Examiners to the Nevada State Pharmacy Board .

v. Since receiving the authorized investigation complaint of July 17, 2007, Respondent never reported to the Nevada State Board of Pharmacy, but did report in writing to the Disciplinary Screening Officer on July 30, 2007, Respondent's contention that ~~his~~ the prescription pad at his prior practice had been stolen by Patient "A" who was also an employee of Respondent who he believes wrote other forged prescriptions to for Patient "A", "B" and "C". October 24, 2007 three months after Respondent's belief his prescription pad had be stolen by Patient "A", Respondent wrote

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to the Culinary Free Pharmacy regarding his suspicions regarding Patient "A" and not to fill any prescriptions made to Patient "A", "B" or "C" and to contact Respondent.

vi. Respondent does not have any dental records or treatment plan regarding a prescription for a controlled substance written to Patient "D" on September 22, 2007 while Respondent did not possess a valid license to issue controlled substances with the Nevada State Board of Pharmacy. It is Respondent's contention that the treatments received by Patient "D" subsequently on January 11, 14 and 22 2008 related to the prescription issued to Patient "D" on September 22, 2007.

vii. Respondent does not have any dental records or treatment plan regarding a prescription for a controlled substance written to Patient "E" on January 11, 2007 while Respondent did not possess a valid license to issue controlled substances with the Nevada State Board of Pharmacy.

viii. Respondent while he did not possess a license with the Nevada State Board of Pharmacy issued three (3) prescriptions to Patient "F" on April, 20, 2007, April 24, 2007 and April 28, 2007; each prescription was written for 20 units of Hydrocodone Bitartrate and Acetaminophen, 500 mg; 7.5 mg tablet. The April 28, 2007 prescription did not appear in the dental records of Patient "F".

## II.

## CONCLUSIONS OF LAW

5. Based upon the findings of facts cited above; the investigation conducted to date; the limited information presently available for review and Respondent's responses to questions posed during the informal hearing, Dr. J. Gordon Kinard, as the Informal Hearing Officer assigned, issues for following conclusions of law:

A. It is the finding of the Informal Hearing Officer, based upon the limited information presently available, that there is substantial evidence Respondent had administered,



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dispensed or prescribed controlled substances or dangerous drugs drug as defined in Chapter 454 of NRS to Patient "E" that were not required for a dental treatment in violation NRS 631.3475(5).

B. It is the finding of the Informal Hearing Officer, based upon the limited information presently available, that there is substantial evidence that Respondent issued controlled substances on more than one occasion as defined in Chapter 454 to Patients "D", "E" or "F" while Respondent did not possess a valid license to prescribe control substances from the Nevada State Board Pharmacy in violation of NRS 631.3485(2) or NAC 631.230(1)(d) and/or NRS 631.349.

C. It is the finding of the Informal Hearing Officer, based upon the limited information presently available, that there is substantial evidence that Respondent failed to provide the records for Patients "D", "E" or "F" in violation of NRS 631.3485(4) or NAC 631.230(1)(q) and/or NAC 631.240(1)(c).

D. It is the finding of the Informal Hearing Officer, based upon the limited information presently available, that there is substantial evidence that Respondent's record keeping for Patients "D", "E" or "F", was in violation of NRS 631.3475(4) and/or NAC 631.230(1)(c).

E. It is the finding of the Informal Hearing Officer, based upon the limited



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information presently available, that there is substantial evidence that Respondent issued prescriptions for controlled substances for Patients "D", "E" or "F" in excessive amounts to constitute a departure from prevailing standards of acceptable dental practice in violation of NAC 631.230(1)(b).

## III.

## RECOMMENDATIONS

6. Based upon the findings of fact and conclusions of law as more fully addressed above and taking into consideration present violations are similar to the prior administrative actions taken by the Dental Board Of Massachusetts and the Nevada State Board of Dental Examiner this Informal Hearing Officer makes the following Recommendations:

A. Pursuant to N.R.S. § 631.350(b), Respondent's license to practice dentistry in the State of Nevada should be suspended for a period of four (4) months in the event Respondent consents and the Board adopts these Findings and Recommendations. TO be effective July 26, 2008 IF adopted by Board.

B. Pursuant to NRS 631.350(1)(d) s after completing the four (4) month suspension period this Informal Hearing Officer recommends Respondent be placed probation for a period of five (5) years pursuant to the following terms and conditions:

i. Respondent should surrender his license No. CS7855 with the Nevada State Board of Pharmacy, to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V for a period of five (5) years. At the end of the five (5) year probationary period Respondent should be allowed apply to have his prescription writing privileges with the Nevada State Board of Pharmacy reinstated.



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ii. Respondent should surrender his Registration Certificate No. BV9085033 with the United States Department of Justice, D.E.A., to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V for a period of five (5) years. In the event Respondent complies with all the terms of this Stipulation, at the end of the five (5) year period Respondent may apply to the D.E.A. to have his prescription privileges reinstated.

iii. The terms and conditions of the probation should be reported to the National Practitioners Data Bank. In the event Respondent does not actively practice dentistry in the State of Nevada the probationary period should be tolled for the period on inactive practice.

iv. Respondent should allow either the Executive Director of the Board and/or agent(s) appointed by the Board's Executive Director to inspect Respondent's records to ensure compliance during the probationary period. Such inspections should be performed, without notice, during normal business hours. During the probationary period Respondent may issue prescriptions for non-narcotic controlled substances pursuant to the terms set forth below. During the probationary period Respondent will prohibited from issuing any prescriptions for Class II, Class IIN, Class III, Class IIIN, Class IV, V or Class VI controlled substances. In the event a patient of Respondent requires a prescription for a Class II, Class IIN, Class III, Class IIIN, Class IV, V or Class VI controlled substance during the probationary period, Respondent will be allowed to authorized a dentist licensed in Nevada to issue such a prescription on his behalf. The prescribing dentist must physically examine the patient. The examination, prescription, and quantity must be entered into the patient's record by the prescribing dentist in his/her own handwriting unless Respondent owns or is employed in a dental practice where the dental charts of a patient are on a computerize system and where the entries can not be altered,. Respondent will be responsible for making sure these entries are in the patient's records. Respondent is prohibited from receiving any pre-signed prescription(s) from a dentist who is issuing a prescription on behalf of any of Respondent's patient(s). All prescriptions issued by Respondent during the probationary period for non-narcotic controlled substances must be in Respondent's handwriting and must have an original signature of Respondent. Respondent must maintain a copy of any prescriptions issued by Respondent for non-narcotic controlled substances. Such copies shall be attached to reports submitted on the first day on each month. During the probationary period Respondent should be allowed to place telephone prescriptions for ~~antibiotics~~. All prescriptions issued by a dentist on behalf of Respondent during the probationary period for Class II, Class IIN, Class III, Class IIIN, Class IV, V or Class VI controlled substances should be required to be in that dentist's own handwriting and must have an original signature of that dentist. Respondent should be required to maintain a copy of any prescriptions issued by a



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dentist on Respondent's behalf for Class II, Class IIN, Class III, Class IIIN, Class IV, or Class V controlled substances. Such copies shall be attached to reports submitted on the first day on each month. On the first day of each month during the probation period Respondent should be required to prepare a report listing the controlled substance prescriptions issued by any Nevada license dentist who has issued a prescription on Respondent's behalf. Attached to the report should be copies of any prescriptions issued by any Nevada licensed dentist was has issued a prescription on Respondent's behalf. The report should require the following information and shall be submitted to the Executive Director of the Board:

(a) patient's name;
(b) date of issuance;
(c) name of dentist who issued prescription;
(d) units and amount of controlled substance issued; and
(e) reason for issuing the controlled substance.

v. In the event the Board's Executive Director has substantial evidence to believe Respondent has failed to comply with any of the recommended provisions contained in Section III, 6B (iv) the Executive Director, should without further hearing or action by the Board, should issue an Order of Revocation of Respondent's license to practice dentistry in the State of Nevada. Thereafter Respondent should be allowed to petition the Board to reinstate Respondent's revoked license.

vi. Respondent should be required to physically surrender his License with the United States Department of Justice, D.E.A. to prescribe Class II, Class IIN, Class III, Class IIIN, Class IV, V and Class VI during the five (5) year probationary period. In the event the Board's Executive Director has substantial evidence to believe Respondent has either failed to physically surrender his DEA License or has prescribed any Class II, Class IIN, Class III, Class IIIN, Class IV, Vor Class VI controlled substances, the Executive Director, should without further hearing or action by the Board, issue an Order of Revocation of Respondent's license to practice dentistry in the State of Nevada. Thereafter Respondent should be allowed to petition the Board to reinstate Respondent's revoked license.

vii. Respondent should be required to physically surrender his License No. CS7855 with the with the Nevada State Board of Pharmacy to prescribed Class II, Class IIN, Class III, Class IIIN, Class IV, V and Class VI during the five (5) year probationary period. In the event the Board's Executive Director has substantial evidence to believe Respondent has either failed to physically surrender his Nevada State Board of Pharmacy License or has prescribed Class II, Class IIN, Class III, Class IIIN, Class IV, V or Class VI controlled substance, the Executive Director should without further hearing or action by the Board, shall issue an Order of Revocation of Respondent's license to practice dentistry in the State of



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Nevada. Thereafter Respondent should be allowed to petition the Board to reinstate Respondent's revoked license.

viii. During the five (5) year probationary all chart entries on patients seen or treated by Respondent should be required to be in Respondent's own hand writing unless Respondent owns or is employed in a dental practice where the dental charts of a patient are on a computerize system and where the entries can not be altered. The patient records whether entry by hand or by computer must contain the following minimum information:

1. Date of the treatment;
2. A diagnosis for every treatment performed;
3. A description of the treatment performed;
4. Amount, concentration and types of medications given;

5. Each antibiotic prescription should be in triplicate, serially numbered prescription form which have been inspected and pre-approved by the Executive Director. A copy of each antibiotic prescription should be mailed to the Board on a monthly basis. Respondent should maintain one copy in the patients dental records.

6. For emergency or problem focused evaluations, Respondent must provide a statement in the patient's words of the problem, an observation of the patient's condition, a diagnosis, and a statement of the proposed treatment.

With the exception of viii(5)above in the event Respondent owns or is employed in a dental practice where the dental charts of a patient are on a computerize system and where the entries can not be altered, Respondent will be relieved of his obligation to hand write the such notations require by viii(1) and (2) and (3) and (4) and (6).

In the event the Board's Executive Director has substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Section III, 6B (viii) the Executive Director, should without further hearing or action by the Board, shall issue an Order of Revocation of Respondent's license to practice dentistry in the State of Nevada. Thereafter Respondent should be allowed to petition the Board to reinstate Respondent's revoked license.

ix. Pursuant to NRS 631.350(1)(i), Respondent should be required to perform One Hundred (100) hours of approved community service at a dental public health facility. The One Hundred (100) hours of community service should be completed within four (4) years of commencement of the



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recommended five (5) year probationary period. Respondent should be required to receive prior written approval from the Board's Executive Director before administering the community service. To receive credit for any of the community service rendered Respondent should be required to have an individual who is responsible for the community service facility attest to the amount of time Respondent has rendered treatment In the event Respondent fails to complete the One Hundred (100) hours of community service within four (4) years of commencement of the recommended five (5) year probationary period Executive Director should without any further action of the Board shall issue an Order suspending Respondent's license to practice dentistry in the State of Nevada. Upon submitting written proof to the Executive Director that Respondent has completed the One Hundred (100) hours of community service the Executive Director should be required without any further action of the Board issue an Order reinstating Respondent's license to practice dentistry in the State of Nevada.

x. Respondent should be required to reimburse the Board for costs of the investigation including but not limited to attorneys fees in the amount of $10,000.00 in event Respondent consents to these Findings and Recommendation and the Board adopts same. Assuming Respondent consents to these Findings and Recommendation and the Board adopts same, Respondent be allowed to make equal monthly payments in the amount of $166.66. The first monthly payment should be made payable to the Board, thirty (30) days from the adoption of these consented to Findings and Recommendations by the Board.

xi. Pursuant to NRS 631.350(c) the Board should impose an appropriate fine upon Respondent in the amount of $2000.00 to be delivered to the Board ~~within ninety (90) days~~ from the adoption of these consented to Findings and Recommendations by the Board . 30 days $500, remaining balance due 5 months from adoption

xii In the event Respondent fails to deliver any of the payments required pursuant to Paragraph 6(B)(xi), and/or Paragraph 6(B)(xi) Respondent license to practice dentistry in the State of Nevada should be automatically be suspended without any further action of the Board other than issuance of an order by the Executive Director. Failure to deliver payment would include any checks returned for insufficient funds. Respondent should be required to pay twenty-five dollars ($25.00) for each day Respondent fails to deliver any of the payments required by Paragraph 6(B)(xi), and/or Paragraph 6(B)(xi) Respondent should be allowed cure any default regarding the payments set forth in Paragraph 6(B)(xi), and/or Paragraph 6(B)(xi) by delivering to the Board's Executive Director the total amount in default, plus the twenty-five dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the twenty-five dollar ($25.00) per day assessment, the Executive Director shall without any further action of the Board reinstated Respondent's license to practice dentistry in the State of Nevada, assuming there are no other violations of any of the provisions

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contained in these consented to Findings and Recommendations adopted by Board, Respondent should be required to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his license prior to curing any default on the amounts due and owing. Respondent should also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

xii Pursuant to NRS 631.350(1)(k), within ninety (90) days adoption of these consented to Findings and Recommendations by the Board , Respondent should be required to retake the jurisprudence test as required by N.R.S. § 631.240(2) on the contents and interpretation of chapter 631 of the Nevada Revised Statutes and the regulations of the Board. The jurisprudence examination is administered on the first Monday of each month at 10:00 a.m. and 2:00 p.m. at the Board's office. Respondent should be required to contact the Board to schedule a time to submit to the re-examination.

two years (2) from adoption of Findings/Recom

xiv. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, ~~during the four (4) month suspension period~~ Respondent shall be required to obtain forty (40) additional hours in supplemental education. Twenty (20) hours should be obtained in the area of -ethics, and the remaining twenty(20) hours of supplemental education should be received in the area of record keeping. F The Respondent should be required to submit in writing to the Executive Director of the Board for approval prior to attendance. Upon receipt of a written request to attend supplemental education the Executive Director of the Board should be required to notify Respondent in writing whether the requested supplemental education is approved for attendance. Respondent agrees seventy (70%) per cent of the supplemental education shall be completed through attendance at live lecture. The remaining thirty (30%) per cent of the supplemental education may be completed through online/home study. Respondent should be required to pay all costs associated with this supplemental education. Respondent should not be allowed to commence the practice of dentistry until Respondent has completed the four (4) month suspension period and has submitted written proof of completion of the recommended supplemental education.

_____ this 27 day of June, 2008.
J. GORDON KINARD, D.D.S.
Informal Hearing Officer



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## IV.

## CONSENT TO FINDINGS AND RECOMMENDATIONS

N.R.S. § 631.363(5) states:

"5. If the person who was investigated agrees in writing to the findings and conclusions of the investigator, the Board may adopt that report as its final order and take such action as is necessary without conducting its own hearing on this matter."

7. I, JOHN VENNOCHI, DMD, hereby acknowledge that I have read N.R.S. § 631.363 (5). I am aware that if I decide not to consent to the Findings and Recommendations of the Informal Hearing Officer, a formal complaint may be filed against me. In the event a formal complaint is filed, I am aware I have the right to a full disciplinary hearing before the Nevada State Board of Dental Examiners.

8. I have read all of the Findings and Recommendations of Informal Hearing Officer, J. GORDON KINARD, DDS, and upon advice of my counsel, I consent to all of the Informal Hearing Officer's Findings and Recommendations.

9. I have reviewed the Findings and Recommendations of Informal Hearing Officer with my attorney, John R. Lusk, Esquire, who has explained each and every provision contained in all of the Informal Hearing Officer's Findings and Recommendations.

10. I further agree this consent in no way prohibits the Nevada State Board of Dental Examiners from using the findings, recommendations and information obtained from this investigation in future disciplinary actions.

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11. I further acknowledge that I am consenting to the Findings and Recommendations of the Informal Hearing Officer voluntarily, without coercion or duress, and in the exercise of my own free will.

12. I am aware by consenting to the Findings and Recommendations, I am admitting to all of the Findings and Recommendations as stated by the Informal Hearing Officer.

13. I am aware by consenting to the Findings and Recommendations, I am waiving all rights to seek judicial review or otherwise to challenge or contest the validity of the Findings and Recommendations contained herein.

14. I am aware that the Nevada State Board of Dental Examiners may choose not to adopt my consent to the Findings and Recommendations of the Informal Hearing Officer. The Findings and Recommendations and consent will be presented to the Board for ratification at its next properly noticed meeting. If the Board ratifies the Findings, Recommendations and Consent, such ratification will be considered a final disposition of a contested case and shall become a public record. Further copies of the ratified Findings and Recommendations shall be provided/reported to the public, appropriate agencies/entities, including but not necessarily limited to, the National Practitioners Data Bank.

15. I hereby specifically recognize, acknowledge and agree that failure on my part to fully



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satisfy all of the terms and conditions of the Findings and Recommendations of the Informal Hearing Officer, shall constitute unprofessional conduct; I further agree in the event I fail to satisfy all of the Findings and Recommendations of the Informal Hearing Officer, the Board may impose additional disciplinary penalties, upon the convening of a full Board hearing to determine solely whether I have breached any of the consented to Findings and Recommendations of Informal Hearing Officer, J. GORDON KINARD, DDS.

_____ this 27th day of June, 2008.
JOHN VENNOCHI, DMD

APPROVED AS TO FORM AND CONTENT

_____ this 27th day of June, 2008.
JOHN R. LUSK, ESQ.
Respondent's attorney

V.

**ACTION BY THE BOARD**

The foregoing Findings and Recommendations and Consent thereto was (circle the appropriate action):

X Approved

Disapproved

by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 27th day of JUNE, 2008.

NEVADA STATE BOARD OF DENTAL EXAMINERS

_____
WILLIAM G. PAPPAS, President



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STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA

| | |
|---|---|
| NEVADA STATE BOARD OF DENTAL EXAMINERS,<br><br>Complainant,<br><br>vs.<br><br>JOHN H. VENNOCHI, D. M. D.,<br><br>Respondent. | Case No. 00-526<br><br>**STIPULATION** |

**IT IS HEREBY STIPULATED AND AGREED** by and between JOHN H. VENNOCHI, D.M.D. (hereinafter "Respondent"), and his counsel, JOHN R. LUSK, ESQ. and THE NEVADA STATE BOARD OF DENTAL EXAMINERS (hereinafter "Board") by and through its counsel JOHN A. HUNT, ESQ., of the law firm RALEIGH, HUNT & McGARRY, P.C. as follows:

1. On March 9, 1998, the Nevada State Board of Dental Examiners notified Respondent of a verified complaint received from patient Barbara Fuchs regarding the care and treatment received by Barbara Fuchs.

2. On April 8, 1998, the Respondent filed an answer to the complaint.

3. On March 30, 1998, pursuant to a properly noticed meeting, the Board authorized an investigation of Respondent regarding his failure to report a consent decree which was entered into with the Dental Board of the State of Massachusetts, pursuant to NAC 631.155(3).

4. On May 5, 1999, Dr. Susan Jancar, the Disciplinary Screening Officer/Informal Hearing Officer assigned, notified Respondent that an Informal Hearing would be held on June 7, 1999 to discuss the care and treatment of patient Barbara Fuchs and Respondent's license renewal application.

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5. On June 7, 1999, an Informal Hearing was held to discuss the items contained in the Notice of Informal Hearing. During the course of the Informal Hearing, pursuant to NAC 631.250, a preliminary discussion was had regarding Respondent's prescription practices as identified by the Nevada State Board of Pharmacy. Thereafter, the Informal Hearing was re-noticed for April 7, 2000.

6. On June 10, 1999, the Nevada State Board of Dental Examiners received an updated prescription profile from Keith McDonald, Executive Secretary of the Nevada State Board of Pharmacy, regarding the prescription practices of Respondent.

7. Subsequent to receiving the prescription profile from the Nevada State Board of Pharmacy, the Disciplinary Screening Officer/Informal Hearing Officer subpoenaed patient records for those individuals identified on the prescription profile from the Respondent and previous employers of Respondent.

8. Thereafter, Respondent's attorney, John Lusk, Esq., and the Board's attorney, John A. Hunt, Esq., entered into negotiations in order to protect the citizens of the State of Nevada and Respondent's due process rights. As a result of these negotiations a Stipulation was submitted and adopted by the Board on July 6, 1999 wherein Respondent voluntarily agreed not to prescribe any controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V until such time as a written agreement was entered into between the Respondent and the Board allowing Respondent to resume his privilege to prescribed controlled substances.

9. Subsequent to entering into the Stipulation with the Board, Disciplinary Screening Officer/Informal Hearing Officer, Dr. Susan Jancar, continued her investigation and reviewed the subpoena documents of patients identified on the prescription profile submitted by the Nevada State Board of Pharmacy. Respondent was notified of the intention of the Disciplinary Screening Officer/Informal Hearing Officer to renotice the informal hearing and/or file a formal complaint with

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the Nevada State Board of Dental Examiners. As a result of further negotiations, the parties have agreed to resolve the pending matters pursuant to the following consents and conditions:

a. Respondent does not contest and consents to a finding that Respondent violated NRS 631.3475(5), which states the following acts, among other, constitute unprofessional conduct:

> "....
> 5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;
>
> ...."

b. Respondent does not contest and consents to a finding that Respondent violated NAC 631.230(1)(b) which states the following acts, among other, constitute unprofessional conduct:

> "....
>
> (b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.
>
> ...."

c. Respondent does not contest and consents to a finding that his charting and record keeping practices violated NRS 631.075, NRS 631.095, NRS 631.3475(4), and NAC 631.230(1)(c).

d. Respondent does not contest and consents to a finding that Respondent testing positive for illegal drugs on July 6, 1999.

10. In light of Respondent's consent to a finding of violations of the provisions of NRS Chapter 631 and NAC Chapter 631, pursuant to NRS 631.350(1)(b), Respondent agrees to suspension of his license to practice dentistry in the State of Nevada for a period of six (6) months, effective from the date the Board approves this Stipulated Settlement. Respondent shall physically deliver his license to the Board's Executive Director, located at 2295-B Renaissance Drive, Las Vegas, Nevada 89119, upon approval of the Stipulation by the Board. Provided Respondent is in

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compliance with the conditions specified herein, the Executive Director shall return Respondent's license to him on the day that represents six (6) months from the date the Board approves this Stipulation.

11. In addition to complying with the six (6) month suspension agreed upon in Paragraph 10, Respondent also agrees to abide by the following conditions:

a. In addition to complying with the continuing education requirements of NAC 631.173, pursuant to NRS 631.350(k), Respondent agrees to attend sixteen (16) hours of supplemental education in the field of pharmacology and pain management prior to completion of the six (6) month suspensionary period. The additional sixteen (16) hours must receive the approval of the Board's Executive Director prior to attendance. All costs relating to continuing education will be borne by the Respondent.

b. Pursuant to NRS 631.350(g), Respondent agrees to submit to random sampling of urine and/or bodily fluids for a period of five (5) years when so ordered by the Executive Director of the Board. In addition to the random drug tests which may be ordered during the five (5) year period, for one (1) year subsequent to the Board's adoption of this Stipulated Settlement, Respondent will submit to urinalysis testing on the first day of the each month at Associated Pathology Laboratories (APL). Should the first day of the month fall on a Saturday or Sunday, Respondent will submit the monthly sample on the first business day of the month. Any test or analysis of bodily fluids taken shall be conducted in such a manner that the testing agency shall preserve enough of the sample to allow for subsequent independent confirmatory tests. The results of any tests or analysis of bodily fluids shall be reported to the Board. Respondent shall be responsible for all costs incurred for the analysis of urine and/or bodily fluids.

c. In the event any test or analysis of bodily fluids taken from Respondent, pursuant to the terms of this Stipulation, is positive, indicating the presence of controlled substances (not pursuant to a valid prescription), Respondent will be notified and allowed to arrange for a subsequent independent confirmatory test. Should the Respondent test positive, Respondent shall voluntarily cease practicing dentistry in the State of Nevada until such time as a full Board hearing is held to evaluate the positive findings and subsequent independent confirmatory tests.

d. Should Respondent fail to present himself for random drug testing, when directed by the Executive Director of the Board, within twenty-four (24) hours of said direction by the Executive Director, Respondent's license to practice dentistry in the State of Nevada will be revoked indefinitely

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without any other action by the Board other than the entry of an appropriate Order of Revocation.

e. Respondent authorizes reports generated by the urinalysis and/or bodily fluids testing, and any substance abuse evaluation reports, and any status reports rendered by individuals treating Respondent to be furnished to the Executive Director of the Board. All reports submitted to the Executive Director of the Board shall remain confidential and for use by the Board's Executive Director only. In the event of a violation in the form of a confirmed, positive test result, all reports previously submitted to the Executive Director of the Board will be available for use by the Board in connection with any subsequent disciplinary action of the Board.

f. Respondent shall notify, in writing, each of his active patients that he will not be practicing dentistry for six (6) months subsequent to the Board's adoption of this Stipulation and will inform his patients that their records will be made available so they can procure alternate dental services, if they so desire.

g. Due to Respondent's consent to a finding of violations of NRS 631 and NAC 631 contained in Paragraph 9, Respondent agrees to surrender his license No. CS7588 with the Nevada State Board of Pharmacy, to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V for a period of five (5) years commencing from the time the Respondent originally entered into a Stipulation with the Board on July 6, 1999 . In the event Respondent complies with all the terms of this Stipulation, at the end of the five (5) year period Respondent may apply to have his prescription writing privileges with the Nevada State Board of Pharmacy reinstated.

h. Due to Respondent's consent to a finding of violations of NRS 631 and NAC 631 contained in Paragraph 9, Respondent agrees to surrender his Registration Certificate No. BV3942477 with the United States Department of Justice, D.E.A., to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V for a period of five (5) years commencing from the time the Respondent originally entered into a Stipulation with the Board on July 6, 1999. In the event Respondent complies with all the terms of this Stipulation, at the end of the five (5) year period Respondent may apply to the D.E.A. to have his prescription privileges reinstated.

i. Pursuant to NRS 631.350(h), Respondent's practice shall be supervised for a period of five (5) years to review patient records to assure Respondent's prescription practice are in compliance with NRS 631 and NAC 631. During the five (5) years of supervision, Respondent shall allow either the Informal Hearing Officer and/or the Executive Director of the

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Board and/or an agent appointed by the Board to inspect Respondent's records to assure compliance with this Stipulated Agreement. Such inspection shall be performed, without notice, during normal business hours. Respondent shall maintain, for a period of five (5) years, a list of any prescriptions issued to any of Respondent's patients by any other licensed dentist in the State of Nevada. The list of prescriptions to Respondent's patients written by any other license dentist in the State of Nevada shall include patient's name, date of issuance, licensed dentist who issued the prescription, units and amount of prescription narcotics issued. Respondent's failure to accurately maintain the list of prescriptions issued to his patients by any other licensed dentist in the State of Nevada shall be deem unprofessional conduct and in violation of this Stipulation and shall be considered by the Board in determining whether or not to revoke Respondent's license to practice dentistry in the State of Nevada.

j. Pursuant to NRS 631.350(c), Respondent agrees to be fined in the amount of $2,000.00 for violations of NRS 631 and NAC 631, as cited above.

k. Respondent agrees, until such time as the fine of $2,000.00 is paid, Respondent shall not practice dentistry in the State of Nevada until such time as the fine is paid in full. Respondent further agrees, in the event the Board has to initiate any legal proceedings to enforce the fine or in the event the Board has to seek injunctive relief if Respondent fails to voluntarily cease practicing dentistry in the State of Nevada, Respondent shall be responsible for legal fees and costs incurred by the Board in any such proceedings.

l. Upon approval of this Stipulation by the Board, Respondent agrees to pay the Board the sum of $9500.00 to reimburse the Board for the cost of this investigation and subsequent monitoring to enforce this Stipulation. Respondent shall pay the reimburse amount pursuant to the following schedule:

i. Upon approval of this Stipulation by the Board, Respondent shall pay the Board the sum of $1,583.35;
ii. Nine (9) months from date of the first payment, Respondent shall pay the Board the sum of $1,583.33;
iii. Six (6) months from date of the second payment, Respondent shall pay the Board the sum of $1,583.33;
iv. Six (6) months from date of the third payment, Respondent shall pay the Board the sum of $1,583.33;
v. Six (6) months from date of the fourth payment, Respondent shall pay the Board the sum of $1,583.33;
vi. Six (6) months from date of the fifth payment, Respondent shall pay the Board the sum of $1,583.33.

In the event Respondent fails to reimburse the Board for the cost of the

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(702) 386-4842

investigation pursuant to the schedule cited above, Respondent shall cease practicing dentistry in the State of Nevada until such time as the payment schedule is brought current. Respondent further agrees, in the event the Board has to initiate any legal proceedings to enforce the payment schedule identified above or to seek injunctive relief if Respondent fails to voluntarily cease practicing dentistry in the State of Nevada until such time as the payments are made current, Respondent shall be responsible for legal fees and costs incurred by the Board in any such proceedings.

**CONSENT**

12. Respondent has read all of the provisions contained in this Stipulation and agrees with them in their entirety.

13. Respondent is aware by entering into this Stipulation he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

14. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Stipulation in the event this matter was to proceed to a full Board hearing.

15. Respondent has reviewed the Stipulation with his attorney, John R. Lusk, Esq., who has explained each and every provision contained in this Stipulation to the Respondent.

16. Respondent acknowledges he is consenting to this Stipulation voluntarily, without coercion or duress and in the exercise of his own free will.

17. Respondent agrees in the event the Board adopts this Stipulation he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.

18. This Stipulation will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation and, if the Stipulation is rejected by the Board, further disciplinary action may be implemented. This Stipulation will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this

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Stipulation, such adoption shall be considered a final disposition of a contested case.

DATED this 14th day of MARCH, 2000.

JOHN H. VENNOCHI, D. M. D.
Respondent

SUBSCRIBED and SWORN to before me this 14th day of March, 2000.

DEBRA K. CAROSELLI
Notary Public - Nevada
No. 93-0213-1
My appt. exp. Oct. 27, 2001

NOTARY PUBLIC in and for said County and State

APPROVED AS TO FORM & CONTENT

JOHN A. HUNT, ESQUIRE
Complainant's attorney

APPROVED AS TO FORM & CONTENT

SUSAN S. JANCAR, D.D.S.
Disciplinary Screening Office/Informal Hearing Officer

APPROVED AS TO FORM & CONTENT

JOHN R. LUSK, ESQUIRE
Attorney for Respondent

The foregoing Stipulation was approved/disapproved by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 1st day of JUNE, 2000.

NEVADA STATE BOARD OF DENTAL EXAMINERS

A. TED TWESME, D.D.S.
President

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Case No. 99-526

**STATE OF NEVADA**

**BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA**

| | |
|---|---|
| NEVADA STATE BOARD OF DENTAL EXAMINERS,<br><br>Complainant,<br><br>vs.<br><br>JOHN H. VENNOCHI, D. M. D.,<br><br>Respondent. | **STIPULATION** |

**IT IS HEREBY STIPULATED AND AGREED** by and between JOHN H. VENNOCHI, D.M.D. (hereinafter "Respondent"), and his counsel, JOHN R. LUSK, ESQ. and THE NEVADA STATE BOARD OF DENTAL EXAMINERS (hereinafter "Board") by and through its counsel JOHN A. HUNT, ESQ., of the law firm of RALEIGH, HUNT & McGARRY, P.C. as follows:

1. Currently the Board is conducting an investigating into the dental practice of Respondent.

2. On June 7, 1999 an Informal Hearing was held regarding the dental practice of the Respondent.

3. On June 10, 1999, the Nevada State Board of Dental Examiners received a

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(702-386-4842

prescription inquiry from Keith W. McDonald, Executive Secretary of the Nevada State Board of Pharmacy regarding the prescription practices of Respondent.

4. At this time, without admitting to the patients or the number of times, Respondent hereby admits there is probable cause to believe Respondent has violated NRS 631.3475(5), which states the following acts, among others, constitute unprofessional conduct;

> "5. Administering, dispensing or prescribing of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patients; ...."

5. At this time, without admitting to the patients or the number of times, Respondent admits there is probable cause to believe Respondent has violated NAC 631:230(b) which states the following acts, among others, constitutes unprofessional conduct;

> "(b) Writing prescriptions for controlled substances in an excessive amount as to constitute a departure from the prevailing standards of acceptable dentistry practice."

6. At this time, without admitting to patients or the number of times, Respondent admits there is probable cause to believe Respondent has violated NAC 631.230(1)(d) which states the following acts, among others, constitute unprofessional conduct.

> "(1)(d) The acquisition of any controlled substances from any pharmacy or other sources, by misrepresentation, fraud, deception or subterfuge."

7. Based upon the information contained in Paragraphs 1 through 6 above, Respondent hereby voluntarily agrees he will not prescribe any controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V until such time as a written agreement is entered into between the Respondent and the Board allowing Respondent to resume his privilege to prescribed controlled substances.

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8. In the event Respondent prescribes any controlled substances as defined in V prior to the Board reinstating Respondent privilege to prescribe controlled substances for Class II, Class II-N, Class III, Class III-N, Class IV and Class V, Respondent hereby stipulates and agrees the Board shall revoke Respondent's license to practice dentistry in the State of Nevada without any further action by the Board, other than appropriate order of revocation executed by the Board's Executive Director.

9. Respondent agrees, until such time as the Board completes its present investigation, Respondent's practice shall be monitored to assure Respondent does not issue any prescriptions for controlled substances, as defined in Class II, Class II-N, Class III, Class III-N, Class IV and Class V. Until the Board's present investigation is completed, Respondent shall allow either the Informal Hearing Officer, assigned to this matter and/or the Executive Director of the Board and/or any agent appointed by the Board, to inspect Respondent's office and records to insure compliance with this stipulation. Such inspection shall be performed, without notice, during normal business hours. Respondent further agrees, pursuant to the Consent Order entered into with the Commonwealth of Massachusetts, paragraphs 4B & C, Respondent shall forward to the Board's Executive Director copies of all random and supervised urine screening tests. Respondent shall also forward copies of all quarterly therapists' reports, submitted to the Commonwealth of Massachusetts.

10. Upon approval of this Stipulation by the Board, Respondent agrees to pay the Board the sum of $1,000 to reimburse the Board for the preparation of this stipulation.

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LAS VEGAS, NEVADA 89101
(702-386-4842

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## CONSENT

11. Respondent has read all of the provisions contained in this Stipulation and agrees with them in their entirety.

12. Respondent is aware that by entering into this Stipulation he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

13. Respondent expressly waives any right to challenge the Board for bias should the Board reject this Stipulation and this matter proceed to a full Board hearing.

14. Respondent has reviewed every provision of this Stipulation with his attorney, JOHN R. LUSK, ESQ. and has been advised of the ramifications of each provision of the Stipulation.

15. Respondent acknowledges that he is consenting to this Stipulation voluntarily, without coercion or duress and in the exercise of his own free will.

16. Respondent agrees that in the event the Board adopts this Stipulation he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.

17. This Stipulation will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation. This Stipulation will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this

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SUITE 1102
LAS VEGAS, NEVADA 89101
(702-366-4842

Stipulation, such adoption shall be considered a final disposition of a contested case.

DATED this 6th day of July, 1999.

SUSAN S. JANCAR, D.D.S.
Disciplinary Screening Officer/Informal Hearing Officer

JOHN A. HUNT, ESQUIRE
Attorney for Complainant

JOHN H. VENNOCHI, D.M.D.
Respondent

JOHN R. LUSK, ESQUIRE
Attorney for Respondent

STATE OF NEVADA )
) ss
COUNTY OF CLARK )

ACKNOWLEDGMENT

On this 6th day of July, 1999, personally appeared before me, a Notary Public in and for said County and State, JOHN H. VENNOCHI, D.M.D. known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily.

DEBRA K. CAROSELLI
Notary Public - Nevada
No. 93-0213-1
My Appt. exp. Oct. 27, 2001

NOTARY PUBLIC in and for said County and State

JRL

JHV



Law Offices
RALEIGH, HUNT & McGARRY, P.C.
307 E. CARSON AVENUE
SUITE 1102
LAS VEGAS, NEVADA 89101
(702) 366-1702

The foregoing Stipulation was approved/disapproved by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 6th day of July, 1999.

NEVADA STATE BOARD OF DENTAL EXAMINERS

A. TED TWESME, D.D.S.
President

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302 E. CARSON AVENUE
SUITE 1102
LAS VEGAS, NEVADA 89101
(702) 386-4812

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**BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS**

| | |
|---|---|
| NEVADA STATE BOARD OF DENTAL EXAMINERS,<br><br>Complainant,<br><br>vs.<br><br>JOHN VENNOCHI, DMD<br><br>Respondent. | CASE NO: 07-1519 |

**ORDER**

Whereas, the above-captioned matter came on for hearing before the Nevada State Board of Dental Examiners (the "Board"), on Friday, October 1, 2010, at that offices of the Board at 6010 South Rainbow Boulevard, Suite A-1, Las Vegas, Nevada 89118, pursuant to a *Notice of Hearing* dated September 10, 2010.

1. The Board appeared by and through the following members who comprised a quorum: William G. Pappas, DDS, President; Donna J. Hellwinkel, DDS, Board Member; James Kinard, DDS, Board Member; J. Stephen Sill, DMD, Board Member; Lisa M. Wark, Public Board Member; Leslea R. Villigan, RDH, Board Member; Masih Soltani, DDS, Board Member; James (Tuko) McKernan, RDH, Board Member (via teleconferencing from Reno, NV); Tony Guillen, DDS, Secretary-Treasurer (via teleconference from Reno, NV), and Rosanne (Missy) Matthews, RDH Board Member (via teleconference from Reno, NV).

2. The Board was represented by Cameron Vandenberg, Deputy Attorney General. John A. Hunt, Esq. appeared for the Complainant. Respondent, John Vennochi, DMD ("Respondent" or



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3800 Howard Hughes Parkway
Suite 500
Las Vegas, Nevada 89169

"Dr. Vennochi"), appeared in person and was represented by and through his attorney, John R. Lusk, Esq. Also present were Kathleen J. Kelly, the Board's Executive Director, and Debra A. Shaffer, the Board's Deputy Executive Director.

3. In pertinent part, the above-referenced *Notice of Hearing* dated September 10, 2010, provides:

> 8. With regards to the above-captioned matter (i.e., Case No. 07-1519), on June 27, 2008, Respondent agreed to and executed *Findings and Recommendations of the Informal Hearing Held Pursuant to NRS 631 and NAC 631 & Consent of John Vennochi, DMD to the Findings and Recommendations Pursuant to N.R.S. § 631.363(5)* (Case No. 07-1519 – approved by the Board on or about June 27, 2008) (hereinafter "June 2008 Order").
>
> 9. In pertinent part, the June 2008 Order provides:
>
> > xiv. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, ~~during the four (4) month suspension period~~ Respondent shall be required to obtain forty (40) additional hours in supplemental education [*two years (2) from adoption of Finding & Recom*]. Twenty (20) hours should be obtained in the area of ethics, and the remaining twenty(20) hours of supplemental education should be received in the area of record keeping. F The Respondent should be required to submit in writing to the Executive Director of the Board for approval prior to attendance. Upon receipt of a written request to attend supplemental education the Executive Director of the Board should be required to notify Respondent in writing whether the requested supplemental education is approved for attendance. Respondent agrees seventy (70%) per cent of the supplemental education shall be completed through attendance at live lecture. The remaining thirty (30%) per cent of the supplemental education may be completed through online/home study. Respondent should be required to pay all costs associated with this supplemental education. Respondent should not be allowed to commence the practice of dentistry until Respondent has completed the four (4) month suspension period and has submitted written proof of completion of the recommended supplemental education.

Id., ¶ 6.B.xiv. at 18:12-22 (the italic language is annotated language in the original document).



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Suite 500
Las Vegas, Nevada 89169

///

10. Further, the June 2008 Order also provides, in pertinent part, at the "Consent to Findings and Recommendations" section:

> 15. I hereby specifically recognize, acknowledge and agree that failure on my part to fully satisfy all of the terms and conditions of the Findings and Recommendations of the Informal Hearing Officer, shall constitute unprofessional conduct; I further agree in the event I fail to satisfy all of the Findings and Recommendations of the Informal Hearing Officer, the Board may impose additional disciplinary penalties, upon the convening of a full Board hearing to determine solely whether I have breached any of the consented to Findings and Recommendations of Informal Hearing Officer, J. GORDON KINARD, DDS.

Id., ¶ 15, at 20:26 to 21:7.

11. Respondent has failed to fully satisfy all of the terms and conditions of the June 2008 Order. Specifically, Respondent has failed to provide the Board with evidence/documentation that he has complied with the requirements of the above-referenced language from paragraph 6.B.xiv. at page 18, lines 12-22 of the June 2008 Order.

12. **WHEREFORE, YOU ARE HEREBY GIVEN NOTICE** that the Board has scheduled a public hearing to consider Respondent's failure to fully satisfy all of the terms and conditions of the June 2008 Order in that Respondent has failed to provide the Board with evidence/documentation that he has complied with the requirements of the above-referenced language from paragraph 6.B.xiv. at page 18, lines 12-22 of the June 2008 Order. The public hearing is scheduled for **Friday, October 1, 2010,** at **10:00 a.m.** at the offices of the Nevada State Board of Dental Examiners, 6010 South Rainbow Boulevard, Suite A-1, Las Vegas, Nevada 89118.

13. **YOU ARE FURTHER ADVISED** that pursuant to the "Consent to Findings and Recommendations" portion of the July 2008 Order at ¶ 15, 20:26 to 21:7 ("..., the Board may impose additional disciplinary penalties, upon the convening of a full Board hearing to determine solely whether I have breached any of the consented to Findings and Recommendations..."), the purpose of the hearing is to consider Respondent's failure to provide the Board with evidence/documentation that he has complied with the requirements of the above-referenced language from paragraph 6.B.xiv. at page 18, lines 12-22 of the June 2008 Order and to determine whether Respondent should be subject to discipline

///

pursuant to NRS 631.350 and/or other relevant and applicable provisions of the Nevada Revised Statutes ("NRS") and/or Nevada Administrative Code ("NAC"), chapters 631 for his failure to comply with said terms/conditions of the June 2008 Order.

Id., at 2:17 to 4:25, at ¶¶ 8-13.

4. The Complainant's Exhibits A-F were offered and admitted. Respondent's Exhibits 1-8 were offered and admitted. Kathleen Kelly and Respondent answered questions under oath. Opening statements and closing arguments were made by the Complainant and Respondent.

5. Respondent, by counsel, stipulated on the record at the October 1, 2010, hearing that he had not completed the required 40 hours of supplemental education requirements of the above-referenced language from paragraph 6.B.xiv. at page 18, lines 12-22 of the June 2008 Order; as a consequence, IT IS HEREBY ORDERED that in light of Respondent's stipulation, Respondent is deemed/found to have violated the June 2008 Order.

6. IT IS HEREBY ORDERED that following a motion, the motion being seconded, allowing time for discussion, and by a majority vote that Dr. Vennochi shall be and is hereby granted two (2) additional years to complete the supplemental education requirements referenced at paragraph 6.B.xiv. at page 18, lines 12-22 of the June 2008 Order. The additional two (2) years shall be deemed to begin on June 27, 2010.

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7. IT IS FURTHER ORDERED that, pursuant to NRS 622.400, Dr. Vennochi shall pay the Board's attorney's fees and costs relative to this matter, due to his violation of the June 2008 Order.

DATED & DONE this 15th day of OCTOBER, 2010.

NEVADA STATE BOARD OF DENTAL EXAMINERS

WILLIAM G. PAPPAS, DDS, PRESIDENT

Fox Rothschild LLP
3800 Howard Hughes Parkway
Suite 500
Las Vegas, Nevada 89169



VG1.55202v1 10/13/10

# 14B

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

4

PR166003

**What types of drug(s) will you be prescribing?**

☐ Dangerous Drugs ONLY **(Non-Refundable $80 Fee) (PR)**

☒ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V **(Non-Refundable $200 Fee) (CS)**

Select the Controlled Substance Schedules you are applying to prescribe

☒ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

## Section 1: Personal Information (NAC 639.850)

First: Pippa Middle: Ann Last: Stewart

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted]

City: North Las Vegas State: Nevada Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: 825076 Specialty: Family

(A **current license and active-PRESCRIBING status** with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

## Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Regenerate Me

Practice Address: 3377 Las Vegas Blvd S Suite #: 2600

City: Las Vegas State: NV Zip: 89109

Telephone: [redacted] Fax: Email: [redacted]

## Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☒ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name:

Collaborating Physician Practice Address: Suite #:

City: State: Zip:

Telephone: Fax: Email:

pmp/N

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

| Section 5: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 6: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | ✔ | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ✔ | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 9/18/2014 | | CA | Los Angeles | Los Angeles |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 34-2017-80002608 | | Los Angeles/CA BON | | |
| **Reason/Charge** | | | | |
| misdemeanor grand theft-expunged | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

This case was fully explained when I applied for my prescriber's license in 2020. I am including all the documents that were requested at that time. I was instructed to return in one year to reapply for my controlled substance certification/license. I have been gainfully employed part-time as an NP since obtaining my NP license in NV in 2019. I do not need my DEA certification but, I plan to extend my employment opportunities and would prefer not to be limited in my job search. My license revocation in CA was not patient or treatment-related.

In 2014 I pled nolo contendre to the charges presented against me on the advice of counsel to preserve my license and profession. That plea is guilty in the eyes of the Board. There are many things I could have done differently at that time. However, in the ten years since my license revocation, I have continued to work with integrity and to make sure that I have clear expectations with my employer on my time expectations of time worked and that any discrepancies are documented in writing and signed.

Original Signature (electronic, copies or stamps not accepted)

11/21/24
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Pippa Stewart

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/24

Date

**COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):**

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: 11/26/24 Amount: $200 cc

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 03/06/17

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CASE NO. NA100240

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: PIPPA STEWART

---

| BAIL: APPEARANCE DATE | AMOUNT OF BAIL | DATE POSTED | RECEIPT OR BOND NO. | SURETY COMPANY | REGISTER NUMBER |
|---|---|---|---|---|---|
| 09/08/14 | $20,000.00 | 08/25/14 | 2014CC018409 | LEXNGTON NAT INS COR | L4237016 |
| 10/10/14 | $65,000.00 | 09/15/14 | 2014EE004475 | LEXNGTON NAT INS COR | L4258006 |

CASE FILED ON 09/12/14.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 06/01/13 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:

COUNT 01: 487(A) PC MISD

ON 02/27/17 AT 130 PM IN GOV DEUKMEJIAN-LNG BEACH DEPT S01

CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: TOMSON T ONG (JUDGE) EMA ALVAREZ (CLERK)
NONE (REP) NONE (DA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

PROBATION TERMINATED

AS TO COUNT (01):

PROBATION IS ORDERED TERMINATED PURSUANT TO SECTION 1203.3 PENAL CODE. PLEA OF GUILTY OR CONVICTION IS SET ASIDE. A PLEA OF NOT GUILTY IS ENTERED. CASE IS DISMISSED PURSUANT TO SECTION 1203.4 PENAL CODE

COUNT (01): IS DISMISSED: DISMISSED PURSUANT TO 1203.4 PC

THE COURT IS IN RECEIPT OF A MOTION TO TERMINATE PROBATION AND EXPUNGE PURSUANT TO PENAL CODE SECTION 1203.3 AND 1203.4(A).

THE REQUEST IS GRANTED.
FILE FORWARDED TO THE ADR DESK.

CASE NO. NA100240
DEF NO. 01

DATE PRINTED 03/06/17

.
MINUTE ORDER FORWARDED VIA U.S MAIL AS FOLLOWS:
JOHN J STANLEY, ATTORNEY AT LAW.
5200 LANKERSHIP BLVD.
SUITE 850
NORTH HOLLYWOOD, CA 91601

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:
DISMISSD PURSUANT TO 1203.4 PC

**BEFORE THE**
**BOARD OF REGISTERED NURSING**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | |
| PIPPA ANN STEWART | Case No. 2016-913 |
| Registered Nurse License No. 448180<br>Nurse Practitioner Certificate No. 9499<br>Nurse Practitioner Furnishing Certificate No. 9499 | OAH No. 2016090591 |
| Respondent | |

ORDER GRANTING STAY OF EXECUTION

On May 2, 2017, the Board of Registered Nursing adopted the Proposed Decision of the Administrative Law Judge in the above-captioned matter. Respondent timely filed an application for reconsideration pursuant to Government Code section 11521 on May 26, 2017.

Pursuant to Section 11521 of the Govemment Code, the Board hereby issues this stay of the effective date of the Proposed Decision in the above-entitled case for up to ten (10) days. The purpose of the stay is to allow the Board the time to review and consider the application for reconsideration that has been filed. The Proposed Decision is set to become effective on June 1, 2017. The new effective date of the Proposed Decision will be June 9, 2017 at 12:01 a.m.

Dated: May 26, 2017.

JOSEPH MORRIS, PhD, MSN, RN
EXECUTIVE OFFICER
BOARD OF REGISTERED NURSING
STATE OF CALIFORNIA

FOLD HERE

# BOOKING AND IDENTIFICATION RECORD

| BOOKING NO. | U.O. | LOC.BKD. | DR. LIC. NO. | STATE | MT |
|---|---|---|---|---|---|
| 4064498 | | 4212 | [redacted] | CA | N |

Work Assignment: 6 2 5 SEP 1 8 2014

| ARRESTEE'S LAST NAME | FIRST | MIDDLE | SUF. |
|---|---|---|---|
| STEWART | PIPPA | | |

ADDRESS: [redacted] APT.NO.

CITY: RESEDA STATE: CA

| SEX | DESCENT | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE | AGE |
|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | |

| VEHICLE LIC. NO. | STATE | R.D. | AKA: LAST - FIRST - OR NICKNAME |
|---|---|---|---|
| | | 0727 | |

| BIRTHPLACE | PROB. INV. UNIT | JUV. DETAINED AT | AD. CHG. |
|---|---|---|---|
| BROOKLYN NY UNK US | 05 | | N |

| DIVISION | DETAIL ARRESTING | DATE ARRESTED | TIME ARR. | TIME BKD. |
|---|---|---|---|---|
| 4205 | W | 081414 | 1115 | 1543 |

LOCATION OF ARREST: [redacted]

BAIL: 20000

TOTAL BAIL: 20000

| TYP. | CHARGE & CODE | DEFINITION | WARRANT NO. |
|---|---|---|---|
| F | 487(A)PC | GRAND THEFT | |

ADDITIONAL CHARGES (ON ADDL. WARRS. LIST NO., COURT, AND BAIL, INCL. P.A.)

SOCIAL SECURITY NO.: 092603975

| ARRAIGN. DATE | TIME | COURT | LOCATION CRIME COMMITTED | R.D. | RESIDENCE PHONE NO. |
|---|---|---|---|---|---|
| | | | 19191 S VERMONT AVE | 0505 | 3107228902 |

EMPLOYER/SCHOOL: KAISERPERMANENTE

OCCUPATION/GRADE: NURSE PRACTITIO

PHY. COD.: BLOND BRAIDS, SCAR ON ABDOMEN.

CLOTHING WORN: BRO NURSING SCRUBS, BLK SHOES.

EXACT LOCATION / DISPOSITION ARRESTEE'S VEHICLE: PED

IN CASE OF EMERGENCY, NOTIFY: MIDLRED- MOM 818 469 9996

| HAS HEPATITIS | HAS V.D. | HAS OR EVER HAD T.B. | OTHER | SPECIAL MEDICAL PROBLEMS |
|---|---|---|---|---|
| N | N | N | N | |

| ARRESTING OFFICER | SERIAL NO. | SERIAL # OF CR. CHECKING CWWS | BOOKING EMPLOYEE | SERIAL NO. | PROP. BAG # | RETAINED | CASH | DEPOSITED |
|---|---|---|---|---|---|---|---|---|
| NELSON | 37801 | 37801 | HURTADO | 41066 | 02973454 | $ 0.00 | | $ 0.00 |

| SEARCHING OFFICER | SERIAL NO. | 2ND ARR. OFCR. | TRANSPORTING OFFICER | SERIAL NO. | EC/IR READING | SUPV. APPROVING BKG SER # |
|---|---|---|---|---|---|---|
| HURTADO | 41066 | 2NDARR | NELSON | 37801 | | ROBERTS 30795 |

PROPERTY: KEYS, WHT PHONE CHARGER, BLK LACES, BLK I PHONE, WORK NAME BADGE, BATTERY CHARGER, ONE MASTER CARD, **CAL ID**.

OCT 1 1 2014 8 5 0 3

AGO - 037

3944



THIS IS A TRUE CERTIFIED COPY OF
THE DOCUMENT FILED IN THE LOS
ANGELES POLICE DEPARTMENT'S
RECORDS & IDENTIFICATION DIVISION
BY. P. Tyler SERIAL V8949
DIVISION..... DATED.....

# ARREST REPORT

BKG. NO. → BOOKING NO. 4064496 | U.D. | LOC. BKG. 4212 | DR. LIC. NO. [redacted] | STATE CA | MT N | EVID. RPT. ☐ | CRIME RPT. ☐

DR 1405-06079 | LA

ARRESTEE'S LAST NAME: STEWART | FIRST: PIPPA | MIDDLE | SUF.

ADDRESS [redacted] | APT NO.

CITY RESEDA | STATE CA

SEX | DESCENT | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE | AGE

[redacted]

VEHICLE LIC. NO. | STATE | R.D. 0727 | AKA: LAST- FIRST- OR NICKNAME

BIRTHPLACE BROOKLYN NY UNK US | PROB. INV. UNIT 05 | JUV. DETAINED AT | AD. CHG. N

DIVISION 4205 | DETAIL ARRESTING W | DATE ARRESTED 081414 | TIME ARR. 1115 | TIME BKD. 1543

LOCATION OF ARREST [redacted] | BAIL 20000 | TOTAL BAIL 20000

TYP. F | CHARGE & CODE 487(A)PC | DEFINITION GRAND THEFT | WARRANT NO. ☆

DR. 1405-06079

IF MULTI, ARREST EVID. BKG. TO:

VICTIM'S NAME | CD [redacted] | MAIN | CDC # | PROBATION #

A.E. | CWWS | WARR | AJIS | RLSE | PAC | AWOL

## ADMONITION OF RIGHTS (WHEN APPLICABLE)

THE ADMONITION OF RIGHTS WAS READ VERBATIM PER FORM 15.03.00 BY:

SEE PAGE #3

NELSON 37801

NAME SERIAL NO.

ADDITIONAL CHARGES (ON ADDL. WARRS, LIST NO., COURT, AND BAIL INCL. P.A.)

SOCIAL SECURITY NO. 092603975

ARRAIGN. DATE | TIME | COURT | LOCATION CRIME COMMITTED 19191 S VERMONT AVE | R.D. 0505 | RESIDENCE PHONE NO. 3107228902

EMPLOYER / SCHOOL KAISERFERMANENTE

OCCUPATION / GRADE NURSE PRACT | PHY. DES. BLOND BRAIDS, SCAR ON ABDOMEN.

SHOTS FIRED ☐

CLOTHING WORN BRO NURSIN | EXACT LOCATION / DISPOSITION ARRESTEE'S VEHICLE PED | HOLD FOR

LIST CONNECTING RPTS. BY TYPE & IDENTIFYING NOS. ENCELLMENT CRIME REPORT | VEHICLE USED (YEAR, MAKE, MODEL, TYPE, COLORS, LIC. NO., ID MARKS) | PASSENGERS M F

COMPLAINTS / EVID. OF ILLness / INJ-BY WHOM TREATED NONE | DRIVING VEH. (DIRECTIONS & NAME OF STREET) AT OR BETWEEN STREETS → | RETAINED | CASH $ | DEPOSITED $

## INVOLVED PERSONS

Code: V: VICTIM W: WITNESS P/A: ARRESTING PRIVATE PERS. TO: TRUE OWNER R: PERSON RPTG. 459: S - PERSON SECURING D - PERSON DISCOVERING JUV: P - BOTH PARENTS G - GUARDIAN

| NAME | V & WS | SEX | DESC. | D.O.B. | ADDRESS | CITY | ZIP | PHONE | DAY | X |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | R | | | | | |
| | | | | | B | | | | | |
| | | | | | E-MAIL | | | CELL | | |
| | | | | | R | | | | | |
| | | | | | B | | | | | |
| | | | | | E-MAIL | | | CELL | | |
| | | | | | R | | | | | |
| | | | | | B | | | | | |
| | | | | | E-MAIL | | | CELL | | |

GANG ☐

## COMBINED CRIME REPORT

IF MULT. ARRESTEES THIS SECTION & ABOVE CRIME RPT. CHECK BOX IS COMPLETED ON ONLY ONE FACE SHEET.

TYPE OF OFFENSE | VICT'S OCCUPATION

DATE AND TIME CRIME OCCURRED | TYPE PROPERTY | TOTAL $ | EST. DAMAGE $ | TYPE PREMISES

(M / BFD ONLY) POINT AND METHOD OF ENTRY | WEAPON / FORCE / INSTRUMENT USED | (PV / DFV ONLY) VICT'S VEH. (YR., MAKE, TYPE, LIC.)

MO (SIGNATURE ACTIONS)

☐ GANG RELATED ☐ MOTIVATED BY HATRED / PREJUDICE ☐ DOMESTIC VIOLENCE ☐ MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM

## COMBINED EVID. RPT.

USE THIS SECTION IN LIEU OF PROPERTY REPORT IF ONLY ONE ARRESTEE, NO GUN, AND NO MORE THAN 2 ITEMS OF EVID.

LOC. EVID. BKG. | (L.B.I.D.O. COVER) Y N | Preliminary Drug Test | SUPV. / INV. OFCR. TESTING | SERIAL NO. | WITNESS OFCR. | SERIAL NO.

EXTRA COPY TO:

| ITEM | QUAN. | ARTICLE | SERIAL NO. / TYPE TEST OF DRUG | BRAND / DRUG WEIGHT UNITS | MODEL NO. / DRUG TEST RESULTS | MISC. |
|---|---|---|---|---|---|---|
| | | | | | | |

## APPROVAL / REPORTING OFFICERS

SUPERVISOR APPROVING REPORT 4MC | SERIAL NO. 30195

DATE & TIME REPRODUCED AUG 14 14 2205 JP | ORI | CLERK

RAP SHEET ATTACHED ☑ YES ☐ NO

REPORTING OFFICER(S) NELSON | SERIAL NO. 37801 | DIV. & DET. HARB | VACATION NOV

(P.P. ARREST OFCR. SKD. EVID. IF LISTED ON THIS PAGE) SMTH

## JUVENILE DISPO.

Petition Request: ☐ DETAINED ☐ RELEASED ☐ NON-BOOK ☐ NON-BOOK WARR.

INVEST. OFCR. | SERIAL NO. | DIV.

FINAL CHARGE, IF DIFFERENT THAN ORIGINAL (SECTION, CODE & DESCRIPTION)

IF REFERRED, AGENCY & PERSON ACCEPTING REFERRAL

PROPERTY BOOKED? Y N | IF YES, 10.08.00 COMPLETED? Y N

SUPERVISOR APPROVING | SERIAL NO.

JUV. COORD. REVIEWING | SERIAL NO.

DATE / TIME DISPO. REPROD. | ORI / CLERK

11 ☐ C & R
11 ☐ ACTION SUSP.
14 ☐ PROVED ADULT

13 ☐ EXON-INNOCENT
12 ☐ REL-INSUF. EVID.
09 ☐ COMMUNITY SERVICE

04 ☐ CYA
03 ☐ PROBATION
05 ☐ OTH. LAW ENF. AGENCY

16 ☐ JUV. TRAF. MISD.
17 ☐ FIRE DEPT.
10 ☐ DEPT. MENTAL HEALTH

18 ☐ DCFS
☐ OTHER

05.01.02 (11/11)

ARREST REPORT 140814002111

DPU AUG 29 2014 3 5AGO - 039

## CONTINUATION SHEET

Los Angeles Police Department

| PAGE NO. | TYPE OF REPORT | BOOKING NO. | DR NO. |
|---|---|---|---|
| 2 | Arrest | 4064496 | 1405-06079 |

| ITEM NO. | QU AN | ARTICLE | SERIAL NO | BRAND | MODEL NO. | MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC) | DOLLAR VALUE |
|---|---|---|---|---|---|---|---|

**Deft: Stewart, Pippa** **DOB:** [redacted] **Charge: 487(a) PC – Grand Theft**

**Source of Activity**

On 08-14-14 I (Ofcr Nelson #37801) was assigned to Harbor Division, Burglary Detectives, 5W74. I was assigned investigative responsibility of an Embezzlement case in May of 2014. I conducted a follow up to Kaiser Hospital located at 110 N La Brea Ave, Inglewood (Incident #140814002111). along with Officer B. Nelson #24283 and Det III Gibson #32645 to arrest the above defendant for Grand Theft based upon my investigation.

**Investigation**

My investigation is detailed within my follow up report, see that report for further.

In summary:

Stewart was an hourly paid Nurse Practitioner for Health Care Partners at Urgent Care facilities. From July 2012 through November 2013 Stewart was submitting electronic timecards for hours she did not work. In total, she fraudulently claimed to have worked in excess of 1100 hours and was paid approximately $65,000.

**Arrest**

The Suspect was arrested for 487 (a) PC – Grand Theft.

**Injuries/Medical Treatment**

None.

**Photographs**

None

**Booking**

The Suspect was booked at 77th jail upon the approval of Harbor division watch commander Lt Roberts #30795 and the advice of Detective III Gibson #32645.

**Evidence**

None.

**Court Information**

I can testify to this report.

LOS ANGELES POLICE DEPARTMENT

# INVESTIGATIVE ACTION / STATEMENT FORM



| Tape No. | | If recording an officer's action, complete shaded areas and statement section only. | Inc. No. 140814002111 | DR or Bkg. No. 145-06079 |
|---|---|---|---|---|
| Witness No. | | | | |

| Name | Date/Time of Interview | Location of Interview | |
|---|---|---|---|
| STEWART, PIPPA | 8-11-14 12:18 14:15 | Harbor Station | [redacted] |

| Residence Address | City | Zip Code | Phone |
|---|---|---|---|
| | | | |

| Business Address | City | Zip Code | Phone |
|---|---|---|---|
| | | | |

| Sex | Descent | Hair | Eyes | Height | Weight | DOB | Age | Driver Lic. No/Other ID | State |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| Interviewing/Reporting Officer | Serial No. | Division |
|---|---|---|
| Nelson | 37801 | Harbor |

| Officer Completing | Serial No. |
|---|---|
| Nelson | 37801 |

**MIRANDA ADMONITION**

1. You have the right to remain silent.
   Do you understand? "YES"
2. Anything you say may be used against you in court.
   Do you understand? "YES"
3. You have the right to the presence of an attorney before and during any questioning.
   Do you understand? "YES"
4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want.
   Do you understand? "YES"

[redacted]

**Statement:** Include who, what, when, where, why, and how.

See Follow up Report

03.11.20 (12/05)

AGO - 041



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THE DOCUMENT FILED IN THE LOS
ANGELES POLICE DEPARTMENT'S
RECORDS & IDENTIFICATION DIVISION
BY P. Taylor SERIAL U8944
DIVISION ..... DATED .....

Page 1 of 2 03.01.00 (07/13)

# Los Angeles Police Department
# INVESTIGATIVE REPORT

☐ COMBINED EVID. REPORT
☐ MULTIPLE DRS ON THIS REPORT

REPORT OF: Embezzlement | INVEST DIV. | INC # | DR #
Harb | 1402-21001423 | 1405-06079

## CASE SCREENING FACTOR(S)

- ☐ SUSPECT/VEHICLE NOT SEEN
- ☑ PRINTS OR OTHER EVIDENCE NOT PRESENT
- ☐ MO NOT DISTINCT
- ☐ PROPERTY LOSS LESS THAN $5,000
- ☑ NO SERIOUS INJURY TO VICTIM
- ☑ ONLY ONE VICTIM INVOLVED

## VICTIM

LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS): Healthcare Partners | SEX | DESC | HT | WT | AGE | DOB

ADDRESS R-: — | ZIP | PHONE: — | X ☐

ADDRESS B-: 19191 S. Vermont Ave. Torrance | 213/841-3373 | ☑

E-MAIL ADDRESS: — | CELL PHONE: —

DR. LIC. NO. (IF NONE, OTHER ID & NO.): — | FOREIGN LANGUAGE SPOKEN: — | OCCUPATION: Business

**PREMISES** (SPECIFIC TYPE): Medical office ☐ ATM

**ENTRY** 496/SPV POINT OF ENTRY: — POINT OF EXIT: —
☐ FRONT ☐ REAR ☐ SIDE ☐ ROOF ☐ FLOOR ☐ OTHER
METHOD: — INSTRUMENT/TOOL USED: —

LOCATION OF OCCURRENCE: — SAME AS V'S ☐ RES. ☑ BUS.

R.D.: 505

PRIOR BY PRE. INV. ATTEMPT ☐ Y ☑ N OBTAINED ☐ Y ☐ N

DATE & TIME OF OCCURRENCE: 7/26/13 0800 - 1/17/14 0800

DATE & TIME REPORTED TO PD: 2/21/14 0945

TYPE PROPERTY STOLEN/LOST/MANAGED ☐ $0.01-$400 GIVEN: US Currency

STOLEN/LOST: $165,000 | RECOVERED: $ — | EST. DAMAGED ARSON/VAND.: $ —

VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.: —

NOTIFICATION(S) (PERSON & DIVISION): Det Camacho Harbor Burg

CONNECTED REPORT(S) (TYPE & DR #): —

**MO** IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY RECOVERABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.

Suspect (employee of Vict) entered hours she did not work into victim's timekeeping system causing victim to pay her over $165,000.

MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM ☑ | HATE CRIME/INCIDENT ☐ | DOMESTIC VIOLENCE ☐

**REPORTING EMPLOYEE(S)**: INITIALS, LAST NAME: Blomeley | SERIAL NO.: 34603 | DIV./DET./AREA: Harb Desk | PERSON REPORTING SIGNATURE: [signature] | OR RECEIVED BY PHONE ☐

NOTE: IF SHORT FORM AND VICTIM/P.R. ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSON'S SECTION.

*Complete below sections if any CASE SCREENING FACTOR(S) boxes are not checked.*

**SUSP'S VEHICLE** | YEAR | MAKE | MODEL | TYPE | INTERIOR COLOR: | EXTERIOR | BODY | WINDOWS

COLOR(S) | VEH. LIC. NO. | STATE | ☐1 BUCKET SEATS ☐2 DAMAGED INSIDE

EXTERIOR: ☐1 CUSTOM WHEELS ☐2 PAINTED DIFFERENTLY ☐3 LEVEL ALTERED ☐4 BUMPERS ☐5 CUSTOM PAINT ☐6 VINYL TOP

BODY: ☐1 DAMAGE ☐2 MODIFIED ☐3 STICKER ☐4 LEFT ☐5 RIGHT ☐6 FRONT ☐7 REAR

WINDOWS: ☐1 DAMAGE ☐2 CUST. ☐3 CURTAINS ☐4 LEFT ☐5 RIGHT ☐6 FRONT ☐7 REAR

**S-1** [redacted] | CLOTHING | NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.
Stewart, Pippa [redacted]

PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.) | WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)

**S-2** SEX | DESC | HAIR | EYES | HEIGHT | WEIGHT | AGE | CLOTHING | NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.

PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.) | WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)

**INVOLVED PERSON(S)** W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (480); D - PERSON DISCOVERING (499); P - PARENT; CP - CONTACT PERSON (DOMESTIC VIOLENCE)

R | NAME: [redacted] | SEX | DESC | DOB | ADDRESS R-: [redacted] | CITY | ZIP | PHONE
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.): [redacted] CA | FOREIGN LANGUAGE SPOKEN: — | ADDRESS B-: [redacted]

NAME | SEX | DESC | DOB | ADDRESS R- | CITY | ZIP | PHONE
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.) | FOREIGN LANGUAGE SPOKEN | ADDRESS B- | E-MAIL ADDRESS | CELL PHONE

NAME | SEX | DESC | DOB | ADDRESS R- | CITY | ZIP | PHONE
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.) | FOREIGN LANGUAGE SPOKEN | ADDRESS B- | E-MAIL ADDRESS | CELL PHONE

COMBINED EVID. RPT. | USE THIS SECTION IN LIEU OF PROPERTY REPORT IF NO CUS AND NO MORE THAN THREE ITEMS OF EVIDENCE. | LOC. EVID. BKD. | 10.10.00 GIVEN? ☐Y ☐N | Preliminary Drug Test | SUPV./INV. OFCR. TESTING SERIAL NO. | WITNESS OFCR. | SERIAL NO.

| ITEM | QUAN. | ARTICLE | SERIAL NO./TYPE TEST OF DRUG | BRAND/DRUG WEIGHT, UNITS | MODEL NO./ DRUG TEST RESULT | MISC. |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NARRATIVE** USE THE FOLLOWING HEADINGS TO DOCUMENT ALL INFORMATION REGARDING THE INVESTIGATION: ADDITIONAL PERSONS INVOLVED (separated by type); SOURCE OF ACTIVITY; INVESTIGATION; ARREST; INJURY/MEDICAL TREATMENT; PHOTOS, RECORDINGS, VIDEOS, DICV AND DIGITAL IMAGING; BOOKING; EVIDENCE; CANVASSING, ADDITIONAL; COLLISION SUMMARY; PROPERTY STOLEN/LOST/RECOVERED/DAMAGED; AND COURT INFORMATION. NOTE: ANY OF THESE HEADINGS MAY BE OMITTED IF NOT APPLICABLE. SEE FIELD NOTEBOOK DIVIDER - GENERAL REPORTING INSTRUCTIONS, FORM 18.30.00 AND FIELD NOTEBOOK DIVIDER - DI, FORM 18.30.01 FOR FURTHER INFO.

VICTIM IDENTIFICATION INFORMATION (IF APPLICABLE) | IS ANY OF THE VICTIM'S PROPERTY MARKED WITH AN OWNER APPLIED IDENTIFICATION NUMBER? YES ☐ NO ☐ IF YES, EXPLAIN IN NARRATIVE.

**APPROVAL AND REVIEW** SUPERVISOR APPROVING: [signature] | SERIAL NO.: 32251 | DIVISION: HARB | DETECTIVE SUPERVISOR REVIEWING | SERIAL NO.

DATE & TIME RECEIVED: 02-21-14 1430 | CLERK: WA | DIVISION: 05 | CATEGORY: AGG. 043

EXTRA COPIES ____

SECURITY SERVICES DIV | CYBER MAJOR CRIMES | SHOTS FIRED | USE OF FORCE | NARCOTICS STOLEN - OTHER | DNA/DUI | FIREARM STOLEN/ LOST - DNA & NAI CRIME PROPERTY TT SUPVR | CHILD ABUSE JUVENILE DIV

DPU MAR 13 2014 9 7 25

Source of Activity
On 02/21/14 at 0945 hours, I, Officer Blomeley Serial No 34603, was assigned to Harbor Division front desk when the PR came in to the station to file an embezzlement report.

Investigation
The victim is the Healthcare Partners medical group. The suspect is a former employee/nurse that worked for the victim. The PR is the Human Resources manager for the victim.

The PR stated that a timekeeping audit was conducted in November 2013 which caused an internal investigation of the suspect's hours worked. The PR explained that the suspect worked at two medical offices so she was allowed make her own timekeeping entries. The PR believes that the suspect possibly used a remote computer to access the victim's timekeeping system to enter hours that she did not work.

The PR provided supporting documentation that the suspect showed herself working on 98 days for a total of 1177 hours at approx. $55.00 per hour for days/hours she did not work. The total dollar amount that the suspect embezzled was $65,161.00. The first entry occurred on 07/26/13 and the last entry occurred on 11/01/13. The victim suspended the suspect from work in 11/09/13 then terminated her on 11/17/13. The suspect was terminated for falsification of timekeeping records.

Detective Camacho spoke with the PR and advised what further documentation would be needed. Attached are the documents the PR provided. The PR will email Detective Camacho the other information.

Court Information
I can testify to the contents of this report.

Photos
None

Injuries
None

Evidence
None

Canvassing
None

Property Taken

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | I | US Currency | --- | --- | --- | $65,161.00 |
| | | | | | Total | $65,161.00 |



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THE DOCUMENT FILED IN THE LOS
ANGELES POLICE DEPARTMENT'S
RECORDS & IDENTIFICATION DIVISION
BY ..... SERIAL N1127
DIVISION REI DATED 8-8-14

FILED
ENDORSED
JUN 28 2017
By FRANK TEMMERMAN
Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

| | |
|---|---|
| PIPPA ANN STEWART,<br><br>Petitioner,<br><br>v.<br><br>BOARD OF REGISTERED NURSING OF THE STATE OF CALIFORNIA, and DOES 1 through 10, inclusive,<br><br>Respondents. | Case No.: 34-2017-80002608<br><br>[PROPOSED] ORDER STAYING ADMINISTRATIVE DECISION<br>[*Code of Civil Procedure* §1094.5(h)(1)]<br><br>Date: ~~TBD~~ JUN 28 2017<br>Time: ~~TBD~~ 9:00 a.m.<br>Place: ~~TBD~~ Dept. 29 |

Petitioner's Ex Parte Application for Stay of Administrative Decision was considered on JUN 28 2017 in Department 29, before the Honorable TIMOTHY M. FRAWLEY, Judge presiding. Lindsay Johnson appeared on behalf of Petitioner, Pippa Ann Stewart. Steve Pyun, Deputy Attorney General, appeared on behalf of Respondent, the Board of Registered Nursing of the State of California.

After reviewing and considering the moving papers, as well as any opposition papers, and good cause appearing therefore,

IT IS SO ORDERED that the Board of Registered Nursing stay the effective date of its Order of May 2, 2017, in the administrative proceeding entitled *In the Matter of the Accusation Against Pippa Ann Stewart,* case number 2016090591, pending the entry of judgment of the administrative mandamus proceeding herein.

Dated: June 28, 2017

By: _____
Judge of the Superior Court

SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO

Gmail

Pippa Stewart <bruinpip@gmail.com>

# Nevada Board of Pharmacy

**Brett Kandt** <bkandt@pharmacy.nv.gov> Mon, Jun 14, 2021 at 1:26 PM
To: Pippa Stewart [redacted]
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>, Candy Nally <cnally@pharmacy.nv.gov>

Pippa-

As you know, on June 2nd the Board approved your registration to prescribe dangerous drugs pursuant to NAC 639.850, with the condition that you may apply for a controlled substance registration pursuant to NRS 453.226 after one year, or June 2, 2022, and appear before the Board on that application.

When you apply, the process for obtaining a controlled substance registration from the Board and a Drug Enforcement Administration (DEA) registration from the DEA is explained in the application form, available at 2020 CS APP.pdf (nv.gov), and repeated below for convenience:

**Step 1: Obtaining your Controlled Substance (CS) registration number** A. Complete the attached Controlled Substance Application (NOTE: You must have a current Nevada practice license from your licensing board AND a Nevada practice address to complete this application.) B. Mail your completed application with the required non-refundable fee of $200.00. This can be paid for by credit or debit card or a check made payable to the Nevada State Board of Pharmacy. Credit or debit card payments are charged a 5% processing fee. Send the completed application to the address indicated on top of this application. C. Once your application is reviewed and approved, you will receive an email with your PENDING CS registration number. You may now proceed to Step 2 to apply for your DEA number. D. You WILL NOT receive your ACTUAL CS registration number until Steps 2 and 3 are completed.

**Step 2: Obtaining your Drug Enforcement Administration (DEA) number** A. Complete the on-line DEA application at deadiversion.usdoj.gov. If you already have a DEA number from another state, and you want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form. (NOTE: You must have your PENDING CS registration number to complete the DEA application or the Registration Change Requests form.) B. Once you complete the DEA application or the Registration Change Requests form, you will receive your DEA certificate in the mail. C. You MUST fax (775-850-1444) or email (pharmacy@pharmacy.nv.gov) a copy of your DEA certificate to the Nevada State Board of Pharmacy. Once you fax or email a copy of your DEA certificate to the Nevada State Board of Pharmacy, you may proceed to Step 3 to apply for your PMP account.

Our licensing staff will be providing your APRN-prescribe registration number for dangerous drugs shortly.

Regards,

**Brett Kandt**

**General Counsel**

**Nevada State Board of Pharmacy**

**775-850-1440**

bkandt@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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**From:** Pippa Stewart [redacted]
**Sent:** Monday, June 7, 2021 4:01 PM
**To:** Brett Kandt <bkandt@pharmacy.nv.gov>

[Quoted text hidden]

[Quoted text hidden]

Nevada State Board of
NURSING
Primary Source License Verification

# ViewReportHeaderTitle

---

Primary Source Board of Nursing Report Summary for

## Pippa Ann Stewart

Wednesday, December 04 2024 10:57:52 AM

***The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only***

***Active–*** *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

***Active Prescribing–*** *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

***Active Prescribing – CII –*** *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

***Active Prescribing-CII-COLL –*** *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

***Active Prescribing -D–*** *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

***Active Prescribing – CII – D*** *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

***Active Prescribing-CII-COLL –D*** *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

*APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.*

*If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.*

***Details related to License / Certificate Status can be found at the bottom of this page.***

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| Stewart, Pippa Ann | RN | 825076 | Active | 09/30/2019 | 09/16/2025 | NO |

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| Stewart, Pippa Ann | APRN-CNP | 825076 | Active Prescribing - CII | 05/21/2020 | 09/16/2025 | NO |

**Advanced Practice license/recognition information**

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 09/16/2025
  - Original Issuance Date: 05/21/2020
  - Current Issue Date: 08/14/2023
  - Certification expiration date: 05/13/2029

**License type information**

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

14C

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## CONTROLLED SUBSTANCE APPLICATION

**Non-Refundable $200 fee**

Rev (01/05/2023)

**(This application cannot be used by PA's or APRN's)**

CS26115

**Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)**

☑ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☐ Schedule V

**Section 1: Personal Information**

First: Victor Middle: Jimenez Last: Bonuel

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted]

City: [redacted] State: NV Zip: 89012

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 7208 Specialty: [redacted]

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled sub[redacted]

**Section 2: Practice Information (A practice address is required for processing of your application.)**

Practice Name (if any): Dr. Dana Forte Family Practice

Practice Address: 9010 West Cheyenne Ave Suite #:

City: Las Vegas State: NV Zip: 89129

Telephone: 7022408646 Fax: 702 240 0206 Email: dforte@forte family practice .com

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Victor Samuel [redacted]
Print Name (First, Last)

8-22-2024
Date

Original Signature (electronic, copies or stamps not accepted)

8-22-2024
Date

Board Use Only: Date Processed: 9/17/24 Amount: ~~$600.00~~

| Section 5: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ✓ | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Oct 2023 / Pending | | AL | Montgomery | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | Pending review attached documents | | |
| Reason/Charge | | | | |
| Suspension of AL Board of Pharmacy License | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | Lawsuit/Arbitration/Bankruptcy | | |
| AL Medical Boards | | | | |
| Name of Business/Industry/Entity | | | | |
| American Family Care | | | | |

**Provide explanation below:**

#3. Give to give up my Controlled Substance license in Alabama in Jan. 2024 due to infractions e.g. Not doing urine drug screens on patients, Not checking the PDMP profiles on all patients, etc. Subsequently the DEA in Alabama told me to surrender my DEA license (# BB3732371). Over 2000 Alabama Doctors have to surrender their Controlled Substances DEA licenses due to multiple reasons including above statements. Sometime in February, I decided to voluntarily surrender my AL Board of Pharmacy license as well as my DEA license. I decided not to fight the Alabama Medical Board case + not attend their hearing.

Signed

Original Signature (electronic, copies or stamps not accepted)

Aug 22, 2024 / Sept 30, 2024

Date

**BEFORE THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

| | | |
|---|---|---|
| **ALABAMA STATE BOARD OF MEDICAL EXAMINERS,** | ) | |
| **Complainant,** | ) | |
| **-vs-** | ) | **CASE NO. 2023 - 22** |
| **VICTOR JIMENEZ BONUEL, M.D.,** | ) | |
| **Respondent.** | ) | |

**ORDER DISMISSING PROCEEEDING**

The Alabama State Board of Medical Examiners dismisses the order to show cause previously set for hearing on February 22, 2024, for the reasons stated below.

On February 14, 2024, Victor Jimenez Bonuel, M.D., voluntarily surrendered his Alabama Controlled Substances Certificate. See Motion to Dismiss, Exhibit A.

Done and Ordered in Montgomery, Alabama, on March 4, 2024.

Mark H. LeQuire, M.D.
Chairman, Alabama State Board of Medical Examiners

CC: BY ELECTRONIC MAIL ONLY
E. Wilson Hunter, Esq.
Alicia Harrison, Esq.

By FedEx Commercial Carrier
Victor Jimenez Bonuel, M.D.
[redacted]

By Electronic Mail
[redacted]

**BEFORE THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

| | | |
|---|---|---|
| **ALABAMA STATE BOARD OF MEDICAL EXAMINERS,** | ) | |
| **Complainant,** | ) | |
| **v.** | ) | **CASE NO.: 2023-22** |
| **VICTOR JIMENEZ BONUEL, M.D.,** | ) | |
| **Respondent.** | ) | |

**MOTION TO DISMISS**

The Alabama State Board of Medical Examiners ("the Board"), by and through its counsel of record, moves to dismiss the Order to Show Cause previously filed in this matter by the Board on November 13, 2023. As grounds for this motion, the Board states that Respondent Victor Jimenez Bonuel, M.D. executed a Voluntary Surrender of Alabama Controlled Substances Certificate on February 14, 2024. *See* **Exhibit A.**

WHEREFORE, the Board requests the hearing officer, Honorable William Gordon, to enter an order dismissing this action.

Respectfully submitted on this the 1st day of March, 2024.

*s/ Alicia Harrison*
Alicia Harrison
Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
PO Box 946
Montgomery AL 36101-0946
[redacted]

**CERTIFICATE OF SERVICE**

I hereby certify that I have on this 1st day of March, 2024, served a copy of the foregoing pleading upon the following, *via* electronic or U.S. Mail:

Victor Jimenez Bonuel, M.D.
[redacted]

Honorable William R. Gordon
[redacted]

Current address & emails:
[redacted]

*s/ Alicia Harrison*
OF COUNSEL

[redacted]

**From:** BME
**Sent:** Thursday, February 15, 2024 3:24 PM
**To:** [redacted]
**Subject:** FW: Dr Bonuel
**Attachments:** IMG_6854.HEIC; IMG_6853.HEIC

**From:** [redacted]
**Sent:** Thursday, February 15, 2024 1:21 PM
**To:** BME <bme@albme.gov>; [redacted]
**Subject:** Dr Bonuel

You don't often get email from [redacted] Learn why this is Important

Hello,
I'm voluntarily giving up my ACSC . I'm cancelling our meeting on February 22,2024.

Thank you.

Dr Bonuel
[redacted]

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STATE OF ALABAMA )

MONTGOMERY COUNTY )

# VOLUNTARY SURRENDER OF ALABAMA CONTROLLED SUBSTANCES CERTIFICATE

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, VICTOR JIMINEZ BONUEL, M.D., hereby knowingly, freely, and voluntarily surrender any authority under my Alabama Controlled Substances Certificate, ACSC number ACSC.38778, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIIN, IV and/or V controlled substances. I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners relating to my prescribing of controlled substances.

I understand and acknowledge I will have no authority to order, dispense, distribute, administer, or prescribe controlled substances in the state of Alabama.

I further understand and acknowledge that this surrender shall be effective immediately upon execution.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing.

I also understand that the Alabama State Board of Medical Examiners shall [illegible] to any investigative file in this matter should I request reinstatement of my ACSC and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement for two (2) years from the effective date of the surrender of my ACSC. I further understand that upon application for reinstatement, it shall be my burden to prove by sufficient evidence that I meet the criteria for reinstatement as provided for in the Board's rules, which [illegible] not limited to, demonstrating to the satisfaction of the Board that I can practice medicine with reasonable skill and safety to patients.

2016

I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 14th day of February, 2024.

[redacted]

VICTOR JIMINEZ BONUEL, M.D.

Witnessed by:

(Print) Nida Bonuel (Sign) [redacted]

# Victor Jimenez BONUEL

**License Number:**
7208

**License Type:**
Medical Doctor

**License Status:**
Active

**Initial License Date:**
Jul-28-1994

**Expiration Date:**
Jun-30-2025

**Public Address:**
[redacted]

**Public City:**
Henderson

**Public State:**
Nevada

**Public ZIP Code:**
89012

**Public Country:**
United States

**Public Phone Number:**
[redacted]

**Credential:**
M.D.

## Specialties

| Specialty |
| --- |
| Internal Medicine |

## Education History

| Institution | Degree/Certificate | Date Enrolled | Date To |
| --- | --- | --- | --- |
| Far Eastern University / Manila, Philippines | Medical Doctor Degree | N/A | Apr-05-1983 |

## Postgraduate Training

| Institution | Program Type | Specialty Type | Start Date | End Date |
|---|---|---|---|---|
| Woodhull Medical & Mental Health Ctr/ Brooklyn, NY | Residency | Internal Medicine | Jul-01-1990 | Jun-30-1993 |

## Board Actions

| Summary | Attachments |
|---|---|
| None. | |

## Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

| Summary | Attachments |
|---|---|
| None. | |

## Malpractice Information

| Summary | Attachments |
|---|---|
| None. | |

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| | |
|---|---|
| **From:** | Monica Moazez |
| **To:** | Darlene Nases |
| **Subject:** | FW: Information About Victor Jimenez Bonuel |
| **Date:** | Tuesday, December 17, 2024 8:04:38 AM |
| **Attachments:** | image001.png |

---

**From:** Carla Kruger <ckruger@albme.gov>
**Sent:** Tuesday, December 17, 2024 7:52 AM
**To:** Monica Moazez <moazez@pharmacy.nv.gov>
**Subject:** RE: Information About Victor Jimenez Bonuel

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

The only public docs will be the Order to Show Cause/Order Temporarily Suspending ACSC from Nov. 2023, the voluntary surrender of ACSC, and the Order dismissing the Order to Show Cause due to the surrender. The violation allegations are stated in the Order to Show Cause.

This all had to do with his Alabama Controlled Substances Certificate and his ability to prescribe controlled substances. His license remains active, is full and unrestricted, and he was approved for a collaborative practice with Ashley Pauldin, CRNP. He has not requested for reinstatement of his ACSC.

I hope this helps. Please give me a call today before 2:00 or this Thursday/Friday anytime if you would like to discuss. The only additional item I'd be able to provide with a release is the minute entry extracts which don't say anything in additional to what was in the public documents.

**Carla H. Kruger** | *Public Information Officer*

*Office of the General Counsel*
*Alabama Board of Medical Examiners*
*P.O. Box 946, Montgomery, AL 36101*
*Direct: 334-833-0172*
*Email: ckruger@albme.gov*

---

**From:** Monica Moazez <moazez@pharmacy.nv.gov>
**Sent:** Monday, December 16, 2024 6:13 PM
**To:** Carla Kruger <ckruger@albme.gov>
**Subject:** RE: Information About Victor Jimenez Bonuel

Carla,

Thank you for getting back to me and for clarifying about the petition for reinstatement. I do not currently have a release from Dr. Bonuel; however, I should be able to get his consent. He knows the Board has requested more information from him and appears to be cooperative—there just seems to be a bit of a language barrier issue. Attached is what he submitted to me but as far as I can tell, there should be other public documents in addition to what he's sent me. Are you aware of any? I can also absolutely give you a call tomorrow—whatever is easiest.

Monica Moazez
Assistant General Counsel
Nevada State Board of Pharmacy
(702) 486-6420, Ext. 151

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---

**From:** Carla Kruger <ckruger@albme.gov>
**Sent:** Friday, December 13, 2024 7:47 AM
**To:** Monica Moazez <moazez@pharmacy.nv.gov>
**Subject:** RE: Information About Victor Jimenez Bonuel

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning Ms. Moazez, your email was forwarded to this department for response.

Do you have a release from Dr. Banuel that would allow me to share confidential information so that I can share more?

As to the voluntary surrender, the wording about the Board being able to summarily a petition to reinstate his ACSC, that only applies to Alabama.

Please let me know if I can provide any additional information that is public or, if you can send me a recent (no older than one year) release, I can tell you more. The details are pretty much all in the public documents, though.

Feel free to give me a call to discuss if that is easier. My direct line is below.

Warm regards,

**Carla H. Kruger** | *Public Information Officer*

*Office of the General Counsel*
*Alabama Board of Medical Examiners*
*P.O. Box 946, Montgomery, AL 36101*
*Direct: 334-833-0172*
*Email: ckruger@albme.gov*

---

**From:** Julee Cranmore <jcranmore@albme.gov>
**Sent:** Thursday, December 12, 2024 4:55 PM
**To:** Carla Kruger <ckruger@albme.gov>; Lynde Crowder <lcrowder@albme.gov>
**Subject:** FW: Information About Victor Jimenez Bonuel

Please see below.

Thank you,

**Julee Cranmore**
**Credentialing Specialist**
**Alabama Board of Medical Examiners**
**848 Washington Avenue (36104)**
**PO Box 946**
**Montgomery, AL 36101-0946**
**Telephone: (334) 242-4116**
**Direct Dial: (334) 604-4959**
**jcranmore@albme.gov**

---

**From:** Monica Moazez <moazez@pharmacy.nv.gov>
**Sent:** Wednesday, December 11, 2024 6:09 PM
**To:** BME <bme@albme.gov>; Credentialing <credentialing@albme.gov>
**Subject:** Re: Information About Victor Jimenez Bonuel

> Some people who received this message don't often get email from moazez@pharmacy.nv.gov. Learn why this is important

Good afternoon,

I serve as counsel for Nevada's Pharmacy Board and am reaching out in the hopes of collecting much needed information related to a prior licensee, Victor Jimenez Bonuel. He has applied for his CS license here in Nevada and has appeared at our December Board Meeting. However, at that meeting, the Board and I concluded that we needed more information about the voluntary surrender of his license on February 14, 2024 with your Board. He has provided the attached information/disclosures to me for review, but they still appear to be incomplete. Furthermore, the voluntary surrender agreement on page 14 seems to indicate that your Board can deny any petition for his reinstatement for two years after the surrender of his ACSC. Does that apply only to Alabama or is that a broad restriction? I'm doing my best to fill in the gaps for our Board as he will reappear at our next Board meeting in January. Any help you can provide would be greatly appreciated.

Thank you,

Monica Moazez
Assistant General Counsel
Nevada State Board of Pharmacy
(702) 486-6420, Ext. 151

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**BEFORE THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

| | | |
|---|---|---|
| **ALABAMA STATE BOARD OF MEDICAL EXAMINERS,** | ) | |
| **Complainant,** | ) | |
| **-vs-** | ) | **CASE NO. 2023 - 22** |
| **VICTOR JIMENEZ BONUEL, M.D.,** | ) | |
| **Respondent.** | ) | |

**ORDER DISMISSING PROCEEEDING**

The Alabama State Board of Medical Examiners dismisses the order to show cause previously set for hearing on February 22, 2024, for the reasons stated below.

On February 14, 2024, Victor Jimenez Bonuel, M.D., voluntarily surrendered his Alabama Controlled Substances Certificate. See Motion to Dismiss, Exhibit A.

Done and Ordered in Montgomery, Alabama, on March 4, 2024.

Mark H. LeQuire, M.D.
Chairman, Alabama State Board of Medical Examiners

CC: BY ELECTRONIC MAIL ONLY
E. Wilson Hunter, Esq.
Alicia Harrison, Esq.

By FedEx Commercial Carrier
Victor Jimenez Bonuel, M.D.
[redacted]
Fairfield, AL [redacted]

By Electronic Mail
[redacted]

# EXHIBIT

# A

**BEFORE THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

| | | |
|---|---|---|
| **ALABAMA STATE BOARD OF MEDICAL EXAMINERS,** | ) | |
| **Complainant,** | ) | |
| **v.** | ) | **CASE NO.: 2023-22** |
| **VICTOR JIMENEZ BONUEL, M.D.,** | ) | |
| **Respondent.** | ) | |

**MOTION TO DISMISS**

The Alabama State Board of Medical Examiners ("the Board"), by and through its counsel of record, moves to dismiss the Order to Show Cause previously filed in this matter by the Board on November 13, 2023. As grounds for this motion, the Board states that Respondent Victor Jimenez Bonuel, M.D. executed a Voluntary Surrender of Alabama Controlled Substances Certificate on February 14, 2024. *See* **Exhibit A**.

WHEREFORE, the Board requests the hearing officer, Honorable William Gordon, to enter an order dismissing this action.

Respectfully submitted on this the 1st day of March, 2024.

*s/ Alicia Harrison*
Alicia Harrison
Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
PO Box 946
Montgomery AL 36101-0946
334-833-0167
aharrison@albme.gov

**CERTIFICATE OF SERVICE**

I hereby certify that I have on this 1st day of March, 2024, served a copy of the foregoing pleading upon the following, *via* electronic or U.S. Mail:

Victor Jimenez Bonuel, M.D.
[redacted]
Fairfield, AL [redacted]

Honorable William R. Gordon
wrgordon@charter.net

*s/ Alicia Harrison*
OF COUNSEL

# EXHIBIT

# A

**Christy Lawson**

**From:** BME
**Sent:** Thursday, February 15, 2024 3:24 PM
**To:** Christy Lawson
**Subject:** FW: Dr Bonuel
**Attachments:** IMG_6854.HEIC; IMG_6853.HEIC

**From:** Vic Bonwell [redacted]
**Sent:** Thursday, February 15, 2024 1:21 PM
**To:** BME <bme@albme.gov>; [redacted]; [redacted]
**Subject:** Dr Bonuel

You don't often get email from [redacted]@yahoo.com. Learn why this is important

Hello,
I'm voluntarily giving up my ACSC . I'm cancelling our meeting on February 22,2024.

Thank you.

Dr Bonuel
[redacted]

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STATE OF ALABAMA )
)
MONTGOMERY COUNTY )

**VOLUNTARY SURRENDER OF**
**ALABAMA CONTROLLED SUBSTANCES CERTIFICATE**

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, VICTOR JIMINEZ BONUEL, M.D., hereby knowingly, freely, and voluntarily surrender any authority under my Alabama Controlled Substances Certificate, ACSC number ACSC.38778, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIIN, IV and/or V controlled substances. I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners relating to my prescribing of controlled substances.

I understand and acknowledge I will have no authority to order, dispense, distribute, administer, or prescribe controlled substances in the state of Alabama.

I further understand and acknowledge that this surrender shall be effective immediately upon execution.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing.

I also understand that the Alabama State Board of Medical Examiners shall have access to any investigative file in this matter should I request reinstatement of my ACSC, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement for two (2) years from the effective date of the surrender of my ACSC. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board's rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients.

I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 14th day of February, 2024.

VICTOR JIMINEZ BONUEL, M.D.

Witnessed by:

(Print) Nida Bonuel (Sign) NBonuel

14D

4

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

# APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

**What types of drug(s) will you be prescribing?**

☐ Dangerous Drugs ONLY **(Non-Refundable $80 Fee) (PR)**

☒ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V **(Non-Refundable $200 Fee) (CS)**

Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☐ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

**Section 1: Personal Information (NAC 639.850)**

First: Melissa Middle: Macey Last: Heemsath

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted]

City: Carson City State: NV Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: APRN - CNP 863933 Specialty: Family Across the Lifespan

(A **current license and active-PRESCRIBING status** with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

**Section 2: Practice Information (A practice address is required for processing of your application.)**

Practice Name: Saint Mary's Urgent Care

Practice Address: 6255 Sharlands Ave. Suite #:

City: Reno State: NV Zip: 89523

Telephone: 775-770-7682 Fax: Email:

**Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS)**

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. **(If you marked this answer, provide the information as requested below per NAC 639.850.)**

Collaborating Physician Name:

Collaborating Physician Practice Address: Suite #:

City: State: Zip:

Telephone: Fax: Email:



3983

N/P

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 5: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 6: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | X | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | X | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | X | |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Melissa M. Heemsath

Applicant Print Name (First, Last)

[redacted]

Original Signature (electronic, copies or stamps not accepted)

1/29/2025

Date

**COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):**

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: 1/30/25 Amount: $200-CC

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| June 21,2011 | July 27, 2011 | Florida | Jacksonville | Duval |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2011-CF-006993-AXXX-MA | Circuit/County Court of the Fourth Judicial Circuit, in and for Duval County, Florida |

| Reason/Charge |
|---|
| Possession of a Controlled Substance |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| State of Florida vs. Melissa Heemsath | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?

Between 2010 and 2011, I faced intense grief following a series of traumatic losses. Despite seeking treatment from my Primary Care physician, I struggled with my emotional well-being and adapted to it as my new normal. At the time, I was balancing a Family Nurse Practitioner program, planning my wedding, and working full-time at Mayo Hospital. In May 2011, while studying abroad in England, my challenges worsened, leading to a serious mistake once I returned to a high-stress work environment in the U.S.

I was arrested and charged with one count of possession of a controlled substance and spent four days in jail before seeking outpatient treatment, where I began therapy and medication management. I've continued mental health care since then and have found stability with medication and anxiety-reduction techniques. On October 4, 2017, my record was sealed.

Please see documents provided:
-Court Record
-Judgment and Restitution Order
-Satisfaction of Judgment
-Order to Seal Records
-Jacksonville Sheriff's Office Clear Criminal History Background Check (Local Arrest Information)

[redacted]

Original Signature (electronic, copies or stamps not accepted)

1/29/2025

Date

**RONNIE FUSSELL**
CLERK OF THE COUNTY COURT
DUVAL COUNTY
ROOM 2136, 501 WEST ADAMS STREET
JACKSONVILLE, FLORIDA 32202-2985

RONNIE FUSSELL
Clerk of the Circuit Court

I, RONNIE FUSSELL, CLERK OF THE CIRCUIT AND COUNTY COURTS IN AND FOR DUVAL COUNTY, FLORIDA DO HEREBY CERTIFY THE RECORDS KEPT BY THIS OFFICE INDICATE THAT THE FOLLOWING ENTRIES CONSTITUTE A TRUE AND CORRECT COPY OF THE COURT RECORD AND LITERAL TRANSCRIPT OF THE FELONY DEPARTMENT, JACKSONVILLE, DUVAL COUNTY, FLORIDA:

DEFENDANT: MELISSA M. HEEMSATH — CASE NO.: 2011-CF-006993-AXXX-MA

ARREST DATE: 06/21/2011 — JUDGE: ADRIAN G. SOUD

OFFENDER NO. / CITATION NO.: 2011-020707

| | COUNT 1 | COUNT | COUNT | COUNT | COUNT |
|---|---|---|---|---|---|
| OFFENSE | POSSESSION OF A CONTROLLED SUBSTANCE | | | | |
| PLEA | GUILTY | | | | |
| ADJUDICATION | WITHHELD | | | | |
| DISPOSITION DATE | 07/27/2011 | | | | |

DISPOSITION

ON 07/27/2011-DEFENDANT PERMITTED TO WITHDRAW PLEA OF NOT GUILTY AND ENTER A PLEA OF GUILTY, ADJUDICATION OF GUILT WITHHELD AND PLACED IN COMMUNITY CONTROL FOR 3 MONTHS, COMMUNITY CONTROL LEVEL 2 FOLLOWED BY 15 MONTHS PROBATION, WITH SPECIAL CONDITIONS: TO SERVE 4AYS IN THE DUVAL COUNTY JAIL WITH 4 DAYS JAIL CREDIT, (SEE PROBATION ORDER FOR ADDITIONAL CONDITIONS)

Court Cost and fees of COURT COST($871.00) REST($15.00) Imposed COURT COST(PD IN FULL) REST($15.00)

WITNESS BY HAND AND SEAL OF OFFICE AT JACKSONVILLE, DUVAL COUNTY, FLORIDA, THIS 2nd DAY OF May 2014

RONNIE FUSSELL
CLERK OF THE CIRCUIT AND COUNTY COURTS
BY: J. Lima
DEPUTY CLERK

S. A. CASE NO.: 11CF048102AD

IN THE CIRCUIT COURT, OF THE FOURTH JUDICIAL CIRCUIT, IN AND FOR DUVAL COUNTY, FLORIDA

CLERK NO.: 162011CF006993AXXXMA

DIVISION: CRC

STATE OF FLORIDA,

Plaintiff,

vs.

MELISSA MACEY HEEMSATH,

Defendant.

FILED

JUL 27 2011

CLERK CIRCUIT COURT

RACE: White
SEX: Female
SSN: [redacted]

JUDGMENT AND RESTITUTION ORDER
[F.S. 775.089]

THIS CAUSE having come on to be heard upon the State's Motion for an Order requiring that the defendant, pursuant to Section 775.089, Florida Statutes, pay restitution costs for the benefit of the victim, herein namely:

A. Mayo Clinic Legal Department
4500 San Pablo Road
Jacksonville, Florida 32224

B. Victim Compensation Trust Fund
Office of the Attorney General
The Capitol
Tallahassee, Florida 32399-1050

PAID IN FULL

* If Victim Compensation has compensated the victim in part or in whole, then payments shall be made and distributed first to the victim, and when fully compensated, to Victim Compensation for reimbursement.

On the evidence presented it is adjudged,

1. That the State's Motion is hereby granted and the Defendant shall pay restitution for the benefit of the above-named victim in the total sum of $15.00, that shall bear interest at the legal rate, for which let execution issue. Said amount is to be offset by any monies paid to the victim by responsible co-defendants.

2. Payment shall be made to the victim through the Clerk of Court (Felony or Misdemeanor as applicable). If the Defendant is released from prison to supervision under the Department of Corrections, payments and disbursements shall be made through the Department for the length of such supervision. Upon completion of supervision, payments and disbursements on any outstanding balance shall be made directly through the Clerk of the Court. The Clerk of Court is authorized to collect a $3.50 fee per payment, pursuant to Section 28.24(26)(a), Florida Statutes.

3. Payment Schedule. [Check applicable instructions(s)].
[ ✓ ] Total sum shall be paid immediately.
[ ] Total sum shall be paid in installment payments of $_____, payable on a [ ] weekly [ ] monthly basis. Payments shall be applied first to interest and the balance, if any, to principal.
[ ] Other, specified schedule: _____

4. (a) The Court may require that the defendant make restitution under this section within a specified period or in specified installments.
(b) The end of such period or the last such installment shall not be later than:
1. The end of the period of probation if probation is ordered;
2. Five years after the end of the term of imprisonment imposed if the Court does not order probation; or
3 Five years after the date of sentencing in any other case; or
(c) If not otherwise provided by the Court under this subsection, restitution must be made immediately.

5. If a defendant is placed on probation or paroled, complete satisfaction of any restitution ordered under this section shall be a condition of such probation or parole. The Court may revoke probation, and the Parole Commission may revoke parole, if the defendant fails to comply with such order.

6. That the Clerk of the Court shall provide to the victim named herein a copy hereof, in order for the victim to record the judgment as a lien pursuant to Section 55.10, Florida Statutes.

DONE AND ORDERED in Jacksonville, Duval, Florida, on this 27th day of July, 2011.

Judge of the Circuit Court

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING**

**Pursuant to Florida Rule of Judicial Administration 2.420(d)(2), the filer of this court record indicates that confidential information is included within the document being filed; to-wit: Social Security Number, § 119.0714.**

Copies furnished by Clerk to:

Victim
Assistant State Attorney
Defendant and/or Defense Counsel

NOTE: The victim shall notify the Clerk of the Court, in writing, of any address changes.

Case No. 16-2011-CF-[illegible]-MA

FILED

08/05/2011

CLERK CIRCUIT COURT

STATE OF FLORIDA Plaintiff

vs.

MELISSA MACEY HEEMSATH Defendant

# SATISFACTION OF JUDGMENT

The undersigned Clerk of the Circuit Court, the owner and holder of a certain final judgment rendered in the above-captioned case, filed OPEN COURT, recorded in the Duval County Official Records Book Number ____, beginning with the Page Number ____, recorded document title **Judgment and Restitution Order**, does hereby acknowledge that all sums due, total amount collected $15.00 under the judgment have been fully paid to MAYO CLINIC LEGAL DEPARTMENT, 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224. The final judgment is hereby satisfied and discharged.

In witness whereof, the Duval County Clerk of Court has caused this instrument to be executed this

5th of August, 2011

Signed: [signature]

Deputy Clerk

3990

IN THE CIRCUIT/COUNTY COURT OF THE
FOURTH JUDICIAL CIRCUIT, IN AND FOR
DUVAL COUNTY, FLORIDA

CASE NO.: 2011-CF-006993-AXXX-MA

DIVISION FELONY

STATE OF FLORIDA,

vs.

MELISSA MACEY HEEMSATH

Petitioner

FILED
OCT 04 2017
CLERK CIRCUIT COURT

ORDER TO SEAL RECORDS PURSUANT TO SECTION 943.059
FLORIDA STATUTES AND FLORIDA RULES OF CRIMINAL PROCEDURES 3.692

THIS CAUSE, having come to be heard before me this date upon petitioner's Petition to Seal records concerning this arrest on JUNE 21, 2011, by the Jacksonville Sheriff's Office, and the court being fully advised in the premises, the court herby finds the following:

1. The petitioner has never previously been adjudicated guilty of a criminal offense or a comparable ordinance violation.

2. The petitioner was not adjudicated guilty of charges stemming from the arrest or criminal activity to which the petition pertains.

3. The petitioner has not secured a prior records expunction or sealing.

ORDERED AND ADJUDGED that the petition to seal records is hereby granted. All court records pertaining to the above-styled case shall be sealed in accordance with the procedures set forth in the Florida Rules of Criminal Procedures 3.692, and it is further

ORDERED AND ADJUDGED that the clerk shall forward a certified copy of this order to the State Attorney's Office and the Jacksonville Sheriff's Office, who will comply with the procedures set forth in section 943.059, Florida Statutes, and appropriate regulations of the Department of Law Enforcement, and who will further forward a copy of this order to any agency that their records reflect has received the instant criminal history record information; and it is further

ORDERED AND ADJUDGED that the Jacksonville Sheriff's Office shall seal all information concerning indicia of arrest or criminal history record information regarding this petitioner in accordance with the procedures set forth in section 943.059, Florida Statues and 3.692 FRCP.

All costs of certified copies involved herein are to be borne by the petitioner.

DONE AND ORDERED in Chambers at Jacksonville, Duval County, Florida, this 4th day of October, 2017.

Judge

Cc: Petitioner: MELISSA MACEY HEEMSATH
[redacted]
State Attorney's Office
Clerk of Courts
Florida Department of Law Enforcement
Federal Bureau of Investigation
Jacksonville Sheriff's Office

STATE OF FLORIDA
DUVAL COUNTY
I, UNDERSIGNED Clerk of the Circuit & County Courts, Duval County, Florida, DO HEREBY CERTIFY the within and foregoing, [illegible] pages, is a true and correct copy of the original [illegible] of the Clerk of Circuit & County Courts [illegible] County Courts [illegible] A.D., 20[illegible]
[illegible] RUSSELL
[illegible] County Courts
[illegible] Florida

# Jacksonville Sheriff's Office

*Duval County, Florida*

*Mike Williams, Sheriff*

*501 E. Bay Street*
*Jacksonville, FL 32202*

**DATE: 04/25/2019**

**To Whom It May Concern:**

**The Jacksonville Sheriff's Office has performed a criminal history background check on the individual listed below. Since neither fingerprints, nor an identifying number accompanied your request, we cannot guarantee this information concerns the named individual. As per state and federal guidelines, this agency can only check for local arrest information.**

**NAME:** MELISSA HEEMSATH

**DATE OF BIRTH:** [redacted]

**RACE:** WHITE **SEX:** FEMALE

**SOCIAL SECURITY NUMBER:** XXX-XX-XXXX

**LOCAL ARREST INFORMATION FOUND:**

NO LOCAL RECORD

LOCAL RECORD CHECK ONLY
Office of the Sheriff
Records & Identification Section
Jacksonville, Florida 32202
Since neither fingerprints nor an identifying number which is indexed in our files accompanied your request, the office of the Sheriff cannot guarantee in any manner that the information concerns the individual in whom you are interested.

JSO
JACKSONVILLE SHERIFF'S OFFICE
CENTRAL RECORDS DIVISION
SUBSTATION

**By: J. LASTER # 79535**

**Central Records/Substation**

P-0064E Rev. 07/2015

*www.jaxsheriff.org*

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| June 21,2011 | July 27, 2011 | Florida | Jacksonville | Duval |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2011-10613 | State of Florida Department of Health |

| Reason/Charge |
|---|
| Possession of a Controlled Substance |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Department of Health vs. Melissa Heemsath | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?

As a result of the information detailed in "Question #2", an Administrative Complaint was filed by The State of Florida Department of Health, as I was a licensed Registered Nurse in Florida at the time. A Settlement Agreement and Final Order were also filed in 2012.

Please see documents provided:
-Administrative Complaint
-Settlement Agreement
-Final Order

[redacted]

Original Signature (electronic, copies or stamps not accepted)

1/29/2025

Date

**STATE OF FLORIDA**
**DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.** **CASE NO. 2011-10613**

**MELISSA MACEY HEEMSATH, R.N.,**

**RESPONDENT.**

_____/

## ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Melissa Macey Heemsath, R.N., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Complaint, Respondent was a registered nurse (R.N.) within the state of Florida, having been issued license number RN 9268827.

3. Respondent's address of record is 258 Pine Street, Atlantic Beach, FL 32233.

4. On or about July 27, 2011, in Case Number 16-2011-CF-006992-AXXX-MA, in the Circuit Court in and for Duval County Florida, Respondent entered a plea of guilty to one count of Possession of a Controlled Substance, a third degree felony in violation of Section 893.13, Florida Statutes.

5. Section 464.018(1)(e), Florida Statues (2011), provides that being found guilty, regardless of adjudication, or entering a plea of nollo contendere or guilty to any offense prohibited under Section 435.03, Florida Statutes, or a similar statute of another jurisdiction, constitutes grounds for disciplinary action by the Board of Nursing.

6. Section 435.03(2)(ee), Florida Statues (2011), lists violations of Section 893.13, Florida Statutes, relating to drug abuse, prevention, and control, as prohibited offenses, if the violation is a felony.

7. On or about July 27, 2011, in Case Number 16-2011-CF-006992-AXXX-MA, in the Circuit Court in and for Duval County Florida, Respondent entered a plea of guilty to one count of Possession of a Controlled Substance, a third degree felony in violation of Section 893.13, Florida Statutes.

8. Based on the foregoing, Respondent violated Section 464.018(1)(e), Florida Statutes (2011), by entering a plea of guilty, regardless of adjudication, to any offense prohibited by Section 435.03, Florida Statues, which prohibits violations of Section 893.13, Florida Statutes, or a similar statute of another jurisdiction, if the violation is a felony.

**WHEREFORE**, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's certificate, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this 11th day of October, 2011.**

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.,
State Surgeon General

By: TREVOR SUTER
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Florida Bar Number 0017617
(850) 245 - 4640 Telephone
(850) 245 – 4683 Facsimile

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Melisa Nobles
DATE 10 / 12 / 2011

PCP: 10/11/11
PCP Members: Kirkpatrick & Diffen
/TS

## NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

## NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

FINAL ORDER CLERK
11 NOV 16 AM 8:54

**STATE OF FLORIDA**
**DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.** **CASE NO.: 2011-10613**

**MELISSA MACEY HEEMSATH, R.N.,**

**Respondent.**

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Agreement to the Board of Nursing as disposition of the Administrative Complaint, attached hereto as Exhibit "A", in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed. In considering this Agreement, the Board may review all investigative materials regarding this case. If this Agreement is rejected, it, and its presentation to the Board, shall not be used against either party.

## STIPULATED FACTS

1. Respondent is a **REGISTERED NURSE** in the State of Florida holding license number **9268827.**

2. The Respondent is charged by an Administrative Complaint filed by the Department and properly served upon Respondent with violations of Chapters 456

and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

## STIPULATED LAW

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the stipulated facts, if proven true, constitute violations of laws as alleged in the Administrative Complaint.

3. Respondent admits that the Agreement is a fair, appropriate and reasonable resolution to this pending matter.

## PROPOSED DISPOSITION

1. The Respondent must pay an administrative fine in the amount of **TWO HUNDRED AND FIFTY DOLLARS ($250.00)** and investigative costs not to exceed **(TWO THOUSAND EIGHT HUNDRED THIRTEEN DOLLARS AND NINETY EIGHT CENTS $2,813.98)** within **(3 years)** from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal Checks shall **NOT** be accepted.

2. The license of **MELISSA MACEY HEEMSATH, R.N.**, is suspended and shall remain suspended until such time that Respondent enters into the Intervention

Project for Nurses (IPN), and complies with any and all terms and conditions imposed by IPN. At such time the suspension shall be stayed and remain stayed as long as the Respondent participates in the IPN. It is the duty of the Respondent to contact the IPN at P.O. Box 49130, Jacksonville Beach, Florida 32249-9130, (904) 270-1620, within 30 days from the date of entry of this order. The Respondent shall comply with all conditions of the IPN Advocacy Contract or she will be in violation of the Board Order.

3. Termination from IPN shall result in the immediate lifting of the stay of suspension. Reinstatement will require compliance with all terms and conditions set forth in any previous Board Order and the Respondent's appearance before the Board to demonstrate her present ability to engage in the safe practice of nursing. The Board reserves the right to impose reasonable conditions of reinstatement at the time of appearance before the Board.

4. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Board Order adopting this Agreement.

5. It is expressly understood that this Agreement is subject to the approval of the Board and Department and has no force and effect until an Order is entered adopting the Agreement.

6. This Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or

omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement. Furthermore, should this joint Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

7. Respondent and the Department fully understand that this joint Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

8. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

9. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

**WHEREFORE,** the parties hereto request the Board to enter a Final Order accepting and implementing the terms contained herein.

**SIGNED** this 14 day of November, 2011.

[redacted]

**MELISSA MACEY HEEMSATH, R.N.**

Before me personally appeared Melissa Heemsath whose identity is known to be by FL DL (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this 14 day of November 2011.

Notary Public
My Commission Expires: 11 Jun 2012

ERIN NELY
Notary Public - State of Florida
My Comm. Expires Jun 11, 2012
Commission # DD 796869

**APPROVED** this 1st day of December, 2011.

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

**Counsel for Petitioner:**
**Trevor Suter**
Assistant General Counsel
FBN: 0017617
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, BIN #C-65
Tallahassee, Florida 32399-3265

TS/tlr

Final Order No. DOH-12-0181-S-MQA
FILED DATE - FEB 13 2012
Department of Health

STATE OF FLORIDA
BOARD OF NURSING

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2011-10613
License No.: RN 9268827

MELISSA MACOY HEEMSATH,

Respondent.
_____/

FINAL ORDER

THIS CAUSE came before the BOARD OF NURSING (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on February 3, 2012, in Ft. Lauderdale, Florida, for the purpose of considering a settlement agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the settlement agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises, it is hereby

ORDERED AND ADJUDGED that the settlement agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference. The costs are $1,911.37. Accordingly, the parties shall adhere to and abide by all the terms and conditions of the settlement agreement.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 10th day of Feb, 2012.

BOARD OF NURSING

JOE R. BAKER, JR.
Executive Director for
Jessie Colin, RN, PhD
Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to MELISSA MACOY HEEMSATH, 258 Pine Street, Atlantic Beach, FL 32233 and Intervention Project for Nurses, P.O. Box 49130, Intervention Project for Nurses, Jacksonville FL 32240; and by interoffice delivery to Lee Ann Gustafson, Senior Assistant Attorney General, Department of Legal Affairs, PL-01 The Capitol, Tallahassee FL 32399-1050, Jodi-Ann Johnson, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265 this 13th day of Feb., 2012.

Deputy Agency Clerk



7011 1570 0001 2422 3503

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| June 21, 2011 | July 27, 2011 | Florida | Jacksonville | Duval |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2011-10613 | State of Florida Department of Health |

| Reason/Charge |
|---|
| Possession of a Controlled Substance |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| FL Department of Health vs. Melissa Heemsath | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

As stated in explanations provided for questions two and three, The Florida Department of Health issued discipline against Registered Nurse license #9268827. On Thursday, December 5, 2019, I presented to the FL Board of Nursing Licensure Hearing. As a result of the testimony I provided, the State of Florida Board of Nursing voted to vacate the Notice of Intent to Deny. The Board voted to approve me for a Florida single state Registered Nurse license following completion of a Board approved remedial course. Following completion of all Board requirements for licensure, The Florida Department of Health issued me license number RN9551751 on December 10, 2020. This license is currently Null and Void, as I have moved out of state and do not currently plan to apply to activate the RN license in Florida. Registered Nurse license number 95287966 in the State of California is currently in the process of renewal. Registered Nurse license number 863933 in the State of Nevada was issued on July 13, 2023 and is active. Advanced Practice license APRN-CNP 863933 in the State of Nevada was issued on May 3, 2024, is active with prescribing privileges and no discipline.

Please see documents provided:
-Florida Department of Health License #RN9268827 printed details
-Florida Department of Health Notice of Hearing
-The Florida Board of Nursing December 2019 Meeting Minutes
-State of Florida Board of Nursing Order Vacating Notice of Intent to Deny and Application Approval with Contingency
-Florida Department of Health License #RN9551751 printed details
-California Board of Nursing RN license renewal application for License #95287966 printed details
-Nevada State Board of Nursing License verification printed details for license #RN863933 and APRN-CNP 863933

[redacted]

Original Signature (electronic, copies or stamps not accepted)

1/29/2025

Date

Department of Health

MELISSA M HEEMSATH

License Number: RN9268827

*Data As Of 1/29/2025*

| | |
|---|---|
| Profession | Registered Nurse |
| License | RN9268827 |
| License Status | NULL AND VOID/ |
| License Expiration Date | 4/30/2013 |
| License Original Issue Date | 09/27/2007 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Discipline on File | Yes |
| Public Complaint | Yes |

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases



### Public Complaints



If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

NOTICE OF HEARING

November 15, 2019
File # 1701/651280

To: MELISSA HEEMSATH
[redacted]

YOU ARE HEREBY NOTIFIED THAT THE BOARD OF NURSING WILL CONSIDER YOUR APPEAL AT THE FOLLOWING MEETING:

Date: Thursday, December 5, 2019

Time: 1:30 pm or thereafter

Type: Licensure Informal Hearing

Re: MELISSA HEEMSATH; 1701/651280

Place: **Mission Inn Resort**
10400 FL-48
Howey-In-The-Hills, FL 34737
(352) 324-3101

**Respondents have the opportunity to address the Board but attendance is not mandatory unless otherwise indicated.** If you plan to attend, please arrive approximately 15 minutes early to sign-in prior to the beginning of the meeting. Please note that you may be allowed up to 10 minutes to address the Board.

After the conclusion of the meeting, the Board will file an order stating the facts of the case and the outcome voted on by the Board. A copy of the order will be sent to the respondent, typically within 30 days of the board meeting. Following the meeting you may view the meeting minutes at: http://floridasnursing.gov.

Do not send additional materials to the Board office at this time. Additional material will not be considered at the Board meeting, except at the discretion of the Board Chair.

Requests for continuance must be received in the Board Office at least 7 days in advance of the meeting and are subject to approval by the Board Chair or designee. Any request due to a medical condition must be accompanied by a statement from a Physician or Advanced Practice Registered Nurse. Requests for continuances can be mailed to the board office, faxed to (850) 617-6460 or emailed to MQA.Nursing@flhealth.gov. Please include your full name and contact information.

For questions regarding meeting location directions, contact the hotel at the number listed above under "Place."

If you have any further questions regarding the upcoming board meeting, please contact Shawntrell Ash at (850) 245-4155 or Shawntrell.Ash@flhealth.gov.

The Florida

# Board of Nursing

# December 2019 Meeting Minutes

**December 5-6, 2019**
Mission Inn Resort
10400 FL-48
Howey-In-The-Hills

**Kathryn Whitson, MSN, RN**
**Chair**

**Diana Forst, BA, RN**
**Vice Chair**

**Joe Baker, Jr.**
**Executive Director**

**Florida Board of Nursing Meeting Draft**
**Agenda December 5-6, 2019**
**Howey-In-The-Hills**

**Participants in these public meetings should be aware that these proceedings are being recorded and that an audio file of the meetings will be posted to the board's website.**

**Board Members:**

Kathryn L. Whitson, MSN, RN– Chair
Diana Forst BA, RN – Vice Chair
Jody Bryant Newman, EdD, EdS Consumer
Deborah McKeen, CD-LPN, BS
Lori Desmond, MSN, RN, NE-BC
Derrick C. Glymph, DNAP, CRNA, APRN, COL, AN, USAR
Lisa Renee Johnson, MSN/Ed, RN, LPN
Heather Baumwald, Consumer
Francine Paschall, MBA, DNP, RN, CENP
Mary Julie Talmadge, DNP, APRN
Vacant, LPN
Vacant, Consumer
Vacant, Educator

**Attorneys:**

Deborah Loucks, Senior Assistant Attorney General
John Fricke, Assistant Attorney General
Matthew Witters, Chief Legal Counsel
Ann Prescott, Assistant General Counsel
Judson Searcy, Assistant General Counsel

**Board Staff:**

Joe Baker, Jr., Executive Director
Melissa Passett, Program Operations Administrator
Nicole Benson, Program Operations Administrator
Sherri Sutton-Johnson, MSN, RN, Director of Nursing Education
Shawntrell Ash, Regulatory Supervisor
Zoë McCook, Regulatory Specialist III

4. Heemsath, Melissa M; 1701/651280- Present and sworn in. A motion was made by Desmond to vacate the prior Notice of Intent to Deny. Motion passed with Newman in opposition. A motion was made by Desmond to approve for a Single State License with and a remedial. Motion passed with Newman in opposition.

5. Soto, Marilyn; 1701/622490- Present and sworn in. Applicant verbally requested to withdraw. A motion was made by Desmond to vacate the prior Notice of Intent to Deny and approve the request to withdraw. Motion passed with Johnson and McKeen in opposition.

**Education Programs**

6. Antigua College International, Inc, BSN, US70502300, 1704/239- Diony Antigua, CEO and attorney Ignacio Alvarez present. A motion was made by Newman to uphold the prior Intent to Terminate. Motion passed unanimously. A motion was made by Newman to direct counsel to not oppose a stay with the District Court of Appeals. Motion passed unanimously.

7. Antigua College International, Inc, ADN, US70706900, 1704/240- Diony Antigua, CEO and attorney Ignacio Alvarez present. A motion was made by Newman to uphold the prior Intent to Terminate. Motion passed unanimously. A motion was made by Newman to direct counsel to not oppose a stay with the District Court of Appeals. Motion passed unanimously.

8. Azure College, ADN, US70701200, 1704/152- Jhonson Napoleon, CEO/President and attorney Mark Murray present. A motion was made by Forst to approve for a continuance to February. Motion passed with Newman in opposition.

9. Concorde Career Institute - Miramar, ADN, US70409900, 1704/84- National Nursing Program Director Dr. Marlo Robinson present. A motion was made by Newman to uphold the prior Intent to Terminate. Motion passed unanimously.

10. Emiraza College, ADN, US70702900, 1704/173- Attorney Bob Harris present. A motion was made by Newman to uphold the prior Intent to Terminate. Motion passed unanimously. A motion was made by Newman to direct counsel to not oppose a stay with the District Court of Appeals. Motion passed unanimously.

11. Hope College of Arts & Sciences, ADN, US70700200, 1704/144- Dr. Chantal Desir, Owner/President and Dana Fuller present. A motion was made by Newman to uphold the prior Intent to Terminate. Motion passed unanimously. A motion was made by Newman to direct counsel to not oppose a stay with the District Court of Appeals. Motion passed unanimously.

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Amanda Morales*
DATE: DEC 2 6 2019

STATE OF FLORIDA
BOARD OF NURSING

IN RE: THE APPLICATION FOR
MULTISTATE REGISTERED NURSE
BY ENDORSEMENT OF:

**MELISSA M. HEEMSATH**
1701/651280
_____/

**ORDER VACATING NOTICE OF INTENT TO DENY AND APPLICATION APPROVAL WITH CONTINGENCY**

THIS MATTER came before the Board of Nursing (Board) at a duly noticed public meeting on December 5, 2019, in Howey-in-the-Hills, Florida, upon the Applicant's timely request for hearing in accordance with §120.57(2), Florida Statutes, concerning the above-referenced application. The reasons for denial are set forth in the Notice of Intent to Deny attached hereto as Exhibit A. The Applicant was present. The Board was represented by Deborah Bartholow Loucks, Senior Assistant Attorney General.

**FINDINGS OF FACT**

The allegations of fact set forth in the Notice of Intent to Deny filed on September 4, 2019, are approved, adopted, and incorporated herein by reference as the findings of fact of the Board. There is competent, substantial evidence to support the Board's findings and conclusions.

**CONCLUSIONS OF LAW**

The conclusions of law alleged and set forth in the Notice of Intent to Deny filed on September 4, 2019, are approved, adopted, and incorporated herein by reference as the conclusions of law of the Board.

Based on the testimony provided by the Applicant, the Board voted to vacate the Notice of

Intent to Deny.

Ms. Heemsath stated that she has not practiced as a nurse within the past 5 years. Rule 64B9-3.008(4), Florida Administrative Code, provides that an applicant who has not been in the active practice of nursing within the past 5 years is required to take a remedial course prior to licensure.

The Board voted to approve Ms. Heemsath for a Florida single state Registered Nurse license which will issue once she documents successful completion of a Board approved remedial course. The remedial course must be completed within 12 months of this Final Order.

Therefore, it is **ORDERED** that the Notice of Intent to Deny filed on September 4, 2019, is hereby vacated. The Applicant shall be issued a Florida single state registered nurse license once she has documented completion of a board approved remedial course.

This Order shall become effective upon filing with the Clerk of the Department of Health.

**DONE AND ORDERED** this 20th day of Dec, 2019.

BOARD OF NURSING

Joe R. Baker, Jr., Executive Director
*for* Kathryn L. Whitson, MSN. RN., Chair

## NOTICE OF RIGHT TO JUDICIAL REVIEW

**A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF THE FILING DATE OF THE ORDER TO BE REVIEWED.**

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified Mail** to: **Melissa Heemsath,** [redacted] and by electronic mail to: **Deborah B. Loucks,** Senior Assistant Attorney General, [redacted] on December 26, 2019.

Deputy Agency Clerk

Certified Article Number

9414-7266-9904-2140 1233-92

SENDER'S RECORD

Melissa Heemsath

[redacted]

Department of Health

MELISSA M HEEMSATH

## License Number: RN9551751

*Data As Of 1/29/2025*

| | |
|---|---|
| Profession | Registered Nurse |
| License | RN9551751 |
| License Status | NULL AND VOID/ |
| Qualifications | Single-state License |
| License Expiration Date | 7/31/2022 |
| License Original Issue Date | 12/10/2020 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

No Discipline Found

### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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# Application Summary



| | |
|---|---|
| License Type: | **Registered Nurse** |
| License Number: | **95287966** |
| File Number: | **2322369** |
| Application: | **Registered Nurse Renewal Application** |
| Application Number: | **17962364** |
| Application Date: | **01/19/2025 (mm/dd/yyyy)** |

## Application Questions

| | |
|---|---|
| Since you last renewed your license, have you had a license disciplined by a government agency or other disciplinary body; or have you been convicted of any crime in any state, the USA and its territories, military court or other country? http://www.rn.ca.gov/enforcement/convictions.shtml | **No** |
| Have you served or are you currently serving in the military? | **No** |
| Would you be interested in serving as an Expert Practice Consultant for the Board of Registered Nursing? For information regarding the requirements for becoming an Expert Practice Consultant, please visit: http://www.rn.ca.gov/enforcement/expwit.sht | **No** |
| Would you be interested in serving as a Nurse Support Group Facilitator for the Board of Registered Nursing? For information regarding the requirements for becoming a Nurse Support Group Facilitator, please visit: rn.ca.gov/intervention | **No** |
| Would you be interested in serving as an Intervention Evaluation Committee Member for the Board of Registered Nursing? For information regarding the requirements for becoming an Intervention Evaluation Committee Member, please visit: rn.ca.gov/intervention | **No** |
| Would you be interested in serving as a Continuing Education Course Content Evaluator? | **No** |

## Personal Detail

| | |
|---|---|
| First Name: | **Melissa** |

| | |
|---|---|
| Middle Name: | **Macey** |
| Last Name: | **Heemsath** |
| Birthdate: | ****/**/****** |
| Gender: | **Female** |

## Addresses

**License Related Addresses**
**Address of Record**

| | |
|---|---|
| Warning: | **In order to protect your privacy and identity, address will not be displayed.** |
| Other Licenses to be Updated | **Temporary Registered Nurse License License # 4715132 File # 10026884** |

## CE Information 1

| | |
|---|---|
| Course Name | **Epidemiology of HIV** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1** |

## CE Information 2

| | |
|---|---|
| Course Name | **HIV Screening Recommendations** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1** |

## CE Information 3

| | |
|---|---|
| Course Name | **HIV Diagnostic Testing** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1.5** |

## CE Information 4

| | |
|---|---|
| Course Name | **Acute and Recent HIV Infection** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1** |

## CE Information 5

| | |
|---|---|
| Course Name | **Linkage to HIV Care** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1** |

**CE Information 6**

| | |
|---|---|
| Course Name | **Antiretroviral Meds and Initial Therapy** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1.5** |

**CE Information 7**

| | |
|---|---|
| Course Name | **Adverse Effects of Antiretroviral Meds** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1.5** |

**CE Information 8**

| | |
|---|---|
| Course Name | **Drug Interactions w/ Antiretroviral Meds** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1.5** |

**CE Information 9**

| | |
|---|---|
| Course Name | **Switching or Simplifying Antiretrovirals** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **1.5** |

**CE Information 10**

| | |
|---|---|
| Course Name | **Eval and Management of Virologic Failure** |
| Date of Completion | **01/20/2023 (mm/dd/yyyy)** |
| Provider Name | **Continuing Nursing Education** |
| Provider Number | **7218** |
| Number of Hours | **2** |

| CE Information 11 | |
|---|---|
| Course Name | **Health, Epidemiology & Stats** |
| Date of Completion | **07/26/2022 (mm/dd/yyyy)** |
| Provider Name | **Chamberlain College of Nursing** |
| Provider Number | **NR 503** |
| Number of Hours | **15** |

| CE Information 12 | |
|---|---|
| Course Name | **Advanced Pathophysiology** |
| Date of Completion | **12/22/2022 (mm/dd/yyyy)** |
| Provider Name | **Chamberlain College of Nursing** |
| Provider Number | **NR 507** |
| Number of Hours | **15** |

| CE Information 13 | |
|---|---|
| Course Name | **Advanced Pharmacology** |
| Date of Completion | **12/22/2022 (mm/dd/yyyy)** |
| Provider Name | **Chamberlain College of Nursing** |
| Provider Number | **NR 565** |
| Number of Hours | **15** |

| CE Information 14 | |
|---|---|
| Course Name | **Recognizing & Mitigating Implicit Bias** |
| Date of Completion | **04/02/2023 (mm/dd/yyyy)** |
| Provider Name | **Elite Learning Colibri Healthcare** |
| Provider Number | **50-4007** |
| Number of Hours | **2** |

| Renewal Questions | |
|---|---|
| 1) Please select Active or Inactive. If your RN license is inactive or renewed to inactive you cannot practice as a registered nurse. | **Active** |
| 2) Registered Nurses licensed in California are required to submit fingerprints to the BRN. Please acknowledge this requirement by initialing to the right. | **MMH** |
| Are you renewing your RN license for the first time? | **Yes** |
| Did you complete the one hour Implicit Bias CEU course required for first time renewals? | **Yes** |

**Conviction Questions**

| | |
|---|---|
| Since your last renewal have you been convicted of any crime in any state, U.S. Territory, military court, or other country? | **No** |

**Discipline Questions**

| | |
|---|---|
| Since your last renewal have you had any professional license you hold disciplined by a governmental agency or other disciplinary body? | **No** |

**Attachments**

**Fees**

| | |
|---|---|
| DuetoRNEducationFund | **$10.00** |
| BIRwIRN | **$180.00** |
| DelRwFeeRN | **$90.00** |
| Total Amount Due: | **$280.00** |

Applications are not considered submitted for processing until payment is received.

**Attestation**

I declare under penalty of perjury under the laws of the State of California that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.

Signature: [redacted] Date: 1/19/2025

Nevada State Board of
NURSING
Primary Source License Verification

# ViewReportHeaderTitle

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Primary Source Board of Nursing Report Summary for

## MELISSA MACEY HEEMSATH [NCSBN ID: 20998367]

Thursday, January 30 2025 04:48:11 PM

***The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only***

***Active–*** *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

***Active Prescribing–*** *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

***Active Prescribing – CII –*** *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

***Active Prescribing-CII-COLL –*** *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

***Active Prescribing -D–*** *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

***Active Prescribing – CII – D*** *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

***Active Prescribing-CII-COLL –D*** *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

*APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.*

*If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.*

***Details related to License / Certificate Status can be found at the bottom of this page.***

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| HEEMSATH, MELISSA MACEY | RN | 863933 | Inactive | 01/23/2023 | 07/13/2023 | NO |

**Primary Source Board of Nursing Messages & Notifications**

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| HEEMSATH, MELISSA MACEY | RN | 863933 | Active | 07/13/2023 | 05/20/2025 | NO |

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| HEEMSATH, MELISSA MACEY | APRN-CNP | 863933 | Active - Prescribing | 05/03/2024 | 05/20/2025 | NO |

**Advanced Practice license/recognition information**

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 05/20/2025
  - Original Issuance Date: 05/03/2024
  - Current Issue Date: 05/03/2024
  - Certification expiration date: 03/12/2029

**License type information**

**Melissa Heemsath, APRN FNP-C**

[redacted]

**February 14, 2025**

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste 206
Reno, NV 89521

Dear Members of the Nevada State Board of Pharmacy,

I would like to begin by expressing my sincere gratitude for the opportunity to appear before you to discuss the details of my APRN application to prescribe. I truly appreciate the time and consideration you have given to my application and the chance to present any additional information you may require facilitating your decision-making process.

I would like to provide some background regarding my personal experience with mental health treatment, as it may offer insight into my perspective on prescribing and patient care. I have experienced symptoms of depression since December 2009, and these symptoms progressively worsened over time. During this period, I was physically and emotionally exhausted, working in a very hostile and abusive work environment. Additionally, I was attending graduate school and planning my upcoming wedding. On top of these stressors, I had also experienced significant personal and family losses, including the death of my 14-year-old dog and a pregnancy loss, which resulted in a complicated grief reaction.

I sought treatment from my primary care physician, and I was prescribed Effexor. Dosing was adjusted up to 225 mg daily, but I did not experience significant improvement. On June 1, 2011, my PCP added Abilify 2 mg daily to my regimen to augment therapy for treatment-resistant depression. However, within one week of starting Abilify, I experienced suicidal ideation. Approximately 10 days after starting Abilify, I overdosed on Effexor, although I am unsure of the exact quantity. After taking the medication, I fell asleep and later woke up hours afterward. I informed my fiancé about the suicide attempt and asked him not to notify anyone due to fear. Suicidal ideation persisted and on June 20, 2011, I diverted Fentanyl from the Cardiac Catheterization lab I worked in, as this was the sedation medication utilized in this unit. I injected the medication, though I am unsure of the exact quantity.

On June 21, 2011, the Jacksonville Sheriff's Office was contacted by a Mayo Clinic Security Officer, regarding the diversion of the controlled substance, Fentanyl. During the investigation, it was revealed that over twenty 100mcg/2mL vials of Fentanyl had been diverted from the Pyxis machine at my workplace. I presented to my workplace after speaking with my Nurse Manager and asking for help. On the same day, Detective Quintero and I met for an interview at Mayo. I was advised of my rights, and I chose to speak with them.

I admitted to diverting numerous vials the previous day from work. I explained that while I didn't believe I had an addiction to Fentanyl, I committed this act due to my mental state. I also shared that I had attempted to take my own life the previous night, but my fiancé had intervened and prevented me from following through. I fully cooperated with the investigation and was subsequently charged with traffic in opium or derivative 4 grams to under 30 kilograms, as charges are based on weight.

I was arrested and I spent four days in jail under suicide precautions before being released. On June 30, 2011, I presented voluntarily to Wekiva Springs Behavioral Health facility in Jacksonville, FL for assessment. I entered their Partial Hospitalization Program with an admitting diagnosis of Major Depressive Disorder recurrent/severe without psychosis. I attended this program for 30 days, five days a week for six hours daily (0900-1530). During this time, I was treated by psychiatrist [redacted] with a new regimen of anti-depressant medication, in addition to a variety of therapy modalities. Upon successfully completing this program and discharge, I continued outpatient psychiatric treatment with Dr. [redacted] and began outpatient therapy with [redacted] LMHC, MAC in Jacksonville, FL.

After further review and consideration of my case, both the Mayo Clinic and the Jacksonville Sheriff's Office agreed to reduce the charges to one count of possession of a controlled substance. On July 27, 2011, I entered a plea of guilty, with adjudication of guilt withheld, to one count of possession of a controlled substance. As part of the agreement, I was placed on community control for three months, followed by 15 months of probation where I was closely monitored by [redacted] Senior Officer with the Florida Department of Corrections. During this period, I submitted to random urinalysis testing for the detection of alcohol or illegal drugs, all of which returned negative results. Additionally, I was court-ordered to attend drug and alcohol treatment at North/South Florida Human Services in Jacksonville, Florida. I successfully completed the required 16-week treatment program, as mandated by the court.

As a result of the criminal charge I reported to the Florida Board of Nursing, my Registered Nurse license #9268827 was suspended. A final order was issued directing me to enter the Intervention Project for Nurses (IPN). The order stated that the suspension of my Registered Nurse (RN) license would be stayed as long as I remained in the program. Upon contacting IPN, I was informed by [redacted] BA, CMHP, Case Manager assigned to my file, that current legislation would prevent the renewal of my nursing license once it expired on April 30, 2013, for a period of 15 years following the completion of my probation. On October 11, 2011, I received a notice of intent to deny the renewal of my nursing license from the Florida Board of Nursing, Department of Health. Given this information, we concluded that it would be futile for me to enter the IPN program, as I would be removed once my license expired and would no longer be eligible for IPN participation.

Considering that I was under the care of a psychiatrist, actively engaged in therapy, and being closely monitored by probation, I made the decision to forgo participation in the IPN program, as it would have been a short-term involvement given the inevitable expiration and non-renewal of my RN license.

In 2012, the Florida Department of Corrections introduced a program called Independent Reporting Status. I was placed into this program after fulfilling all special conditions related to my probation. Under Independent Reporting Status, I no longer had to report in person to the office; instead, I was required to call monthly and submit my reports via mail. Throughout this time, I adhered to all instructions and requirements of the program.

After successfully completing all obligations, I formally requested early termination of my probation. This request was submitted to Circuit Court Judge Adrian Soud, who granted my petition. As a result, I was released from supervision on January 26, 2013, and my probation with the Florida Department of Corrections was officially terminated.

I would like to provide further context regarding my progress and personal growth, as outlined in a letter of reference in 2017 from [redacted] Senior Officer with the Florida Department of Corrections. In her letter, Officer [redacted] stated that throughout her career, she has worked with many probationers, but few individuals stand out in such a way that they are remembered. She described me as one of those individuals, noting that, in her opinion, I did not use my past mistakes as an excuse. Instead, I took responsibility for my actions and understood the importance of moving forward in life.

Officer [redacted] further described my character as ambitious, fair-minded, and honest. She also mentioned that while probation often resembles a revolving door where officers see the same individuals return year after year, I had been off probation for four years and had continued to make positive strides in my life. She commended my ability to confront obstacles directly, maintain a positive outlook, and not allow my past to define my future. In conclusion, Officer [redacted] stated that I had proven to her that I had learned valuable lessons from my experiences and that I deserved the opportunity to be given another chance in my career as a Registered Nurse.

On October 4, 2017, my petition to seal records concerning the arrest on June 21, 2011, was granted. This decision allowed for the sealing of the associated records, further contributing to my efforts to move forward from this past event.

In addition, my request for reinstatement of eligibility to participate as a provider of services covered by Medicare programs was approved. The reinstatement became effective on November 8, 2018. As a result, my name was removed from the list of Excluded Individuals/Entities, and I was granted the right to participate in federal healthcare programs by the Department of Health and Human Services, Office of Inspector General.

In 2019, I applied for a nursing license with the Florida Department of Health Board of Nursing, after legislation changed, allowing me to apply for licensure five years after the completion of my probation, rather than the 15-year waiting period that had previously been required following a guilty plea for possession of a controlled substance.

The Florida Board of Nursing reviewed my application and determined that I had not fully complied with the terms of a prior board order, including entering into an Intervention Project for Nurses (IPN) advocacy contract. As a result, the Board issued a notice of intent to deny my

application. I did not dispute any material facts contained in the notice and requested a hearing before the Board pursuant to Section 120.57(2), Florida Statutes.

I was granted the opportunity to appear before the Florida Board of Nursing at a public meeting on December 5, 2019. Based on my testimony, the Board voted to vacate the notice of intent to deny and subsequently approved the issuance of a Florida single-state RN license, contingent upon my successful completion of a Board-approved remedial course. Following the approval, I successfully completed the required remedial course through the University of Delaware and submitted the documentation of completion to the Florida Board of Nursing.

On December 10, 2020, I was issued Registered Nurse license #9551751 by the Florida Department of Health. At that time, my previous RN license #9268827 became null and void. Since its issuance, my RN license #9551751 remained with no emergency actions, disciplinary cases, or public complaints on file.

In early 2021, I began working as a Registered Nurse in the Progressive Care Unit at Baptist Medical Center in Jacksonville, Florida. Also in 2021, I was accepted into Chamberlain College of Nursing's Master of Science in Nursing program, with a concentration in Family Nurse Practitioner.

Later that year, my partner, a physician, accepted a fellowship position at the University of California, Irvine, which began in the fall of 2021. My partner and I moved together to Huntington Beach, CA for this opportunity. On June 15, 2022, the California Board of Nursing granted me Registered Nurse license #95287966. I am pleased to report that there have been no court orders, public reprimands, auto disclosures, or disciplinary actions taken against this license.

I continued my studies after relocating to California, where I worked as a full-time Registered Nurse in the Medical and Surgical Intensive Care Unit in Orange County. During this time, I also began my Family Nurse Practitioner practicum experiences in Long Beach, California. Following the completion of my partner's fellowship program, he accepted a job opportunity in Northern Nevada, prompting our move to the area.

On July 13, 2023, the Nevada State Board of Nursing issued me Registered Nurse license #863933. I continued my MSN- FNP program with Chamberlain University and completed my clinical practicum experiences in Nevada. I successfully graduated with my Master of Science in Nursing, specializing in Family Nurse Practitioner, on March 2, 2024. Shortly thereafter, on March 13, 2024, I obtained certification as a Family Nurse Practitioner by the American Academy of Nurse Practitioners Certification Board, with certification number F03240408. On May 3, 2024, the Nevada Board of Nursing issued me APRN – CNP license number 863933 population focus of family across the lifespan with active prescribing privileges. Once again, I am proud to report that there have been no court orders, public reprimands, auto disclosures, or disciplinary actions taken against either of these Nevada licenses. These milestones reflect my continued dedication to advancing my nursing career and expanding my qualifications in the healthcare field.

I am presenting before you today to not only provide details regarding my professional and personal progress, but also to emphasize my continued efforts and commitment to maintaining my mental health and well-being.

Following treatment under Dr. [redacted], I have been under the care of psychiatrist Dr. [redacted] MD, and am currently receiving treatment from Dr. [redacted] MD, at Renown Behavioral Health. I see Dr. [redacted] on a regular basis every three months and have been deemed to be properly medically managed on an antidepressant medication regimen.

In addition to psychiatric care, I have been actively engaged in EMDR trauma therapy and cognitive behavioral therapy to address the emotional and psychological challenges I have faced. I am also currently working with a licensed clinical social worker through Renown Behavioral Health to further support my mental health treatment and progress.

I am fully committed to prioritizing my mental health and continue to take the necessary steps to ensure I remain on a path of wellness and stability through a variety of techniques and practices. To manage anxiety and stress, I utilize meditation, engage in excursions in nature, and incorporate pet therapy into my routine. These practices, along with a strong support system from my home, extended family, friends, and community, play a crucial role in my overall health and resilience. My spiritual belief system is also invaluable to me, and I consistently engage in communication with a higher power, which serves as a source of guidance and strength.

Additionally, I am in the process of creating a digital tool designed to assist both nursing students and professional nurses in processing difficult emotions. This tool specifically addresses stressors such as long work hours, burnout, and compassion fatigue, providing support to individuals in the healthcare field as they navigate the emotional challenges of their profession. I am dedicated to my personal well-being and to contributing meaningfully to the mental health and emotional support of those in the nursing community.

I have developed an ongoing plan to ensure I remain on a path of wellness and avoid any recurrence of past mistakes. Part of this plan includes proactively reaching out to my therapist and psychiatrist if I notice any decline in my mental or emotional status. By contacting them early in the change of my status, I can ensure that appropriate support is provided in a timely manner. Additionally, I remain open and honest and engaged with my partner at home, my family, and my invested, supportive friend group. This plan reflects my continued commitment to maintaining my health and well-being, and I am dedicated to taking the necessary steps to ensure that I remain on track.

My professional nursing plans and goals are detailed as follows. I have accepted a Nurse Practitioner position at Saint Mary's Urgent Care facilities in Reno, NV. An employment contract has been signed, however, due to a nondisclosure agreement with Saint Mary's, I am unable to provide a copy of the contract at this time.

My National Provider Identifier (NPI) number is 1295546034, and I have successfully registered with the Prescription Drug Monitoring Program as required. I have also submitted my application to the Nevada Board of Pharmacy to prescribe medications and controlled substances

in Schedules III-V. Currently, the credentialing team at Saint Mary's is actively working to finalize my collaborating physician agreement. Once this agreement is in place, I intend to submit a request to the Nevada Board of Nursing to expand my prescribing privileges to include controlled substances in Schedule II.

Upon approval of this change by the Nevada Board of Nursing, I will submit an amendment to the Nevada Board of Pharmacy to include Schedule II controlled substances on my license. Additionally, I will apply for registration with the Drug Enforcement Administration (DEA) at that time.

I am fully committed to adhering to all laws, bylaws, restrictions, prescribing recommendations, and best practices in safe prescription medication management as outlined by the Nevada Board of Pharmacy and the DEA.

I have included detailed documentation to support all information in this personal statement in order of how it appears above.

Thank you for taking the time to review and understand the details of this personal statement as it relates to my application to prescribe as an Advanced Practice Registered Nurse in the state of Nevada.

Sincerely,

[redacted]

Melissa M. Heemsath

| First Appearance: | Continued: | Continued: | Continued: | Continued: |
|---|---|---|---|---|
| Continued: | Continued: | Continued: | Continued: | Continued: |

**Arrest And Booking Report**
**Jacksonville Sheriff's Office**
**Jacksonville Florida**

**ADULT**

| | | |
|---|---|---|
| Yr: 2011 Inc #494061 | | Amend # |
| Prev Juv Jail # | | |
| Jail #: 2011020707 | 6/21/2011 20:47 | File Direct: YES |
| JSO ID #744883 | | Court: Circuit |
| SSN | | OBTS #1603054976 |

*Arresting Agency:* Jacksonville Sheriff's Office
*Day/Date/Time Arrested:* Tuesday 6/21/2011 19:00

*Route To:*

Received
[illegible]
[illegible]
Jacksonville Is

*Name:* HEEMSATH, MELISSA MACEY
*Aliases:*
*Nickname(s):*
*Arrestee's Home Address:* [redacted] *Apt./Lot #:* *Sub-Sector:*
*City:* ATLANTIC BEACH *State:* FLORIDA *Zip:* 32233
*Tax:* *Crossstreet:* *OC deployed prior to/during Arrest:* NO
*Race:* WHITE *Ethnicity:* NOT OF HISPANIC ORIGIN
*Sex:* [redacted] *DOB:* [redacted] *Age:* [redacted] *Color:* BROWN
*Hair Color:* BROWN *Complexion:* FAIR / LIGHT [redacted]
*ECD Usage:* NOT APPLICABLE
*Arrestee Confessed?* YES *Miranda Rights Given?* YES *Suspect Invoke Miranda?* NO *Arrestee needs ADA Consideration?* NO
*Disability or Special Consideration:*
*Accommodations Requested:*
*Driver's License:* [redacted] *State:* FLORIDA *Subject's Resident Type:* CITY
*Hm Phone #* *Bus. Phone #* *Phone Ext.*
*Cell Phone #:* [redacted]
*Is Vagrant?* NO *Arrest Made On:* OV
*Subject's Residence Status:* RESIDENT *Armed With:* NOT APPLICABLE (NONE)
*Distinguishing Marks:*
*Employer:* *Place of Birth:* stuart martin FLORIDA
*School Last Attended:* JU *US Citizen:* YES

*Domestic Violence Involved:* NO *Children under 18 Present:* *If No is it Domestic Related:* NO

*Day/Date/Time of Incident-From:* Tuesday 6/21/2011 00:00 *Day/Date/Time of Incident-To:* Tuesday 6/21/2011 00:00
*Incident Address:* [redacted] *Apt./Lot #:* *Sub-Sector:* H1
*City:* JACKSONVILLE *State:* FLORIDA *Zip:* 32224
*Tax:* 653 *Crossstreet:*
*Offense Location Type:* Drug Store/Hospital *Interviewed by:* L.L. HALL ABRAMOWITZ *Interviewer ID:* 5120
*Where Arrested:* [redacted] *Apt./Lot #:* *Sub-Sector:* H1
*City:* JACKSONVILLE *State:* FLORIDA *Zip:* 32224
*Tax:* 653 *Crossstreet:*
*Involved in Traffic Accident:* NO *Injuries from Accident:* *Is Incident Gang Related:* NO *Is Arrestee a Gang member?* NO

***Statute or Ordinance Number(s):* #1**
*Statute No:* 893.135(1)(C)(1) *Degree:* F1 *UCR Code:* 350A *Attempt Code:* Commit 6/21/2011-19:53
TRAFFIC IN OPIUM OR DERIVATIVE - 4 GRAMS TO UNDER 30 KILOGRAMS

| | | |
|---|---|---|
| *Citation #* | *SA#* | *Warrant Type:* Not Applicable |
| *Jso Control #* | *Warrant/Case #* | *No. of Counts:* |

*Jurisdiction:* *CT. Location/Div.:*
*Purge/Bond Type:* Bond *Bond Amount:* *Date of Issue:* *Date of Return:* *Judge:*
*Disposition:* *Disposition Date:*

## Blanket Bond:

*VOP/FTA ONLY*

Original Statute No: Degree: UCR Code: Attempt Code: Commit
Description:

*ADDITIONAL INFORMATION* 1 Reporting Officer: L.L.HALL 5120
On 06/21/11 I was contacted by Mayo Security Officer, [redacted] in reference to the suspect diverting the controlled substance, Fentanyl.
On this same date investigation revealed that there were over 20 vials of Fentanyl that have been diverted from the Pyxis machines.
On this same date Det. [redacted] and I met with the suspect at Mayo and conducted an interview. I advised the suspect her rights and she made the decision to speak with us.
The suspect admitted to diverting numerous vials of Fentanyl yesterday from work.

The suspect said she started taking the waste at first and then decided to start taking it from the vials.
The suspect said she does not think she has an addiction to the Fentanyl she said she believes she was using it because of her mental state.
The suspect stated that she tried to commit suicide last night but her boyfriend kept her from doing it.

The suspect completely cooperated and wrote out a written statement.

Transported By: A.L. SANTIAGO #57885 Arresting Supervisor: K.E.CREAN #5512
Arresting Officer(s) #1: L.L.HALL ABRAMOWITZ #5120 A.L. SANTIAGO #57885
Subject's Last, First, Middle Name: Subject's Race:

State of Florida, County of Duval Arresting / Transporting Officer's Signature:

Subscribed (or affirmed) and subscribed before me this day of , 20 , by

Personally known or Produced Identification Type of Identification produced

Print, Type, or Stamp Commissioned name of Notary Public Signature of Notary - State of Florida Certified Law Enforcement Officer or Corrections Officer

*Investigative Time:*
#1 Hours: 4 Minutes: 0 Cost Amount: $57.84

Drug Activity: TRAFFIC
Alcohol Related: UNKNOWN (OR N/A)
Drug Type: OPIUM/DERIVATIVE
Drug Related: SUSPECT USING DRUGS

*Jail Information (Back Door)*
Jail #: 2011020707
*Date and Time Admitted:* 6/21/2011 20:47
Juvenile Court Clerk #:

*Triage Questions:*
Involved in Traffic Accident: NO Injuries from Accident:
OC deployed prior to/during Arrest: NO Was a Public restraint used on the arrestee? NO
Does the arrestee exhibit any signs of suicidal behavior or attempts? YES Does the arrested have any observa
Has the arrestee shown any escape potential or violence propensity behavior? NO
Is there any other information about the arrestee that jail personnel need to know? YES
If yes, what? TRIED TO COMMIT SUICIDE LAST NIGHT

*Part II of Arrest And Booking Report:*

*Arrestee Personal Information: How Long in Jail*

ADLT [redacted] ARREST REPORT # 2011020707 ADLT

# WEKIVA SPRINGS CENTER, LLC
## Facesheet

| PATIENT ACCOUNT NUMBER | MRSA | VRE | MEDICAL RECORD NUMBER |
|---|---|---|---|
| 7000723 | | | [redacted] |

**PATIENT (Name, Address, Phone)**

HEEMSATH MELISSA
[redacted]
ATLANTIC BEACH FL
32233
[redacted]

| PATIENT SSN | BIRTH DATE | AGE | BIRTH PLACE |
|---|---|---|---|
| [redacted] | [redacted] | [redacted] | |

| OCCUPATION | SEX | RACE | M/S | ED CD | PREV ADM | REL |
|---|---|---|---|---|---|---|
| F | [redacted] | W | S | U | 06/30/11 | U |

| ADMIT DATE & TIME | DISCHARGE DATE & TIME | SERVICE | ROOM / BED NO. |
|---|---|---|---|
| 06/30/11 08:55 | 07/27/11 10:10 | PD1 | / |

**PATIENT EMPLOYER (Name, Address, Phone, Occ.)**

Telephone:

**EMERGENCY CONTACT (Name, Addr., Phone, Rel.)**

Telephone: 000-0000
Relationship:

**REFERRAL SOURCE**

INTERNET

Telephone:

**GUARANTOR (Name, Address, Phone, SSN)**

HEEMSATH MELISSA
[redacted]
FL
32233

Relationship:
Telephone:
Social Security Number: [redacted]

**GUARANTOR EMPLOYER (Name, Address, Phone)**

Telephone:

**FINANCIAL CLASS**

[redacted]

**ATTENDING PHYSICIAN**

16 [redacted]

| ADMISSION STATUS | DISCHARGE STATUS |
|---|---|
| V | 1 |

| PLAN | PAYOR | NAME OF INSURED | POLICY / CONTRACT NUMBER |
|---|---|---|---|
| 4 | MMSI | HEEMSATH MELISSA | HEMMSATH MELISSA |

**ADMITTING DIAGNOSIS**

MDD R/S W/O PSYCH

**SIGNATURE (Parent or Guardian)**

**DIAGNOSES**

| | | ICD-9 CODES |
|---|---|---|
| AXIS I Clinical Syndrome | RECUR DEPR PSYCH-SEVERE | 29633 |
| AXIS II Specific Personality Disorder | | |
| AXIS III Physical Disorder And Conditions | | |
| AXS IV Severity of Psychosocial Stressors | | |
| AXIS V Global Assessment of Functioning | | |

| CURRENT ON DISCHARGE | HIGHEST PAST YEAR | CONDITION ON DISCHARGE |
|---|---|---|
| | | |

**PROGNOSIS**

I certify that the narrative description of the principal and secondary diagnoses are accurate and complete to the best of my knowledge.

Signature of Physician: _____ Date: _____

08/04/11 17:56

# WEKIVA SPRINGS

HEEMSAG MELISSA [redacted]
PAT #: 7000723 #: 16
ADMIT: 06/30/11 MR #: 000010763
HSV: PD1

## INTERDISCIPLINARY TREATMENT PLAN

ABBREVIATED/INITIAL TREATMENT PLAN INTIATED BY: Syna Dettmann DATE: 6/30/11

DATE OF ADMISSION: 6/30/11 PROGRAM: PHP - MH

DIAGNOSES:

AXIS I: MDD R/S 5 psychosis

AXIS II: Deferred

AXIS III: Chronic back & neck

AXIS IV: Severe

AXIS V: 45

| DATE IDENTIFIED | PROBLEM NUMBER | PROBLEM IDENTIFIED NEED | DATE CLOSED | CODE |
|---|---|---|---|---|
| 6/30/11 | 1 | MDD e/s 5 psychosis 7/29/11 | | 1 |
| | | | | |
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1 = Active
2 = Deferred to Next Level of Care
3 = Maintenance Level
4 = Noted but no Action Needed
5 = Other

WS-TX-32 (07/08)

**PATIENT'S ASSETS:**

- ☐ General Fund of Knowledge
- ☒ Average or Above Intelligence
- ☒ Supportive Family/Friends
- ☒ Motivation for Treatment/Growth
- ☐ Capable of Independent Living
- ☐ Work Skills
- ☐ Religious Affiliation
- ☐ Physical Health
- ☐ Active Sense of Humor
- ☐ Ability for Insight
- ☐ Communication Skills
- ☒ Financial Means
- ☐ Special Hobby/Interest
- ☐ Other: _____
- ☐ Other: _____

**PATIENT'S STRESSORS:**

- ☒ Loss of Whom or What: JOB
- ☒ Legal Issue
- ☐ Marital or Family Conflict
- ☐ Financial Difficulties
- ☐ Traumatic Event
- ☐ Educational Concerns
- ☐ Substance Abuse
- ☒ Medication Change/Non-Compliance
- ☒ Occupational Concerns
- ☐ Health Problems
- ☐ Body Image Issues
- ☐ Other: _____
- ☐ Other: _____

**DISCHARGE CRITERIA:**

- ☐ Adequate post-discharge living arrangements.
- ☐ Self-care adequate arrangements made.
- ☒ Improved stabilization in mood, thinking and/or behavior.
- ☐ Withdrawal symptoms are absent or sub-acute and managed without 24 hour nursing intervention.
- ☒ Verbal commitment to aftercare
- ☒ Motivation to continue treatment
- ☒ Other: Rt DCD 7/29/11

Ratine

**PRELIMINARY DISCHARGE PLAN:**

- ☒ Return to previous living arrangement.
- ☐ Placement in alternative living arrangement.
- ☐ Participate in Family Therapy.
- ☐ Return to previous work or school arrangements.
- ☐ Attend Aftercare/Support Group
  - o AA
  - o NA
  - o OA
  - o ANAD
  - o Other _____
- ☐ Attend PHP/IOP/Residential (Circle One)
- ☒ Outpatient Therapy with attending MD, AHP or Mental Health Center (Circle One)
- ☐ Referrals Indicated: _____
- ☐ Other: _____

**ESTIMATED LENGTH OF STAY:** 4-6 wks

**PATIENT INVOLVEMENT**

This master treatment plan has been developed and reviewed with the Patient/Client. The Patient/Client has been given the opportunity to ask questions and make suggestions/changes.

**PARTICIPATING TEAM MEMBERS:**

[redacted] 6/30/11
Patient Date/Time

[redacted] 6/30/11
Nursing Date/Time

Other Date/Time

Other Date/Time

Other Date/Time

8-8-11

[redacted]
Date/Time

[redacted] 6/30/11
Therapist Date/Time

Other Date/Time

Other Date/Time

Other Date/Time

1. Admit to (✓) PHP or ( ) IOP, ( ) Adult ( ) Adolescent ( ) Child under Dr. [illegible] 's service.

2. To Attend 5 Days per week, 6 Hours From 0900 Until 1530

3. Admission Status: (✓) Voluntary

4. Program: (✓) Psychiatric ( ) Chemical Dependency ( ) Dual Diagnoses

5. Known Drug Allergies: NKDA,
Known Drug Intolerances: _____.

6. Height [redacted]ches, Weight [redacted]lbs, B/P _____, Pulse _____.

7. Diet: Regular Dietary Consult Needed _____

8. Family Therapy by: —

9. Individual Therapy by: —

10. ( ) Obtain H&P from Primary Care Physician pt reports to PCP

11. Routine Labs:
(✓) Random Urine Drug Screen: ( ) Once a Week ( ) Twice a Week
( ) _____ ( ) _____ ( ) _____

12. May take own medications during program hours: (state name, route, dose and frequency)
( ) no meds at present.
( ) _____.
( ) _____.
( ) _____.
( ) _____.
( ) _____.
( ) _____.
( ) _____.

TO/VO M[redacted] RN [redacted] Date 6/30/11 Time 3pm

Noted [illegible] 6/30/11 1430

**WEKIVA SPRINGS**
**PARTIAL HOSPITAL SERVICES**
**&**
**INTENSIVE OUTPATIENT SERVICES**

**ADMIT ORDERS**

(Addressograph) [illegible] 8/8/11 [illegible]

[redacted]

#: 16
#: 000010763
HSV: PD1

MR-23 (01/07) WHITE – CHART CANARY – PHARMACY

[redacted] LMHC, MAC

Ja[redacted]

# PSYCHOTHERAPY CONSULT
# INITIAL INTAKE ASSESSMENT

**Melissa Heemsath** **08/02/11**

[redacted]

Patient is a [redacted]/o single (engaged) Caucasian female from Atlantic Beach, FL who is referred by [redacted] MD for consideration of psychotherapy. The patient was interviewed and Dr. [redacted] Psychiatric Evaluation of 7/01/11 was reviewed.

**History of Present Illness**

Pt reports that she has experienced symptoms of depression since December 2009. The pt states that her symptoms worsened over time and she ultimately sought treatment from her PCP. The patient reports that she was treated with Effexor 225 mg daily without significant benefit. On 6/01/11 the pt's PCP added Abilify 2 mg daily. The pt states that she experienced a marked increase in suicidal ideation within one week of initiating Abilify. The pt describes an unshakeable obsession with suicide. The pt states that she spent most of her waking time thinking of ways to commit suicide. Approximately 10 days after starting Abilfy the pt attempted suicide by overdosing with Effexor (unknown quantity). The pt reports that she fell asleep after the overdose. The pt informed her fiancée of the suicide attempt but asked that no one be notified due to fears of losing her RN license. On 6/20/11 the patient diverted Fentanyl from her workplace and injected the medication IV and IM (unknown quantity) in a second suicide attempt. The pt survived the suicide attempt. The pt's employer had her arrested for trafficking a controlled substance. The pt spent 4 days in jail; she was admitted to Wekiva Springs Partial Hospitalization Program following her release.

The pt reports that she was experiencing severe psychosocial stressors prior to the events described above. The pt states she was psychically and emotionally exhausted. She was working in a very hostile and abusive work environment. Additionally, the pt was attending graduate school and was planning her upcoming wedding. The patient had also experienced significant personal and family losses which resulted in a complicated grief reaction.

**Psychosocial History**
Pt states that she is the youngest of three children. The pt's parents never divorced. The patient's family lives in Stuart, FL. The pt describes a somewhat chaotic upbringing due to her [redacted] psychiatric illness (see Family History). Pt lives with her fiancée in Atlantic Beach, FL. The pt is a Registered Nurse and was employed by Mayo Clinic until the events described in the HPI. The pt is now working as a private caregiver. The pt is currently on leave from Jacksonville University. The pt is engaged to be married, but the wedding date has been postponed. The pt states that she has adequate social support from friends, her fiancée, and her family. Pt denies hx of emotional, physical or sexual abuse. The pt has very significant legal, occupational, financial, relationship, and educational stressors at present.

**Medical/Psychiatric History**
Medical history is deferred. Pt reports she has experienced prior episodes of depression. The pt underwent a 2-week psychiatric hospitalization at age 14 for depression and acting out behavior. The patient experienced a depressive episode at age 21 secondary to psychosocial issues. The pt engaged in therapy at age 14 and in 2007. Pt denies involuntary psychiatric hospitalization. The pt denies chemical dependence treatment.

**Family History**
[redacted]

**Behavioral History**
Pt denies illicit drug use, prescription drug abuse, alcohol use, or tobacco use. The pt states that her use of Fentanyl on 6/20/11 was intended to commit suicide. Pt states that she used marijuana in teen years. She denies abuse of other substances.

**Mental Status Examination**
Patient is [redacted] y/o single (engaged) Caucasian female who was casually dressed. Pt was oriented X 4. Patient's overall appearance was congruent with her stated age. Patient related in a cooperative manner. Pt appeared to be a reliable historian. Pt appeared non-defensive in her presentation. Psychomotor activity was normal. Pt's mood appeared mildly dysphoric; affect was mood-congruent. The patient's speech production, rate, tone and volume were normal. Pt's thought process and content appeared normal. Attention span was normal. There was no evidence of an active obsessional process. Pt's cognition appeared intact, but was not formally evaluated. Immediate, recent, and remote memory were intact. Pt appears to possess average intelligence. Pt demonstrated

adequate insight. Judgment seemed adequate at present. Pt denied auditory, visual, or visceral hallucinations and did not appear to be responding to internal stimuli. Pt denied current S/I, H/I.

**Strengths and Weaknesses**

Strengths: Willingness to seek treatment
Appears motivated
Appears insightful and articulate

Weaknesses: Psychosocial stressors

**Barriers to Learning/Obstacles to Treatment**

No barriers to learning or obstacles to treatment were identified.

**Diagnostic Impression**

Axis I F33.2 Major Depressive Disorder
Rule Out Substance-Induced Mood Disorder (r/t Abilify)
Axis II Deferred
Axis III Deferred
Axis IV Severe
Legal, Educational, Occupational, Financial, Relationship Concerns
Axis V GAF = 65-70 (Current)

**Treatment Recommendations**

Cognitive Behavioral Therapy to help patient develop appropriate and adaptive coping strategies. Psychiatric consultation for medication management.

**Discussion**

Pt appears to have experienced recurrent episodes of depression in the context of psychosocial events. Pt describes hypomanic symptoms during most recent episode after initiation of Abilify. Pt denies symptoms of mania/hypomania associated with prior depressive episodes. There was no evidence of active substance use, abuse, or dependence. The pt's current symptoms of depression appear moderate in severity. There is no active psychosis at the time of this assessment. Pt denies current S/I.

[redacted]
MAC
Psychotherapist

**RONNIE FUSSELL**
CLERK OF THE COUNTY COURT
DUVAL COUNTY
ROOM 2136, 501 WEST ADAMS STREET
JACKSONVILLE, FLORIDA 32202-2985

I, RONNIE FUSSELL, CLERK OF THE CIRCUIT AND COUNTY COURTS IN AND FOR DUVAL COUNTY, FLORIDA DO HEREBY CERTIFY THE RECORDS KEPT BY THIS OFFICE INDICATE THAT THE FOLLOWING ENTRIES CONSTITUTE A TRUE AND CORRECT COPY OF THE COURT RECORD AND LITERAL TRANSCRIPT OF THE FELONY DEPARTMENT, JACKSONVILLE, DUVAL COUNTY, FLORIDA.

RONNIE FUSSELL
Clerk of the Circuit Court

DEFENDANT MELISSA M. HEEMSATH

CASE NO. 2011-CF-006993-AXXX-MA

ARREST DATE 06/21/2011

JUDGE ADRIAN G. SOUD

OFFENDER NO. / CITATION NO. 2011-020707

| | COUNT 1 | COUNT | COUNT | COUNT | COUNT |
|---|---|---|---|---|---|
| OFFENSE | POSSESSION OF A CONTROLLED SUBSTANCE | | | | |
| PLEA | GUILTY | | | | |
| ADJUDICATION | WITHHELD | | | | |
| DISPOSITION DATE | 07/27/2011 | | | | |

DISPOSITION

ON 07/27/2011-DEFENDANT PERMITTED TO WITHDRAW PLEA OF NOT GUILTY AND ENTER A PLEA OF GUILTY. ADJUDICATION OF GUILT WITHHELD AND PLACED IN COMMUNITY CONTROL FOR 3 MONTHS, COMMUNITY CONTROL LEVEL 2 FOLLOWED BY 15 MONTHS PROBATION, WITH SPECIAL CONDITIONS: TO SERVE 4AYS IN THE DUVAL COUNTY JAIL WITH 4 DAYS JAIL CREDIT, (SEE PROBATION ORDER FOR ADDITIONAL CONDITIONS)

Court Cost and fees of COURT COST($871.00) REST($15.00 Imposed COURT COST(PD IN FULL) REST($15.00)

WITNESS BY HAND AND SEAL OF OFFICE, AT JACKSONVILLE, DUVAL COUNTY, FLORIDA, THIS 2nd DAY OF May 2011

RONNIE FUSSELL
CLERK OF THE CIRCUIT AND COUNTY COURTS
BY _____ DEPUTY CLERK

STATE OF FLORIDA

IN THE FOURTH JUDICIAL CIRCUIT COURT, IN AND FOR **DUVAL** COUNTY

-VS-

CASE NUMBER **16-2011-CF-006993-AXXX-MA**

**HEEMSATH, MELISSA MACEY**
Defendant

DC NUMBER **J45228 / DIV - C**

Local Jurisdiction Identification Number: _____

## ORDER OF COMMUNITY CONTROL LEVEL II

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

☒ entered a plea of guilty to ☐ been found guilty by jury verdict of

☐ entered a plea of nolo contendere to ☐ been found guilty by the court trying the case without a jury of

Count 1 **POSSESSION OF CONTROLLED SUBSTANCE** Count ____ ____

**SECTION 1: JUDGMENT OF GUILT**

☐ The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Community Control Level for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 2: ORDER WITHHOLDING ADJUDICATION**

☒ Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Community Control Level II for a period of **Three (3) months followed by Fifteen (15) months Probation** under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE**

It is hereby ordered and adjudged that you be:

☐ committed to the Department of Corrections
for a term of _____ prison with credit for _____ jail time, followed by Community Control for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.
or

☐ confined in the County Jail
for a term of _____ with credit for _____ jail time. After you have served _____ of the term, you shall be placed on Community Control for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.
or

☒ confined in the County Jail
for a term of **Four (4) days** with credit for **Four (4) days** jail time, as a special condition of supervision.

**IT IS FURTHER ORDERED** that you shall comply with the following standard conditions of supervision as provided by Florida law:

(1) You will report to the probation officer as directed.

(2) You will pay the State of Florida the amount of $40.00 per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.

(3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.

(4) You will not possess, carry or own any firearm. You will not possess, carry, or own any weapon without first procuring the consent of your officer.

(5) You will live without violating any law. A conviction in a court of law is not necessary for such a violation of law to constitute a violation of your probation, community control, or any other form of court ordered supervision.

(6) You will not associate with any person engaged in any criminal activity.

(7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.

(8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.

(9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.

(10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders. **Not a Condition of Probation. Fees to be paid out of cash bond.**

(11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where you are receiving treatment to determine the presence or use of alcohol or controlled substances.

(12) You will submit a DNA sample, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.

(13) You will submit to the taking of a digitized photograph by the department. This photograph may be displayed on the department's website while you are on supervision, unless exempt from disclosure due to requirements of s. 119.07, F.S.

(14) You will report in person within 72 hours of your release from incarceration to the probation office in _____ County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at _____ .

## SPECIAL CONDITIONS

☒ 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.
Additional instructions ordered: _____

☒ 2. You will submit to urinalysis testing on a random basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court

☒ 3. You will be required to pay for drug testing unless exempt by the court.

**AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

(15) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.
(16) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.
(17) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.
(18) You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer.
Additional instructions ordered: _____

☐ (19) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the electronic monitoring service.

**Effective for offenders whose crime was committed on or after September 1, 2005,** there is hereby imposed, in additional to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:

- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
- Are designated as a sexual predator pursuant to s. 775.21; or
- Has previously been convicted of a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

**You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied,** whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.

**Effective for offenders who are subject to supervision for a crime that was committed on or after May 26, 2010,** and who has been convicted at any time of committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses listed in s. 943.0435(1)(a)1.a.(I), or a similar offense in another jurisdiction, against a victim who was under the age of 18 at the time of the offense; the following conditions are imposed in addition to all other conditions:

(a) A prohibition on visiting schools, child care facilities, parks, and playgrounds, without prior approval from the offender's supervising officer. The court may also designate additional locations to protect a victim. The prohibition ordered under this paragraph does not prohibit the offender from visiting a school, child care facility, park, or playground for the sole purpose of attending a religious service as defined in s. 775.0861 or picking up or dropping off the offender's children or grandchildren at a child care facility or school.

(b) A prohibition on distributing candy or other items to children on Halloween; wearing a Santa Claus costume, or other costume to appeal to children, on or preceding Christmas; wearing an Easter Bunny costume, or other costume to appeal to children, on or preceding Easter; entertaining at children's parties; or wearing a clown costume; without prior approval from the court.

**YOU ARE HEREBY PLACED ON NOTICE** that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

**IT IS FURTHER ORDERED** that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

**IT IS FURTHER ORDERED** that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

**DONE AND ORDERED,** on July 27, 2011

**NUNC PRO TUNC** ____

Adrian Soud, Circuit Judge

---

I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: _____

_____
Defendant

Instructed by: _____
Supervising Officer

Case No.16-2011-CF-006993-AXXX-MA

FILED
08/05/2011
CLERK CIRCUIT COURT

STATE OF FLORIDA Plaintiff

Vs.

MELISSA MACEY HEEMSATH Defendant

# SATISFACTION OF JUDGMENT

The undersigned Clerk of the Circuit Court, the owner and holder of a certain final judgment rendered in the above-captioned case, filed OPEN COURT, recorded in the Duval County Official Records Book Number _____, beginning with the Page Number _____, recorded document title, **Judgment and Restitution Order**, does hereby acknowledge that all sums due, total amount collected $15.00 under the judgment have been fully paid to MAYO CLINIC LEGAL DEPARTMENT, 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224. The final judgment Is hereby satisfied and discharged.

In witness whereof, the Duval County Clerk of Court has caused this instrument to be executed this

5th of August, 2011

Signed: Rose M. Denze
Deputy Clerk

CLERK OF THE CIRCUIT COURT SUUM CUIQUE DUVAL COUNTY, FLORIDA

S. A. CASE NO.: 11CF048102AD

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT, IN AND FOR DUVAL COUNTY, FLORIDA

CLERK NO.: 162011CF006993AXXXMA

DIVISION: CRC

STATE OF FLORIDA

Plaintiff,

vs.

MELISSA MACEY HEEMSATH,

Defendant,

FILED

JUL 27 2011

CLERK CIRCUIT COURT

RACE:
SEX:
DOB:
SSN:

JUDGMENT AND RESTITUTION ORDER
[F.S. 775.089]

THIS CAUSE having come on to be heard upon the State's Motion for an Order requiring that the defendant, pursuant to Section 775.089, Florida Statutes, pay restitution costs for the benefit of the victim, herein namely:

A. Mayo Clinic Legal Department
4500 San Pablo Road
Jacksonville, Florida 32224

B. Victim Compensation Trust Fund
Office of the Attorney General
The Capitol
Tallahassee, Florida 32399-1050

PAID IN FULL

* If Victim Compensation has compensated the victim in part or in whole, then payments shall be made and distributed first to the victim, and when fully compensated, to Victim Compensation for reimbursement.

On the evidence presented it is adjudged,

1. That the State's Motion is hereby granted and the Defendant shall pay restitution for the benefit of the above-named victim in the total sum of **$15.00**; that shall bear interest at the legal rate, for which let execution issue. Said amount is to be offset by any monies paid to the victim by responsible co-defendants.

2. Payment shall be made to the victim through the Clerk of Court (Felony or Misdemeanor as applicable). If the Defendant is released from prison to supervision under the Department of Corrections, payments and disbursements shall be made through the Department for the length of such supervision. Upon completion of supervision, payments and disbursements on any outstanding balance shall be made directly through the Clerk of the Court. The Clerk of Court is authorized to collect a $3.50 fee per payment, pursuant to Section 28.24(26)(a), Florida Statutes.

3. Payment Schedule: [Check applicable instructions(s)]

[ ✓ ] Total sum shall be paid immediately.

[ ] Total sum shall be paid in installment payments of $_____, payable on a [ ] weekly [ ] monthly basis. Payments shall be applied first to interest and the balance, if any, to principal.

[ ] Other, specified schedule: _____

_____

4. (a) The Court may require that the defendant make restitution under this section within a specified period or in specified installments.

(b) The end of such period or the last such installment shall not be later than:

1. The end of the period of probation if probation is ordered;
2. Five years after the end of the term of imprisonment imposed if the Court does not order probation; or
3. Five years after the date of sentencing in any other case; or

(c) If not otherwise provided by the Court under this subsection, restitution must be made immediately.

5. If a defendant is placed on probation or paroled, complete satisfaction of any restitution ordered under this section shall be a condition of such probation or parole. The Court may revoke probation, and the Parole Commission may revoke parole, if the defendant fails to comply with such order.

6. That the Clerk of the Court shall provide to the victim named herein a copy hereof, in order for the victim to record the judgment as a lien, pursuant to Section 55.10, Florida Statutes.

DONE AND ORDERED in Jacksonville, Duval, Florida, on this 27th day of July, 2011.

Judge of the Circuit Court

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING**

**Pursuant to Florida Rule of Judicial Administration 2.420(d)(2), the filer of this court record indicates that confidential information is included within the document being filed; to-wit: Social Security Number, § 119.0714.**

Copies furnished by Clerk to:

Victim
Assistant State Attorney
Defendant and/or Defense Counsel

NOTE: The victim shall notify the Clerk of the Court, in writing, of any address changes.

# NORTH /SOUTH FLORIDA HUMAN SERVICES, INC.
## 610 JULIA STREET
## JACKSONVILLE, FL 32202
# PROGRAM RULES & REGULATIONS

Clients for outpatient rehabilitation agree to follow the rules and regulations of all programs of North/South Florida Human Services, Inc., hereinafter as the agency, as defined below. Any violation of this contract will be cause for termination of the program.

**I. Rules and Regulations**

1. The client understands that he/she may not use any substances, including alcohol while in the program. This is a rule of the Agency and it does not matter if your probation officer says you may use alcohol. While in this program you may not use alcohol or any drugs other than those prescribed to you by a physician. The Agency requires that all prescription(s) be brought to the attention of the therapist.

2. Client understands that attendance is based on following all rules, including the rules of not driving while license suspended and not driving while under the influence. The agency is responsible to report these violations to the appropriate legal agency.

3. The client is aware that missing groups without an excused absence will lead to an unsuccessful discharge or being required to start the program over. You may not miss more than two sessions unexcused before being terminated for excessive absences. The probation/parole officer will be informed immediately of absences in writing. **FAILURE TO PAY FEES OR MISSED SESSIONS MAY BE CAUSE FOR VIOLATION OF PROBATION.**

4. The client agrees to be on time for all scheduled classes and agrees to attend all program activities.

5. The client is aware that if he/she relapses or shows positive on an alcohol/drug screening, alternative treatment considerations will be reviewed with him/her, up to in-patient treatment will be made by the Agency, Rehab staff.

6. The client agrees to spend time in preparation for program activities, including completion of written work and participation in-group sessions.

7. The client agrees to attend all Alcoholics Anonymous meetings required by the Therapist and will submit an A monitor sheet immediately upon completion of required meetings.

8. The client agrees to wear discreet and appropriate clothing. Hats, caps and sunglasses may be worn outside only.

9. The client agrees not to bring drug/alcohol on the premises for use or sale. The client agrees to random alcohol/drug screens.

10. The client understands the importance of completion of the program and will attend individual counseling sessions if required to do so for evaluation of his/her need for further treatment with a counselor. A treatment plan will be developed and reviewed with his/her Probation Officer, DUI School and others deemed appropriate.

11. The client understands that he/she may not carry on a personal or intimate relationship with any other client while in treatment.

**II. Client Attendance/Urine Testing Information**

Client is to attend the following:

| | | | |
|---|---|---|---|
| ____ Level One: | Start date: ____ | Time: ____ | Day(s): ____ |
| ✓ Level Two: | Start date: 8/15/11 | Time: 7 PM | Day(s): MON 16 |
| ____ Level Three: | Start date: ____ | Time: ____ | Day(s): ____ |

Location:
✓ 610 Julia Street, City Place ____ 5576 Timuquana Rd. Suite #10
____ 549 Palmetto Avenue, Green Cove Springs, Fl. ____ 911 S.13th St. Kingdom Ministries, Fernandina Bch.

Call (904) 301-1145 prior to 5:00 p.m. if you are not attending, but all absences must be approved. You must pay each session in **MONEY ORDER ONLY.** Failure to pay is considered an unexcused absence and you will not be able to stay for group. Documented hospital/doctor/court papers showing valid times/dates will be the only excused absences.

Client is to attend the following: ____ No treatment recommended (please explain): ____

Client must pay $ 11 each session in **MONEY ORDER ONLY** made payable to North/South Florida Human Services, Inc. Failure to pay is considered an unexcused absence and you will not be able to stay for group. Unexcused absences can result in termination from program as unsuccessful. If you feel your rights are being violation you can contact Children & Families at 904-723-2132, Abuse Hotline at 800-962-2873 or Florida Advocacy Council at 904-723-2057

Client: [signature] Date: AUG 08 2011

Staff: [signature] Date: AUG 08 2011

MA, MAC, CCJS

Final Order No. DOH-12-0181-S-MQA
FILED DATE - FEB 13 2012
Department of Health

STATE OF FLORIDA
BOARD OF NURSING

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2011-10613
License No.: RN 9268827

MELISSA MACOY HEEMSATH,

Respondent.
_____/

FINAL ORDER

THIS CAUSE came before the BOARD OF NURSING (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on February 3, 2012, in Ft. Lauderdale, Florida, for the purpose of considering a settlement agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the settlement agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises, it is hereby

ORDERED AND ADJUDGED that the settlement agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference. The costs are $1,911.37. Accordingly, the parties shall adhere to and abide by all the terms and conditions of the settlement agreement.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 10th day of Feb, 2012.

BOARD OF NURSING

JOE R. BAKER, JR.
Executive Director for
Jessie Colin, RN, PHD
Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to MELISSA MACOY HEEMSATH, 258 Pine Street, Atlantic Beach, FL 32233 and Intervention Project for Nurses, P.O. Box 49130, Intervention Project for Nurses, Jacksonville FL 32240; and by interoffice delivery to Lee Ann Gustafson, Senior Assistant Attorney General, Department of Legal Affairs, PL-01 The Capitol, Tallahassee FL 32399-1050, Jodi-Ann Johnson, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265 this 13th day of Feb., 2012.

Deputy Agency Clerk



7011 1570 0001 2422 3503

PRACTITIONER REGULATION
11 NOV 16 AM 8:54

**STATE OF FLORIDA**
**DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.** **CASE NO.: 2011-10613**

**MELISSA MACEY HEEMSATH, R.N.,**

**Respondent.**
_____/

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Agreement to the Board of Nursing as disposition of the Administrative Complaint, attached hereto as Exhibit "A", in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed. In considering this Agreement, the Board may review all investigative materials regarding this case. If this Agreement is rejected, it, and its presentation to the Board, shall not be used against either party.

## STIPULATED FACTS

1. Respondent is a **REGISTERED NURSE** in the State of Florida holding license number **9268827.**

2. The Respondent is charged by an Administrative Complaint filed by the Department and properly served upon Respondent with violations of Chapters 456

and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

**STIPULATED LAW**

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the stipulated facts, if proven true, constitute violations of laws as alleged in the Administrative Complaint.

3. Respondent admits that the Agreement is a fair, appropriate and reasonable resolution to this pending matter.

**PROPOSED DISPOSITION**

1. The Respondent must pay an administrative fine in the amount of **TWO HUNDRED AND FIFTY DOLLARS ($250.00)** and investigative costs not to exceed **(TWO THOUSAND EIGHT HUNDRED THIRTEEN DOLLARS AND NINETY EIGHT CENTS $2,813.98)** within **(3 years)** from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal Checks shall **NOT** be accepted.

2. The license of **MELISSA MACEY HEEMSATH, R.N.**, is suspended and shall remain suspended until such time that Respondent enters into the Intervention

Project for Nurses (IPN), and complies with any and all terms and conditions imposed by IPN. At such time the suspension shall be stayed and remain stayed as long as the Respondent participates in the IPN. It is the duty of the Respondent to contact the IPN at P.O. Box 49130, Jacksonville Beach, Florida 32249-9130, (904) 270-1620, within 30 days from the date of entry of this order. The Respondent shall comply with all conditions of the IPN Advocacy Contract or she will be in violation of the Board Order.

3. Termination from IPN shall result in the immediate lifting of the stay of suspension. Reinstatement will require compliance with all terms and conditions set forth in any previous Board Order and the Respondent's appearance before the Board to demonstrate her present ability to engage in the safe practice of nursing. The Board reserves the right to impose reasonable conditions of reinstatement at the time of appearance before the Board.

4. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Board Order adopting this Agreement.

5. It is expressly understood that this Agreement is subject to the approval of the Board and Department and has no force and effect until an Order is entered adopting the Agreement.

6. This Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or

omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement. Furthermore, should this joint Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

7. Respondent and the Department fully understand that this joint Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

8. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

9. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

**WHEREFORE,** the parties hereto request the Board to enter a Final Order accepting and implementing the terms contained herein.

**SIGNED** this 14 day of November, 2011.

[redacted]

**MELISSA MACEY HEEMSATH, R.N.**

Before me personally appeared Melissa Heemsath whose identity is known to be by FL DL (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this 14th day of November 2011.

Notary Public
My Commission Expires: 11 Jun 2012

ERIN NELY
Notary Public - State of Florida
My Comm. Expires Jun 11, 2012
Commission # DD 795869

**APPROVED** this 1st day of December, 2011.

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

**Counsel for Petitioner:**
**Trevor Suter**
Assistant General Counsel
FBN: 0017617
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, BIN #C-65
Tallahassee, Florida 32399-3265

TS/tlr

STATE OF FLORIDA
DEPARTMENT OF HEALTH
NURSING

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 11 2011

IN RE: THE LICENSE OF
MELISSA M HEEMSATH
LICENSE NO. RN9268827

## NOTICE OF INTENT TO DENY RENEWAL

Under section 456.0635, Florida Statutes, a license to practice a health care profession may not be renewed under certain circumstances. The Florida Department of Health has reason to believe that you were convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 893, Florida Statutes.

WHEREFORE, the determination was made to DENY your eligibility to renew your license.

DONE AND ORDERED this 10th day of October, 2011.

Assistant General Counsel
Department of Health

## NOTICE OF RIGHT TO HEARING

This Notice of Intent to Deny Renewal constitutes final agency action if no request for hearing is received on or before the 21st day after the license holder's receipt of this notice. The license holder may seek review of this Order by filing a petition with the Department of Health at 4052 Bald Cypress Way, Bin #A02, Tallahassee, Florida 32399-1703. If the license holder disputes any material fact supporting the determination, the license holder may request a hearing before an Administrative Law Judge pursuant to section 120.57(1), Florida Statutes, provided that the petition contains the information required by Rule 28-106.201, Florida Administrative Code, including a statement of the material facts that are in dispute. If no

material facts are disputed, the license holder may request a hearing under section 120.57(2), Florida Statutes, provided that the petition contains the information required by Rule 28-106.301, Florida Administrative Code.

In accordance with section 120.573, Florida Statutes, mediation is not available.

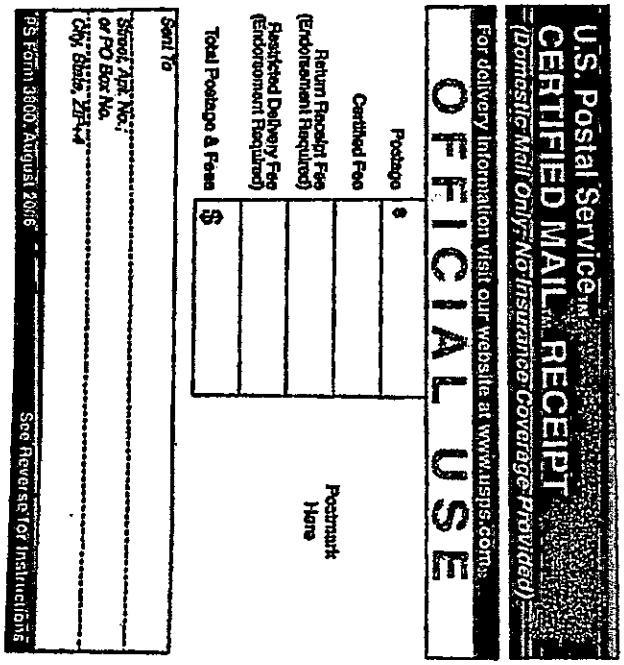
## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing notice has been provided by certified mail to Melissa M Heemsath 258 Pine Street Atlantic Beach, FL 32233 and by interoffice mail to Morris Shelkofsky, Assistant General Counsel, Bin # A02 and to the Bureau of Operations, Bin # C90, this 11th day of October 2011.

Angel Sanders

**Deputy Agency Clerk**

7011 1150 0001 4539 8686



FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
RICK SCOTT

Secretary
KENNETH S. TUCKER

*An Equal Opportunity Employer*

501 South Calhoun Street, Tallahassee, FL 32399-2500

http://www.dc.state.fl.us

Date: October 8, 2012

Dear Melissa Heemsath:
DC#:J45228

RE: **Placement on Independent Reporting Status (IRS)**

The Department of Corrections would like to recognize and reward you for your efforts and commitment towards complying with your conditions of supervision and progress you've made by not requiring you to report monthly in person to the probation office.

Effective immediately, you have been placed in Independent Reporting Status (IRS). Instead of reporting in person to the probation office each month, **you will only be required to call your probation officer monthly to check in and mail or email your Written Monthly Report.**

You must continue to call your probation officer to report other changes or significant events as they occur regarding residence, employment, any contact with law enforcement, or any other concerns, requests or issues.

You will report, as instructed, to the probation office for a drug test during this period if you are randomly selected.

You will be allowed the privilege and benefits of participating in the Independent Reporting Status program **as long as you demonstrate continued positive adjustment.** We hope you will continue to make good decisions so this privilege will not have to be taken away.

**Congratulations** on your progress and placement in Independent Reporting Status!

Please send completed and signed Written Monthly Reports to the following mailing address or email address: young.nicole@mail.dc.state.fl.us

[redacted] 10/8/12

Officer Signature/Date

Melissa Macey Heemsath
[redacted]
August 17, 2012

Honorable Adrian Soud, Circuit Judge
Duval County Court House
501 W. Adams Street
Jacksonville, FL 32202

Dear Judge Soud:

I am writing to formally request early termination of probation. I have successfully completed three months of community control and nine months of the ordered 15 months' probation. In addition, I have completed the Drug & Alcohol evaluation followed by 16 weeks mandatory treatment. I am actively seeking mental health counseling and follow-up with a psychiatrist on a tri-monthly basis for medication management. I have complied with all requirements made by the courts and am current on all payments due. I would greatly appreciate the opportunity to be considered for early termination based on the aforementioned information.

Sincerely,

Melissa M. Heemsath
Case number: 16-2011-CF-006993-AXXX-MA
DC number: J45228/ DIV-C

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
RICK SCOTT

Secretary
JULIE L. JONES

501 South Calhoun Street, Tallahassee, FL 32399-2500

http://www.dc.state.fl.us

Date: May 6, 2016

RE: TERMINATION OF SUPERVISION
DC# J45228
DOCKET/UC NO(S) 16-2011-CF-006993

Melissa Heemsath
[redacted]

Dear Ms. Heemsath,

You are hereby notified that you completed your term(s) of supervision on 01/26/2013, as referenced above, and are no longer under the supervision of the Department of Corrections.

I would like to extend to you best wishes for a very successful future.

If you were adjudicated guilty and on supervision for a felony offense, please see attached information sheet prepared by the Office of Executive Clemency, entitled **RESTORATION OF CIVIL RIGHTS, PARDONS, PARDONS WITHOUT FIREARM AUTHORITY, FIREARM AUTHORITY, REMISSION OF FINES AND FORFEITURES** updated June 30, 2014 for information regarding the restoration of civil rights process. This information sheet and the application can be accessed on the following website for future reference: https://fcor.state.fl.us/restoration.shtml or call (850) 488-2952 or 1-800-435-8286.

Sincerely,
N. Young
Nicole Young
Correctional Probation Senior Officer

☐ If you were on supervision for a sexual offense, attached is a copy of the Notice of Responsibilities, which outlines your continued responsibilities in accordance with Florida Statutes.

☐ If you were sentenced as a career offender, attached is a copy of the Career Offender Notice of Responsibilities, which outlines your continued responsibilities in accordance with Florida Statutes.



Original: Offender
Copy: Offender File
Clerk of Court (if required)
(Revised 11/15)

Right Side – Offender File

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
**RICK SCOTT**

Secretary
**JULIE L. JONES**

501 South Calhoun Street, Tallahassee, FL 32399-2500

http://www.dc.state.fl.us

October 3, 2017

HHS, OIG, OI
Attn: Exclusions
P.O. BOX 23871
Washington, DC 20026

To Whom It May Concern,

My name is [redacted] and I am a Correctional Probation Senior Officer with Florida Department of Corrections (FDC). I have been with FDC for ten years. I had the pleasure of meeting Melissa Heemsath in 2012, while I was a Probation Officer at 4613 Phillips Hwy Jacksonville, FL 32207. I have worked with a lot of probationers throughout the years but there are very few that stick out and you always remember, Ms. Heemsath is one of those people. She did not use her mistake as a crutch, she understood she made a mistake and life had to go on. She was not someone I had to tell to complete an instruction, it was already done before I could even ask. She always came into the office prepared and with any documentation that was needed. I knew that she was different from a lot of the other probationers due to the way she handled her appointments with me. I never had to call her and ask her about her whereabouts, she was either at home or at work. If I had to describe her character it would include ambitious, fair minded, and honest.

Ms. Heemsath proved to be one of the probationers that was determined to make it off successfully. She made sure her monetary obligations were paid in a timely manner, she completed her Substance Abuse Treatment within three months and she passed all urinalysis tests given to her on a random basis. She was open and honest with all issues she had and took accountability for her offense. She continued to work and show that she was willing to be someone to look beyond her circumstances and go after what she deserves.

In 2012, FDC came up with a program called Independent Reporting Status (IRS) and Ms. Heemsath was placed on it. IRS is afforded to a probationer who has completed or who is caught up with all conditions and special conditions. The probationers do not have to report in the office, they call once a month and mail in their Monthly Reports. Ms. Heemsath followed the instructions she was given while on IRS and was successfully terminated from Probation.

Probation is like a revolving door, you continue to see the same people year after year. Ms. Heemsath has been off for four years and is continuing to do great things in her life. She has shown that she will confront obstacles instead of running away from them. Overall, she was an outstanding probationer, she continued to think positive and not let her past dictate her future. In conclusion I would like to say that Ms. Heemsath has proved to me that she is someone who has learned her lesson and should be given another chance.

Best Regards,

N. Young

Nicole Young, Correctional Probation Senior Officer
Florida Department of Corrections'
592 Ellis Road S. Suite 114
Jacksonville, FL 32254
(904) 380-0254

IN THE CIRCUIT/COUNTY COURT OF THE
FOURTH JUDICIAL CIRCUIT, IN AND FOR
DUVAL COUNTY, FLORIDA

CASE NO.: 2011-CF-006993-AXXX-MA

DIVISION FELONY

STATE OF FLORIDA,

vs.

MELISSA MACEY HEEMSATH

Petitioner

FILED
OCT 04 2017
CLERK CIRCUIT COURT

ORDER TO SEAL RECORDS PURSUANT TO SECTION 943.059
FLORIDA STATUTES AND FLORIDA RULES OF CRIMINAL PROCEDURES 3.692

THIS CAUSE, having come to be heard before me this date upon petitioner's Petition to Seal records concerning this arrest on JUNE 21, 2011, by the Jacksonville Sheriff's Office, and the court being fully advised in the premises, the court herby finds the following:

1. The petitioner has never previously been adjudicated guilty of a criminal offense or a comparable ordinance violation.

2. The petitioner was not adjudicated guilty of charges stemming from the arrest or criminal activity to which the petition pertains.

3. The petitioner has not secured a prior records expunction or sealing.

ORDERED AND ADJUDGED that the petition to seal records is hereby granted. All court records pertaining to the above-styled case shall be sealed in accordance with the procedures set forth in the Florida Rules of Criminal Procedures 3.692, and it is further

ORDERED AND ADJUDGED that the clerk shall forward a certified copy of this order to the State Attorney's Office and the Jacksonville Sheriff's Office, who will comply with the procedures set forth in section 943.059, Florida Statutes, and appropriate regulations of the Department of Law Enforcement, and who will further forward a copy of this order to any agency that their records reflect has received the instant criminal history record information; and it is further

ORDERED AND ADJUDGED that the Jacksonville Sheriff's Office shall seal all information concerning indicia of arrest or criminal history record information regarding this petitioner in accordance with the procedures set forth in section 943.059, Florida Statues and 3.692 FRCP.

All costs of certified copies involved herein are to be borne by the petitioner.

DONE AND ORDERED in Chambers at Jacksonville, Duval County, Florida, this 4th day of October, 2017.

Judge

Cc: Petitioner: MELISSA MACEY HEEMSATH
[redacted]
State Attorney's Office
Clerk of Courts
Florida Department of Law Enforcement
Federal Bureau of Investigation
Jacksonville Sheriff's Office

STATE OF FLORIDA
DUVAL COUNTY
I, UNDERSIGNED Clerk of the Circuit & County Courts, Duval County, Florida, DO HEREBY CERTIFY the within and foregoing, consisting of ___ pages, is a true and correct copy of the original as it appears on record and file in the office of the Clerk of Circuit & County Courts of Duval County, Florida.
WITNESS my hand and seal of the Clerk of Circuit & County Courts at Jacksonville, Florida, this ___ day of ___ A.D., 20__
RONNIE FUSSELL
Clerk of Circuit and County Courts
Duval County, Florida
Clerk

DEPARTMENT OF HEALTH AND HUMAN SERVICES

# OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

NOV 08 2018

Melissa Macey Heemsath

[redacted]

Dear Melissa Macey Heemsath:

RE: OI File Number H-13-40059-9

Your request for reinstatement of your eligibility to participate as a provider of services covered by the title XVIII (Medicare) program has been approved. The reinstatement is effective with the date on this notice.

We have notified the appropriate State agencies of this action. However, the States are not obligated to reinstate you to their programs if they have imposed a longer period of exclusion under their own authority.

We recommend that you contact the Medicare carrier to determine your options for participating in that program.

Although your right to participate in the Federal health care programs has been reinstated effective with the date of this letter, your name will remain on the List of Excluded Individuals/Entities (LEIE) until the next monthly update. You can access the LEIE online at http://oig.hhs.gov/fraud/exclusions.asp. You should use this letter to demonstrate that your right to participate in the Federal health care programs has been reinstated until your name is removed from the LEIE.

Sincerely,

William T. Echols
Reviewing Official
Health Care Program Exclusions

STATE OF FLORIDA
BOARD OF NURSING

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Angel Sanders
DATE: SEP 04 2019

IN RE: THE APPLICATION FOR
MULTISTATE REGISTERED NURSE
BY ENDORSEMENT OF:

**MELISSA M. HEEMSATH**
1701/651280

---

## NOTICE OF INTENT TO DENY

This matter came before the Florida Board of Nursing (Board) at a duly-noticed public meeting on August 8, 2019, in Fort Myers, Florida. The Applicant was not present. The Board was represented by Deborah Bartholow Loucks, Senior Assistant Attorney General.

Pursuant to Sections 464.018(2) and 456.072(2), Florida Statutes (2019), the Board may refuse to certify an applicant for licensure, restrict the practice of the licensee, or impose a penalty.

Section 456.072(1)(q), Florida Statutes, provides that violating a lawful order of the board constitutes grounds for denial.

A review of Ms. Heemsath's application file reveals that she held a registered nurse license issued by the State of Florida. In February 2012, the Board issued a Final Order that incorporated a settlement agreement between Ms. Heemsath and the Department of Health. The terms of that Final Order required payment of a $250 fine and $1,911.37 costs and suspended her license until she entered into an IPN Advocacy Contract. Ms. Heemsath did not comply with this Final Order.

Based on the foregoing, the Board voted to DENY the application for Registered Nurse of

Melissa M. Heemsath due to her failure to comply with the terms of the prior Board order.

This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 3rd day of May, 2019.

BOARD OF NURSING

Joe R. Baker, Jr., Executive Director
*for* Kathryn L. Whitson, MSN, RN, Chair

**NOTICE OF RIGHTS**

1. Mediation is not available in this matter.

2. You may seek review of this Order, pursuant to Sections 120.569 and 120.57, Florida Statutes, by filing a petition (request) with the Executive Director of the Board, within 21 days of your receipt of this Notice.

If you dispute any material fact upon which the Board's decision is based, you may request a hearing pursuant to Section 120.57(1), Florida Statutes. To do so, your petition (request) must contain the information required by Rule 28-106.201, Florida Administrative Code, including a statement of the material facts that are in dispute. If you request a hearing, you have the right to be represented by an attorney or other qualified representative, to take testimony, to call or cross-examine witnesses, to have subpoena and subpoena duces tecum issued, and to present written evidence or argument.

3. If you do not dispute any material fact in this Notice, you may request a hearing before the Board, pursuant to Section 120.57(2), Florida Statutes. A request for a hearing pursuant Section 120.57(2), Florida Statutes, may be submitted to the Board office.

4. This Notice shall be placed in and become a part of the Board's official records and shall become effective upon filing with the Clerk of the Department.

5. This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the applicant's receipt of the notice.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **certified mail** to: **Melissa Heemsath,** [redacted] Jacksonville, Florida 32205; and by electronic mail to: **Deborah B. Loucks,** Senior Assistant Attorney General, [redacted] on Sept. 4th, 2019.

Brigid Sanders

Deputy Agency Clerk

Melissa McHeemsath
[redacted]

Certified Article Number
9414 7266 9904 2140 1205 44
SENDER'S RECORD

September 17, 2019

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: [signature]
DATE: 9/17/19

Melissa Heemsath
[redacted]

Application: 1701/651280

Florida Board of Nursing Office:

I received notice of the Florida Board of Nursing's Notice of Intent to Deny my application 1701/651280, Monday, September 9, 2019. I do not dispute any material fact in the Notice and I request a hearing before the Board, pursuant to Section 120.57(2), Florida Statutes. Please afford me the opportunity to appear before the Board, as I am submitting this request for a hearing to the Board office.

Thank you,

[redacted]

Melissa M. Heemsath

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Amanda Morales
DATE: DEC 26 2019

STATE OF FLORIDA
BOARD OF NURSING

IN RE: THE APPLICATION FOR
MULTISTATE REGISTERED NURSE
BY ENDORSEMENT OF:

**MELISSA M. HEEMSATH**
1701/651280

_____/

**ORDER VACATING NOTICE OF INTENT TO DENY AND APPLICATION APPROVAL WITH CONTINGENCY**

THIS MATTER came before the Board of Nursing (Board) at a duly noticed public meeting on December 5, 2019, in Howey-in-the-Hills, Florida, upon the Applicant's timely request for hearing in accordance with §120.57(2), Florida Statutes, concerning the above-referenced application. The reasons for denial are set forth in the Notice of Intent to Deny attached hereto as Exhibit A. The Applicant was present. The Board was represented by Deborah Bartholow Loucks, Senior Assistant Attorney General.

**FINDINGS OF FACT**

The allegations of fact set forth in the Notice of Intent to Deny filed on September 4, 2019, are approved, adopted, and incorporated herein by reference as the findings of fact of the Board. There is competent, substantial evidence to support the Board's findings and conclusions.

**CONCLUSIONS OF LAW**

The conclusions of law alleged and set forth in the Notice of Intent to Deny filed on September 4, 2019, are approved, adopted, and incorporated herein by reference as the conclusions of law of the Board.

Based on the testimony provided by the Applicant, the Board voted to vacate the Notice of

Intent to Deny.

Ms. Heemsath stated that she has not practiced as a nurse within the past 5 years. Rule 64B9-3.008(4), Florida Administrative Code, provides that an applicant who has not been in the active practice of nursing within the past 5 years is required to take a remedial course prior to licensure.

The Board voted to approve Ms. Heemsath for a Florida single state Registered Nurse license which will issue once she documents successful completion of a Board approved remedial course. The remedial course must be completed within 12 months of this Final Order.

Therefore, it is **ORDERED** that the Notice of Intent to Deny filed on September 4, 2019, is hereby vacated. The Applicant shall be issued a Florida single state registered nurse license once she has documented completion of a board approved remedial course.

This Order shall become effective upon filing with the Clerk of the Department of Health.

**DONE AND ORDERED** this 20th day of Dec 2019.

BOARD OF NURSING

Joe R. Baker, Jr., Executive Director
*for* Kathryn L. Whitson, MSN. RN., Chair

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

**A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF THE FILING DATE OF THE ORDER TO BE REVIEWED.**

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified Mail** to: **Melissa Heemsath,** [redacted] Jacksonville, Florida 32205; and by electronic mail to: **Deborah B. Loucks,** Senior Assistant Attorney General, [redacted] on December 26, 2019.

Deputy Agency Clerk

Certified Article Number
9414 7266 9904 2140 1233 92
SENDER'S RECORD

Melissa Heemsath
[redacted]

✓ Our records indicate you are enrolled with Nursys e-Notify. Congratulations, you will receive an email notification from Nursys e-Notify when your license expiration date is updated. To review your current license information or update your email address, sign-in to your account at https://www.nursys.com/EN/ENDefault.aspx.

**MELISSA HEEMSATH**

**NCSBN ID:** 20998367

[redacted]

[redacted]

Manage Profile

**Message Center**

Inbox (13)

0 New

View Message Center

## Your Licenses with Nevada

**Inactivate your License** | **Apply for License**

Nevada State Board of NURSING
Nurse Portal

**RN** 863933

| Original Issuance Date | Expiration Date |
|---|---|
| 07/13/2023 | 05/20/2025 |

Inactive

## RN 863933

This temporary license is issued until you meet all of the licensure requirements for a permanent license.

| Original Issuance Date | Expiration Date |
|---|---|
| 01/23/2023 | 07/13/2023 |

Active - Prescribing

## APRN-CNP 863933

| Original Issuance Date | Expiration Date |
|---|---|
| 05/03/2024 | 05/20/2025 |

**Population Focus** — Apply for Additional Population Focus

**Family Across the Lifespan** — Active

**Original Issue Date:** 05/03/2024

**Current Issue Date:** 05/03/2024

**Expiration Date:** 05/20/2025

**Prescribing Privileges** — Active

**PA Number:** 12037

**Original Issue Date:** 05/03/2024

**Current Issue Date:** 05/03/2024

**Expiration Date:** 05/20/2025

License data provided by the Nevada State Board of Nursing

## Your License Applications in Process

**APRN-CNP** Population Foci Continue

## Submitted License Applications

✓ Approved Download View Status

**APRN-CNP** 863933

| Application Type | Submission Date | Application ID |
|---|---|---|
| Initial | Mar 14, 2024 | 861233 |

✓ Approved Download View Status

**RN** 863933

| Application Type | Submission Date | Application ID |
|---|---|---|
| Endorsement | Jan 17, 2023 | 804170 |

## Your Credentials

AMERICAN ACADEMY of NURSE PRACTITIONERS
CERTIFICATION BOARD

# Your AANPCB Wallet Card

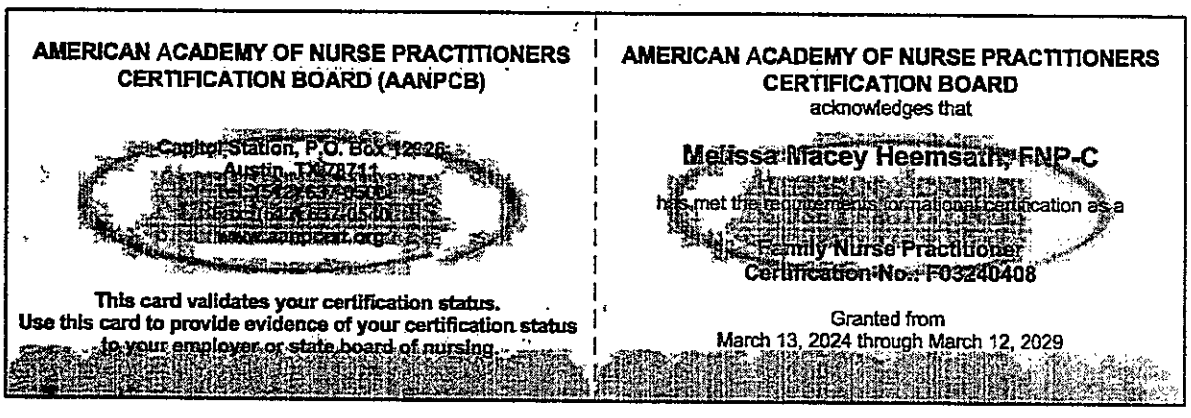
The watermarked **Wallet Card** provided below represents your status as a Nurse Practitioner certified by the American Academy of Nurse Practitioners National Certification Board, Inc.

- Your online wallet card is available at no charge and can be accessed by logging into **My AANPCB** at www.aanpcert.org and select **My Documents -> Wallet ID Cards.**
- NP certification is time-limited, valid for a period of 5-years, and expires on the certification end date.

It is the NP's responsibility to renew certification before it expires. You may begin the recertification application process 1 year in advance of the expiration date printed on your card. We recommend that you keep your contact information current, be familiar with the recertification requirements, and apply to recertify at least 3 months prior to the expiration date to avoid lapse or loss of certification. For more information, please visit the **Recertify** section of our website.

AANPCB provides **Primary Source Verification** of nurse practitioner certification status. Information for credentialing service organizations and state boards of nursing may be found on the AANPCB website under the tab **Verify.**

Please note renewing your AANP membership does not renew your AANPCB certification. Contact our office if you have any questions about your certification.



| AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD (AANPCB) | AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD acknowledges that |
|---|---|
| Capitol Station, P.O. Box 12926<br>Austin, TX 78711<br>Tel: (512) 637-9500<br>Fax: (512) 637-0540<br>www.aanpcert.org | Melissa Macey Heemsath, FNP-C<br>has met the requirements for national certification as a<br>Family Nurse Practitioner<br>Certification No.: F03240408 |
| This card validates your certification status.<br>Use this card to provide evidence of your certification status to your employer or state board of nursing. | Granted from<br>March 13, 2024 through March 12, 2029 |

May 11, 2016

Re: Reference Letter
Melissa Heemsath

To whom it may concern,

I am privileged to write this reference letter for Ms. Melissa Heemsath. I have worked with Ms. Heemsath for 5 years in a very challenging role as a nursing admissions counselor. I have watched her grow personally and professionally and admire her communication skills and dedication to education and people. Melissa is dedicated to academics, patient excellence and possesses an honest calling to the nursing profession. She is structured, disciplined, time managed and an excellent communicator. Ms. Heemsath is a role model for students who are seeking a nursing career and I am proud to work with her as my colleague. Ms. Heemsath will be a great addition and an asset to any educational or healthcare organization.

Sincerely,

[redacted]RNC
Nursing Program Director
Statewide University Department Chair- Nursing
[redacted]
Jacksonville, Florida 32216
[redacted]
Fax 904-296-3407
E-mail: [redacted]

April 29, 2019

Dear Florida Department of Health Board of Nursing
Division of Medical Quality Assurance
4052 Bald Cypress Way
Tallahassee, FL 32399-3251

Dear Florida Department of Health Board of Nursing,

I would like to take the opportunity to discuss my colleague Melissa Heemsath. I have worked with Melissa side-by-side for over three years at Keiser University and subsequently at Chamberlain College of Nursing in Jacksonville, FL. We worked together in the capacity of Admissions Counselor at Keiser and now as Clinical Coordinators for the Chamberlain's BSN program. Melissa takes a leadership role in our department and is always reliable and dependable. I trust Melissa's judgment and critical-thinking skills on a daily basis and am confident in her ability to create and maintain trusting, solid relationships with our local hospital and community clinical partners. I have witnessed Melissa's expressed love for the field of nursing; that passion exudes in her student interactions. I highly recommend Melissa be given the opportunity to renew her Florida RN license, as I trust she will positively influence the lives of any future students and patients encounters.

Sincerely,

[redacted]

Laura Lake
Clinical Coordination Specialist
[redacted]
Jacksonville, FL 32256
[redacted]

April 11, 2019

Florida Board of Nursing
Division of Medical Quality Assurance
4052 Bald Cypress Way
Tallahassee, FL 32399-3251

Florida Board of Nursing,

I am writing to tell you of my colleague, Melissa Heemsath. I have worked with Melissa at both Keiser University and Chamberlain College of Nursing in Jacksonville, FL, and I have watched Melissa grow in her roles at both institutions for eight years. While committing to the success of the ADN and BSN students, I consistently witness Melissa maintaining professional boundaries and limits, as she ensures the needs of the students come first. Melissa commits to the Chamberlain College of Nursing T.E.A.C.H values though each interaction, specifically "Accountability" and "Respect". In the event an error is identified, Melissa jumps in to offer reasonable, well-planned solutions and is accountable for the many responsibilities of her role. She has forged healthy relationships with her colleagues and peers and is highly respected by her leadership. Melissa is a trustworthy, reliable colleague and I am pleased to call her a member of my team.

As a Master's prepared Registered Nurse with over 20 years of patient care and instructional experience, I highly recommend Melissa be given an opportunity to reinstate her FL RN license. I trust Melissa's judgment, critical thinking skills, and believe she has more to offer the future nurses of Florida if she granted licensure. I am happy to answer any additional inquiries you may have regarding this licensure candidate and can be reached by utilizing my contact information below.

Sincerely,

[redacted] MSN, RN, FNP
Assistant Professor Chamberlain College of Nursing
[redacted]
Jacksonville, FL 32256
[redacted]

Julie Ann Sherman, DO
[redacted]
Long Beach, CA. 90804
[redacted] Fax 562-498-3822
[redacted]

Dear Doctor,

I'm pleased to write this letter of recommendation for Melissa Heemsath.

Ms. Heemsath has trained in my office for two months, and has been an ideal student. She asks appropriate, insightful questions, and clearly spends time studying what she has seen in the office each day. Patients like her very much.

I hope you will consider teaching this very intelligent, pleasant nurse practitioner candidate.

Sincerely,

[redacted]
Dr. Julie Ann Sherman

To whom it may concern:

I am honored to have the opportunity to write this letter of recommendation for Ms. Melissa Heemsath whom I have gotten to know both professionally and personally over the past three years.

I first met Melissa when I was applying to the nursing program at Keiser University. At the time, I was living out of state, but Melissa was able to make a tedious, extended application process easy. She was proactive in keeping me updated regarding my progress, and flexible with scheduling meetings and interviews along the way. Her strong human relation skills and competency enabled her to relay information in a clear and coherent manner. Without her guidance and hard work, I may have not been able to achieve admission into the program.

Melissa's guidance did not stop after my acceptance to the nursing program. She went above and beyond her job requirements, and turned out to be one of my main support systems during my time at Keiser. Whether it was for me or my fellow nursing students, Melissa's door was always open. Melissa was not only trustworthy, but she exhibited patience to our (very) diverse group, and genuinely cared about our success in the program. This enabled Melissa to develop a strong rapport with us students.

At the beginning of my third semester, I was hospitalized and doctors did not know if I was going to live. Melissa came to the hospital multiple times and sat by my side. She showed how her compassion was able to help my family cope with the puzzling situation at hand. When I returned to school after medical leave, I had a hard time adjusting. There where so many times I wanted to give up, but Melissa's support and encouragement helped motivate me. Without her support, or as a mentor, I do not think I would have been able to finish.

Last May, I graduated, passed my NCLEX, and started my first job as a Registered Nurse. Even though I am no longer her student, I still turn to Melissa when I need advice not only professionally, but also personally. She is always there for me, being a great listener, offering objective and honest perspectives, or helping me create solutions in order to solve problems that i have encountered.

I look up to Melissa as a role model, and I could continue listing all the wonderful qualities she possesses. Instead, I will end by saying that I believe her dedication to her job, strong use of interpersonal skills, desire to support and motivate others, along with her competence; make her a valuable addition to any team. Please feel free to contact me with any questions you may have about Melissa Heemsath.

Sincerely,

[redacted], RN

[redacted]

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# 15A

Back To Dashboard

# Renewal Application
# Controlled Substance

| | |
|---|---|
| Application Fee : | $200.00 |
| Convenience Fee : | $10.00 |
| License Number : | CS09880 |
| License Type : | Controlled Substance |
| New Expiration Date : | 10/31/2026 |

## Personal Information

First Name : DANA

Middle (initial only) :

Last Name : MARKS

License # : CS09880

**If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.**

**Practice Address :**

Name/Practice Name/DBA : Humboldt ER

Military Address : ☐

Street : 118 E HASKELL ST

Country : United States

City : WINNEMUCCA State : Nevada Zip : 89445

Practice Phone : (XXX) XXX-XXXX

Cell Phone : [redacted]

Email Address : [redacted]

Sex : Male

## Child Support Information – Check appropriate answer

- ◉ I am **NOT SUBJECT** to a court order for the support of a child.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ○ Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)
- ○ Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

## Military Service Information

| | |
|---|---|
| Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable | ○ Yes ◉ No |
| Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable | ○ Yes ◉ No |
| Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? | ○ Yes ◉ No |

## Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?

(●) Yes ( ) No

Please see legal question 2 document

| Document Name | Document Type | Date | Link | Action |
|---|---|---|---|---|
| No Record Found | | | | |

Document Name :

Document Type : -Select DocumentType-

Document :

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*Only PDF files are allowed*

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2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? (●) Yes ( ) No

Nevada State Board of Pharmacy
Supporting document for questions 1 and 2
Oct. 21, 2024
Re; Dana R. Marks, MD

I have been board-certified in emergency medicine and working almost exclusively working in emergency departments for 28 years. I ha ve also had an active state medical license with the State Board of Medical Examiners for almost the same amount of time.

September 22, 2022 I was finishing a series of shifts at Battle Mountain General Hospital emergency room. The day before in the afte rnoon a full school bus was hit broadside at approximately 60 miles an hour. On scene I was able to assist the paramedics in pronoun cing one individual's death and having to Care Flight two others to Reno. The following 24 hours I attended to consoling children and parents, reading x-rays and suturing lacerations.

I started my return trip to Reno at approximately 3:00 in the afternoon. Approximately 8 PM that evening, I entered the city of Fallo n and was promptly pulled over, due to a nonworking taillight of which I was unaware. The officer asked if I had been drinking, I tol d her no, but explained that I had been up for the past 36 hours without sleep. She then told me that she was asking because she noti ced that I was "blinking slowly" and that I was slow to respond to her questions. She asked if I would blow into her breathalyzer, bu t because I had been eating mint flavored candies, I asked for a blood test instead of the breathalyzer. At this point, the tone of our interaction changed significantly, becoming more confrontational.

I submitted to a field sobriety test, which she informed me I failed. She then placed me under arrest and proceeded with warrants for searching my car and for obtaining blood toxicology, which I had already requested. Upon entering the jail for the mandatory 12 hour s to sober up, my breathalyzer registered zero on admission and upon release.

The officers search of my SUV produced drug paraphernalia, and a small amount of methamphetamines, which belong to a friend who had b orrowed my car a few days before. She wrote a heartfelt letter to the judge, explaining her ownership. But according to the courts p ossession is ownership. (and methamphetamine was present in my blood tox report as well). December 13, 2022 the toxicology report w as resulted and showed no alcohol in my system. So more toxicology testing was requested, and was resulted in May, 2023 showing a sma ll amount of methamphetamines in my system.

I accepted a plea deal which resulted in a misdemeanor DUI and a misdemeanor possession of controlled substance conviction. June 16, 2023 my sentencing requirements were 36 hours of community service, completion of DUI school level one course, participation in a vic tims impact panel, and payment of the usual fines and fees for a first time (and only) DUI conviction. All requirements have been ful filled.
October 15, 2022 I voluntarily entered a monitoring and treatment program with Misty Guantonio with Individual counseling, a group s upport meeting and random drug testing. This evolved into the PRN monitoring and treatment program with Mark Chase. On June 1, 2023, I signed a confidential, non-disciplinary, stipulation with the NSBME investigative committee requires me to continue my participatio n in the PRN monitoring and treatment program which provides regular reports to the NSBME (and will be soon to the DEA). I am in full compliance.

I also was fully forthcoming with this process with the DEA during my license renewal last year and we are in the process of finalizi ng a Memorandum of Agreement, continuation of similar terms with PRN.

Should you require any further information, at this time, please don't hesitate to contact me at; [redacted] or [redacted].

Also Lyn E. Beggs, Esq. would be a valued source as well, [redacted].

Respectfully,
Dana R. Marks, MD, ABEM

| Document Name | Document Type | Date | Link | Action |
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Document Name :

Document Type : -Select DocumentType-

Document :

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**Criminal Action :**

State : Nevada  Date : 06/16/2023

Case # : [redacted]

County : Churchill  Court : New River Township

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

## DEA Registration

Please upload a copy of your current DEA Registration associated with the Controlled Substance Registration you are renewing.

| Document Name | Document Type | Date | Link | Action |
|---|---|---|---|---|
| BM5206405 | NV DEA Certificate | 10/24/2024 | Document Details | |

Document Name :  Document Type : NV DEA Certificate

Document : Drop file here to upload or click here to browse and select file(s) to upload.

*Only PDF files are allowed*

Click here to complete Upload  Cancel

## Acknowledgement and Declaration

☑ I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

By signing and submitting this renewal application, I certify that: 1. I hold an active and current Nevada license with my professional licensing board, and 2. My DEA certificate is CURRENT and reflects my current NV practicing address.

Signature : DANA MARKS  Date Of Application : 10/24/2024

Please type only the First and Last Name that are listed at the top of the page.

## Fee Detail(s)

**The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.**

| Description | Fee Type | Fee |
|---|---|---|
| Renewal Period from 11/1/2024 to 10/31/2026 | License Renewal Fee | $200.00 |
| | Convenience Fee | $10.00 |
| | Late Fee | $0.00 |
| | **Total :** | **$210.00** |

## Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 120715892900

InvoiceDate : 10/24/2024

Paid

Pay & Submit

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# Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative Update
H. Law Test Update

# March 2025

# Temporary Licenses and Registrations since last Board Meeting

| Name | License Type |
|---|---|
| Timothy Young | Pharmacist |
| Melissa Duchscherer | Pharmacist |
| David James | Pharmacist |

| Business Name | License Type |
|---|---|
| Defibtech, LLC – Guilford, CT | Wholesaler |
| Defibtech, LLC – Branford, CT | Wholesaler |
| Ventec Life System, Inc | Wholesaler |

# Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|---|---|---|---|---|---|---|---|
| NAC 639.520: Security of Pharmacies | 09/07/23<br><br>Dave to meet with industry | | | | | | | |
| **Amendment to Nevada Administrative Code (NAC).** The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise. | 5/29/24 | 6/3/24 | R113-24 | 6/25/24 – To Yenh/Dave for review<br><br>7/15/24 – sent revised version to Dave/Yenh | 12/10/24 | 1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM.<br><br>4/17/25 - tentative | | |
| **Amendment to the Nevada Administrative Code ("NAC") 639.** The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto. | 10/17/24 | 10/21/24 | R197-24 | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Amendment to the Nevada Administrative Code ("NAC") 639.** The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto. | 12/5/24 | 12/9/24 | R203-24 | | | | | |
| **Amendment to the Nevada Administrative Code ("NAC") 639.742.** The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services. | 12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting. | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto. | 12/5/24 | 12/9/24 | R204-24 | | | | | |

# Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 6**
  - **Other: 2**
- **Citation & Fine –**
  - **Unlicensed Practice: 3**
  - **Misfill: 7**
  - **Other: 12**

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